



Restoration of Hope Project

644 S Scenic Ave, Springfield, MO 65802
Phone: (417) 942-0005

Email: kate.schumer@restorationofhopeproject.org
Email: shannon.ballard@restorationofhopeproject.org

Last Revised: March 2026

Date: _____

Application for Recovery Housing

First Name: _____ Middle: _____ Last: _____

Age: _____ Social Security #: _____ DOB: _____

Gender: MALE FEMALE

Race: _____ Cell Phone: _____

Where are you currently staying: _____

Have you **applied** at RHP Recovery Housing previously? If yes, when? YES NO _____

Are you a **previous client** of RHP Recovery Housing? If yes, when? YES NO _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Family Information

SINGLE // MARRIED // DIVORCED // WIDOWED // SEPARATED // IN A RELATIONSHIP

Significant Other's Name: _____

Children? YES NO

Name: _____ Age: _____

Are you court ordered to pay child support? YES NO

If YES, how much per month: _____ Are you behind? YES NO

Do you have an active Children's Division Case? YES NO

If YES, please explain your situation (visitation schedule, supervised, etc.,)

Please list contact person for your Children's Division Case: _____

Phone Number: _____ Email: _____

Substance Use Information

Date of Last Use: _____

Substances Used Consistently: _____

Age of First Use: _____

Describe any time you have been able to remain abstinent. What did you do to achieve or maintain this?

Have you ever lived in a recovery house or sober living before? YES NO

If YES, Name: _____ When: _____

How long where you there? _____

Why did you leave? _____

If YES, Name: _____ When: _____

How long where you there? _____

Why did you leave? _____

Have you ever received substance use treatment? YES NO

If YES, Name: _____ When: _____

Did you complete? YES NO

If NO, why did you leave? _____

On a scale of 1 to 10, how serious of a problem do you believe you have with drugs and/or alcohol? Circle one.

NO PROBLEM 1 2 3 4 5 6 7 8 9 10 **VERY SERIOUS**

On a scale of 1 to 10, how motivated are you to make changes in your life at this time? Circle one.

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 **VERY MOTIVATED**

Mental Health Information

Please list any mental health diagnosis:

Have you ever been hospitalized in a mental health unit? YES NO

If YES, when and where? _____

Reason: _____

Outcome: _____

Have you ever heard voices that were NOT drug induced? YES NO

If YES, date of last incident: _____

Have you ever had visual hallucinations that were NOT drug induced? YES NO

If YES, date of last incident: _____

Have you ever tried to commit suicide? YES NO

If YES, date of last incident: _____

Please explain: _____

Have you ever been diagnosed with a learning disability or autism? YES NO

If YES, please explain: _____

Physical Health Information

List any medical issues (anything you would need treatment or accommodations for):

Do you have a history of seizures? YES NO If YES, please list dates of last two seizures:

Please list **ALL** medications you are currently taking:

Can you walk to a bus stop? YES NO

Can you walk up and down stairs? YES NO

Can you complete a daily house chore? YES NO

Legal Information

Are you currently incarcerated? YES NO

If YES, name of institution: _____

DOC Number (if applicable): _____

Release Date: _____

Do you have any upcoming court dates? YES NO UNSURE

If YES, when? _____

Are you currently on probation/parole? YES NO

If YES, name of officer and county: _____

Are you currently on Pretrial Services? YES NO

If YES, name of officer and county: _____

Do you have any warrants or detainers that need addressed? YES NO

If YES, please explain: _____

Please list ALL felony charges and convictions (past and current):

Have you ever been charged with or convicted of ARSON? YES NO

Have you ever been charged with or convicted of CRUELTY TO ANIMALS? YES NO

Have you ever been charged with or convicted of a SEXUAL CRIME? YES NO

Have you ever been charged with or convicted of a VIOLENT CRIME? YES NO

Have you ever been charged with or convicted of CHILD ENDANGERMENT? YES NO

If you answered YES to any of the above, please explain:

Financial Information

Do you have the funds to pay for the \$375 nonrefundable entry fee? YES NO

Are you on a grant? YES NO If YES, name of grant: _____

Do you have:

Driver's License // State ID // Social Security Card // Birth Certificate

State you were born: _____

Employment Information

Do you currently have a job? YES NO

Name of company: _____

How long have you been employed? _____

Describe your employment history:

Do you have any barriers to obtaining employment? YES NO

If YES, explain:

Do you have your own vehicle? YES NO

If YES, do you have a valid Driver's License and Insurance? YES NO

Do you receive any ongoing financial reimbursement? (Check all that apply):

Food Stamps // Medicaid // Disability // Other _____

Educational Information

High School Graduate? YES NO

GED? YES NO

Last Grade Completed: _____ College Graduate: _____

I, _____, affirm that my answers and information provided are true and accurate. I understand that if I am accepted, any misinformation or dishonest answer may be grounds for denial or dismissal.

Signature: _____ Date: _____