



Restoration of Hope Project

1700 S Campbell Ave Suite E
Springfield, Mo 65807

Phone: (417)942-0005

Fax: (417)942-5772

Application for Phase 2 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: _____

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: _____

Substance Use Information

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

Sobriety date: _____

Primary substance used: _____

- 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? _____

Did you complete the program? YES NO

If no, 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 currently?

(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

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

Are you currently on probation/parole? 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

If yes, please explain: _____

Financial Information

Do you have the funds to cover the non-refundable **deposit**? This is equivalent to one month's rent and will vary depending on the house. Please check with the housing director for this exact price. 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 receive any ongoing financial reimbursement for any reason? (Such as,

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

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

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:
