

# House of Hope Referral Packet

## Referral Information

**Agency/Referring Officer Name:**

**Phone Number:**

**Email Address:**

**Agency Name:**

**County or District:**

## Applicant Details

**Full Name:**

**DOB:**

**Gender:**

**Phone Number:**

**Email (if applicable):**

**Release Date (or ETA):**

**Current Facility (if applicable):**

## Eligibility Confirmation

- ☐ Non-violent offense
- ☐ Willing to live in a shared environment
- ☐ No active substance abuse issues or in recovery
- ☐ Understands House of Hope is *unlicensed transitional housing*
- ☐ Open to support services and structure

**Additional Notes (Medical, Mental Health, Parole Conditions, etc.):**