



Restoration of Hope Project

1700 S Campbell Ave Suite E
Springfield, Mo 65807

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Application for Recovery Housing

First Name: _____ Middle: _____ Last: _____

Age: _____ Social Security #: _____ DOB: _____

Birthplace: _____ Gender: Male Female

Have you ever applied to or lived at Restoration of Hope Project Recovery Housing? YES NO

How did you hear about our program? _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Distinguishing marks (tattoos, scars): _____

In case of emergency, notify: _____

Telephone: (_____) _____ Relationship: _____

Who is your contact person while incarcerated (if applicable)? This will be an employee that works at the institution you are at. We will notify should we decide to schedule an interview/notify if accepted or denied.

Name: _____ Email: _____

Permanent Address (if applicable):

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone :(_____) _____

Work Phone: (_____) _____ Email: _____

Family Information

Are you? Married Divorced/Separated Single/Never Married

Spouse/Significant other's name: _____

Do you have children? YES NO

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Applicant's Parents:

Father's Name: _____ Deceased: YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Mother's Name: _____ Deceased: YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Substance Use Information

(This information is confidential and will not affect your application)

Sobriety date: _____

Primary substance used: _____

Age of first use: _____

- Check all substances used:
- Alcohol
 - Heroin
 - Methamphetamine
 - LSD/ Hallucinogens
 - Barbiturates
 - Cocaine
 - Marijuana
 - Bath Salts
 - K2 or Synthetics
 - Other: _____

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

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

If Yes, Name (Most Recent): _____ Where? _____

When? _____

How long? _____ Why did you leave? _____

Have you ever been in a substance use treatment program? YES NO

Name (Most Recent): _____ Where? _____

When? _____

How long? _____ Did you complete? YES NO

If no, Why did you leave? _____

Are you currently attending CR, AA, or NA meetings? YES NO

On a scale of 1 to 10, how serious of a problem do you think you have with drugs 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 -me?

(Please be honest) **Not at all** 1 2 3 4 5 6 7 8 9 10 **Very motivated**

Mental Health Information:

Do you have a mental health diagnosis? YES NO

If you answered yes, list your diagnosis. Include when and by whom this diagnosis was made: -

Have you ever been hospitalized in a mental institution? YES NO

Reason for hospitalization:

Voluntary _____ Involuntary _____ Outcome: _____

Have you ever heard voices (not drug induced)? YES NO

If yes, date of last incident? _____ Diagnosis: _____

Have you ever had visual hallucinations (not drug induced)? YES NO

If yes, date of last incident? _____ Diagnosis: _____

Are you suicidal? YES NO

Have you ever tried to commit suicide? YES NO

If yes, date of last incident? _____

Explain: _____

Have you ever been diagnosed with Bipolar Disorder? YES NO

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

If yes, which one? _____

Are you being treated for this disability? YES NO

Have you ever been diagnosed with Autism? YES NO

If yes, which one? _____

Are you being treated for this? YES NO

Are you prescribed any medications for a mental health condition? YES NO

List all psychiatric medications prescribed:

Legal Information

Are you currently incarcerated? YES NO

If yes, name of institution: _____

DOC # (if applicable): _____

Scheduled release date: _____

Do you currently have any pending charges or court dates? YES NO

Are you currently on probation? YES NO If yes, Probation Officer's name: _____

Where: _____ Telephone: (_____) _____

What is your current offense? _____

List all Prior/Current Convictions: _____

Offense: _____

Disposition: _____

Date of Disposition: _____

Have you ever committed/been charged with arson? YES NO

Have you ever been charged with cruelty to animals? YES NO

Have you ever been charged/convicted of a violent crime? YES NO

Have you ever committed/been charged with a sexual crime? YES NO

Financial Information

Do you have the funds to cover the \$310.00 entrance fee? YES NO

Check which apply: I have a valid driver's license
 I have my social security card
 I have a state ID

Do you currently have a job? YES NO

Full / Part time (circle one)

Name of company: _____ Supervisor's Name: _____

Telephone (_____) _____ How long have you been employed? _____

Describe Employment History:

Do you have any existing barriers to obtaining employment? YES NO Describe:

Do you have your own vehicle? YES NO

If yes, what is the name of your car insurance agency? _____

Policy # _____ Expiration date: _____

Any outstanding debts (child support, installment loans, IRS, etc.)? _____

Arrangement for payments: _____

Are you court ordered to pay child support? YES NO

Amount? _____ Are you behind? _____ YES NO

Do you receive any ongoing financial reimbursement for any reason? (Such as,

SSI, Disability, Medicaid, Trust Fund, etc.) YES NO

Educational Information

High school graduate? _____ GED? _____ Last grade completed: _____

College graduate? _____ Years completed? _____

Medical Information

List any medical issues:

Do you have a doctor? YES NO

If yes, give name: _____ Telephone: (____) _____

Do you have dental problems? YES NO

History of: Seizures YES NO If yes, dates: _____

TB YES NO If yes, dates: _____

Diabetes YES NO If yes, dates: _____

Hepatitis YES NO If yes, dates: _____

Aids/HIV YES NO If yes, dates: _____

Other YES NO If yes, dates: _____

Have you had a TB test in the last year? YES NO Positive or negative: _____

Are you currently on medications for a physical health condition? YES NO

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

Signature: _____

Date: _____

For Restoration of Hope Project Recovery Housing Staff Use Only:

Approved Date for move in: _____

Denied Reason: _____

Reviewed by:

Approved/Denied by:
