



Hosanna Home Housing Application  
Print and Fax all pages to (775) 348-0573  
Or Scan and Email to: [hosannahome@att.net](mailto:hosannahome@att.net)

Hosanna Home is a program for women that requires a nine month commitment and includes a two week blackout. This program requires a sincere desire and commitment to a lifestyle change. Every section of this application **MUST** be completely filled out. If an item does not pertain to you, please mark it with an N/A. Please write / print legibly.

Desired Entry Date				
Legal Name	Date of Birth		Age	Today's Date
Social Security Number	Driver's License / ID#		Contact#	
Birthplace	How Long in Reno Area		Why Did You Move to Area?	
Father's Name	Address & Phone#		When Was Your Last Contact?	
Mother's Name	Address & Phone#		When Was Your Last Contact?	
Permanent Mailing Address	Emergency Contact Name		Relationship & Phone#	
Vehicle Make, Model & Color	State Registered	Insurance Co.	Primary Doctor	Insurance?

**List your past TWO addresses with #1 being the most recent**

Address	From Month/Year	To Month/Year	Reason for Leaving

**Who lived with you at these addresses aside from your children?**

Name	Relationship to You

**Children**

Name	DOB	Age	Legal Guardian	Who supports them?

**Marital and Relationship Status**

Single Y/N	Married & Living w/Spouse Y/N	Separated Y/N	Divorced Y/N	# of Prior Marriages
Spouse's Name		Address	Phone#	
Spouse's Employer		Address	Phone#	
Current Boyfriend / Girl friend Name		Address	Phone#	

**Education and Military Status**

High School _____ Highest Grade Completed? _____	GED? Y/N      Date: _____ Diploma Y/N	Any College or Trade School	
Served In Military? Y/N	Dates:	Branch:	Discharge Reason

**Employment History**

Employer Name/ Address	Type of Work	From Mo/Yr	To Mo/Yr	Reason for Leaving
Gross Income This Year	Gross Income Last Year	Highest Hourly Wage		Lowest Hourly Wage

**Criminal History**

List all criminal arrests, convictions and sentences (a criminal check may be done, list all interactions)

Arrest Date	Charge	Convicted Y/N	Sentence Length
List any outstanding Warrants:			

### Assistance and Financial Resources and Obligations

Children's Cabinet	Y/N	Start Date:	End Date:	Amount:
HUD or Section 8	Y/N	Start Date:	End Date:	Amount:
Food Stamps	Y/N	Start Date:	End Date:	Amount:
Disability	Y/N	Start Date:	End Date:	Amount:
Child Support	Y/N	Start Date:	Through DA	Y/N
TANF	Y/N	Start Date:	Currently Receiving	Y/N
Amount:				
List any other benefits or assistance:				
List any expenses that you are responsible for and the amount:				

### Substance Abuse History

Use doesn't negate admission to the program, but we do need to assess readiness and safety.

You will be tested for substances, so please answer accurately and honestly.

Have you ever used alcohol?	Y /N	When was the last time?	How much?	How often per week?
Have you ever used Marijuana?	Y /N	When was the last tim?	How much?	How often per week?
Have you ever used Meth?	Y /N	When was the last time?	How much?	How often per week?
Have you ever used Heroin?	Y /N	When was the last time?	How much?	How often per week?
Have you ever used Fentanyl?	Y /N	When was the last time?	How much?	How often per week?
Prescription Narcotics?	Y/N	When was the last time?	How much?	How often per week?
Other substances?		When was the last time?	How much?	How often per week?
Have you been in a 12 step program?	Y /N	When?	Did you complete it?	Did you relapse?
			Y /N	Y /N
What is your first drug of choice?			Method of use: (smoke, IV, etc.):	
What age did you first use?			Date of last use:	
What is your second drug of choice?			Method of use: (smoke, IV, etc.):	
What age did you first use?			Date of last use:	
What is your third drug of choice?			Method of use: (smoke, IV, etc.):	
What age did you first use?			Date of last use:	
What was your longest period of sobriety?			From:	To:
To what do you attribute this period of sobriety?				
If you are drug tested today, what would show up on your test?				

## Health

List all medical conditions:
List all allergies:
List all surgeries:
Are you currently pregnant?
<b>Mental Health</b> Your mental health information is confidential. It will not be released without your signed consent in accordance to federal law. Accurate information will help us to understand your current situation and additional services you may need. Use additional sheets if necessary.
Have you been diagnosed with a mental illness? <span style="float: right;">Y / N</span>
List any current mental health diagnoses:
All current medications:
Do you currently take medication(s) as prescribed? Y / N If no, why?
Are you currently receiving mental health care? <span style="float: right;">Y / N</span>
If yes, please list your providers' name(s) and contact information: Psychiatrist Name: _____ Contact information: _____ Therapist Name: _____ Contact information: _____
In compliance with any and all federal confidentiality regulations, I _____ give permission to Hosanna Home staff to speak with the identified entities / persons listed above concerning my case / mental health, and diagnoses as pertinent to my health and recovery while in the Hosanna Home program.
Have you ever talked to a psychiatrist, therapist, social worker or counselor about an emotional problem? Y/N If yes, when? Please explain:
Have you ever felt like you needed help with your emotional problems, or have you had people tell you that you should get help with you emotional problems? Y/N If yes, when? Please explain:
Have you ever been seen in a psychiatric, emergency room or been hospitalized for psychiatric reason? Y/N If yes, when? Please explain:
Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? Y/N If yes, when? Please explain:
Have you ever heard voices no one else could hear, or seen objects or things that others could not see? Y/N If yes, when? Please explain:
Have you ever felt depressed or lost interest or pleasure in activities?

Y/N	If yes, when?	Please explain:
Have you ever experienced anxiety?		
Y/N	If yes, when?	Please explain:
Have you ever had trouble with comprehension, concentrating or remembering?		Y/N
Have you ever given in to a hostile or aggressive urge or impulse?		
Y/N	If yes, when?	Please explain:
Have you ever had thoughts of suicide?		
Y/N	If yes, when?	Please explain:
Have you ever attempted suicide?		
Y/N	If yes, when?	Please explain:
Have you ever intentionally inflicted bodily harm upon yourself?		
Y/N	If yes, when?	Please explain:
Have you ever attempted to control your eating habits to relieve anxiety, depression or form control over your environment?		
Y/N	If yes, when?	Please explain:
Have you even consumed an excessive amount of food to relieve anxiety or depression?		
Y/N	If yes, when?	Please explain:

#### Religious Background

Currently attending church? Y / N	Attended church in the past? Y / N	Which church?
Please describe your experience and attitude as a youth and now with church:		

#### Tell us a little more about yourself

What do you hope to learn from this program?
How do you define success?
What do you think you do well?
What are your goals?
What do you think are barriers to you achieving your goals?
What do you think you need to learn?
Are you willing to develop new habits to help you be successful?
When was the last time you were in a stable living situation?
Who were you living with?
How were you making money?

What state and city were you living in?
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I \_\_\_\_\_ grant permission for the Hosanna Home staff to discuss my admission, financial arrangements, and my substance abuse history. This release is valid for the duration of my time at Hosanna Home.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that if I am involved with any state or federal prison or law enforcement agency or any local, state, or federal court that the Hosanna Home, if required, may freely share information regarding my admission status, program compliance, program progress and discharge information at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_ confirm that all of the above information is true and complete to the best of my knowledge and I authorize Hosanna Home and its affiliates to verify the information and references. I understand that any false information given may be grounds to terminate any agreement entered into. I also understand that Hosanna Home is a Christ-centered program and is an alcohol and drug free program. Any use of alcohol or drugs (including marijuana) will result in immediate termination of the program.

Prior to submitting this application, please review each page for completion. **Incomplete applications will not be considered.**

Please email this application to [hosannahome@att.net](mailto:hosannahome@att.net) or fax to (775) 348-0573. You may also drop off this application at Esther's Closet located at 544 Greenbrae Dr, Sparks, NV 89431. Once the application is received, an interview will be scheduled.

## HOSANNA HOME RESIDENT RULES

Revised: 10/2023

Hosanna Home is a Christ-centered transitional shelter for women who need to rebuild their lives after crisis. Attending Church and weekly Bible Study are part of residency requirements. We look forward to sharing our home and getting to know you during your stay with us. In order for our home to run smoothly, we have established the following procedures:

### **VIOLATIONS THAT BRING IMMEDIATE DISCHARGE FROM HOSANNA HOME:**

1. Failure to comply with requested drug/alcohol testing.
2. Staying out all night without permission from the Executive Director.
3. Drinking alcoholic beverages, taking/using illegal drugs (This includes Marijuana).
4. Becoming physically violent or verbally abusive.
5. Smoking or Vaping **INSIDE** Hosanna Home at any time.
6. Stealing of any kind.
7. Gambling of any kind.

### **GENERAL PROCEDURES:**

**1. ADHERENCE TO THE RULES:** When rules are ignored a three strike process is used to assist a resident with growth. A verbal reminder is given during the blackout period. After that, a written warning with no consequences is given (it is called a Blue Slip). For a second violation of the same rule a written warning is given with a consequence (it is called a Pink Slip). A third violation of the same rule will result in a meeting with the Director where it will be decided if the resident will continue in the program. \_\_\_\_\_

**2. DRUG FREE ENVIRONMENT:** All residents must be drug-free and alcohol-free at all times while residing at Hosanna Home. Energy drinks (i.e. Red Bull or Monsters, etc.) are not allowed to be consumed while at Hosanna Home either inside or outside the home. Random drug testing will be conducted with all residents. Failure to comply with requested testing will result in immediate discharge from the program. \_\_\_\_\_

**3. PERSONAL ITEMS & NEEDS:** We allow only two suitcases of personal belongings to be brought into Hosanna Home and everything coming into the facility must be laundered before entering the home. If you have physical needs, please inform the Admission Committee at the time of your interview, or the House Manager as soon as known. Every attempt will be made to provide for and meet all known physical needs if possible within budgetary guidelines. ***There is a two week blackout period for all new residents.*** \_\_\_\_\_

**4. PROGRAM FEES:** Since all food, shelter and necessities are supplied at Hosanna Home, a \$600.00 MONTHLY fee is required while living at Hosanna Home. No lending or asking of resources (money, medication, or cigarettes) from other residents, volunteers or the House Manager is allowed. A financial gift matching the amount a resident saves during her stay at Hosanna Home may be provided at graduation (maximum of \$2400.00). No savings will mean no financial gift.  
\_\_\_\_\_

**5. TRAINING:** Residents are expected to attend church each week. Residents are also required to participate in evening Bible Study, 12-step classes and Life Skill classes on a weekly basis, and to participate in all other special activities.  
\_\_\_\_\_

**6. GOALS:** Residents will be asked to develop a set of goals and work toward accomplishing these goals and meet weekly with a Care Partner to discuss progress. There will also be a monthly team meeting to re-evaluate goals, adjusting or adding new goals as resident progresses. \_\_\_\_\_

### **DAILY HOUSE SCHEDULE**

**7. WAKE UP:** Residents must set their alarm and be up by 7:00 a.m. on weekdays. Everyone must be up by 7:30 a.m. on weekends. Arrangements to sleep past these times must be made in advance with staff. Everyone must be bathed, dressed, breakfast eaten and chores done by 9:00 a.m. at which time resident must begin purposeful activities which meet her goals.  
\_\_\_\_\_

## RESIDENT RULES CONTINUED

**8. HYGIENE:** Cleanliness is a must. Each individual must take a bath or shower daily, keep their hair groomed and brush their teeth daily. Nighttime showers or baths are not to be taken after 9:00 p.m. Please limit showers and baths to 15 minutes. Makeup and hair are to be done in the resident's room unless other arrangements are made. Hand washing is required when entering kitchen for food or drink. Please put feminine hygiene products in baggy and take to the outside garbage can after use. \_\_\_\_\_

**9. SCHEDULES:** All residents are required to advise the House Manager where they are going and when they expect to return. For this purpose, a sign-out sheet is located by the front door. Going anywhere other than work or church requires a written request. \_\_\_\_\_

**10. CURFEW:** Residents are to return to Hosanna Home by 6:00 p.m. daily, unless prior arrangements are made with the House Manager to extend this curfew due to work or necessary appointments. If a situation delays you, call the House Manager before 4:00 p.m. to notify her of the problem. If a House Manager is not available contact the Director by phone. You must speak to a live person if you are going to be late (do not leave a message on the answering machine). Staying out all night without the Executive Director's permission means automatic discharge. Overnight passes are not given except for emergencies as pre-approved by the Director. \_\_\_\_\_

**11. LIGHTS OUT:** Bedtime begins at 8:00 p.m. but all residents must be in their room by 10:30 p.m. and lights are to be turned off by 11:00 p.m. A one-hour nap is acceptable on days off if you are currently working. Nightlights are available upon request. \_\_\_\_\_

**12. MEALS:** Food and snacks are provided but may only be eaten in the dining and kitchen areas. Food for the residents' use is located in the designated cabinets and fridge. Only water may be in the living room and bedrooms of the house. The water must be in a container with a lid. Breakfast and lunch foods are provided. Please prepare these meals for yourself. Supper is served by 6:00 p.m. daily. Please come immediately at announcement of meals as a blessing will be given and news communicated at the beginning of the meal. Everyone in the house must report to the dining room for announcements and prayer even if you do not plan to eat. Dishes must be cleaned up after each meal. No dishes are to be stacked in the sink. ***No outside food is allowed to be brought in by residents without permission of the Director.*** \_\_\_\_\_

## SAFETY

**13. SECURITY:** All exterior doors are to be kept locked at all times. No one is allowed access to Hosanna Home without permission of the House Manager, Assistant Director or Executive Director. The house address is not to be given out for safety reason; Residents are to use the address provided to them when an address is required (ex: for mail or to put on Resumes). All items carried into and out of Hosanna Home are subject to inspection by the House Manager. Do not open windows more than 3" to protect our pet. Always hold on to the handrail when going up or down the stairs. Running up or down the stairs is not allowed. No resident is allowed in the garage at any time unless supervised by staff or to empty the trash. \_\_\_\_\_

**14. BEHAVIOR:** Aggressive physical or verbal behavior will not be tolerated on Hosanna Home premises. Use of foul language and/or using the Lord's name in vain will not be tolerated and will result in discipline. No resident is allowed in any other resident's room and residents are not allowed to sit outside of any other resident's room and talk either. Stealing another person's belongings will result in immediate discharge. Communal living can be challenging but residents are required to be respectful towards each other at all times. \_\_\_\_\_

**15. CONFIDENTIALITY:** Personal information concerning another resident's condition may not be released. Do not talk about other guests or their problems to each other or to outsiders. Confidentiality is a must! \_\_\_\_\_

**16. USE OF TELEPHONE:** For the security of all residents at Hosanna Home, the telephone number may not be given out indiscriminately. All calls made by residents, must be logged. **NO PERSONAL PHONES:** There is a 15-minute limit on all resident telephone calls on the house phone. No personal telephones may be installed. Residents are not allowed to have cellular phones while in the Hosanna Home program. No collect telephone calls will be accepted from or for a guest.



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**17. PRESCRIPTION MEDICATIONS:** All medications and vitamins/supplements MUST be kept in the locked manager's closet and taken according to directions. Please do not discuss your medications with other residents. Prescription medications not prescribed by a physician will not be allowed in the home. Sharing of medications and/or supplements is cause for immediate discharge from Hosanna Home. \_\_\_\_\_

**18. WEAPONS:** No weapons (sharp objects or blunt objects that could be used as a weapon), alcoholic beverages, drugs or paraphernalia are allowed on the premises at any time. Any resident found to have been drinking alcoholic beverages, taking/using illegal drugs, or becoming physically violent or verbally abusive will be discharged immediately. \_\_\_\_\_

**19. SMOKING:** Smoking/Vaping is not permitted inside Hosanna Home at any time and to do so will result in immediate discharge. Smoking/Vaping is permitted outside from 6:00 a.m. to 10:00 p.m. in the designated smoking area, located in the patio area. Vape materials are to be turned in to the House Manager by 10:00 p.m. No sharing of cigarettes or Vapes is allowed. All cigarettes are to be extinguished in the receptacle provided for this purpose. Do not throw down cigarettes in the lawn, bushes or on the ground. Only one person is allowed outside in the smoking area at one time. This includes smokers and non smokers. Please limit your time in the designated smoking area to 15 minutes. \_\_\_\_\_

**20. DATING: NO DATING IS ALLOWED:** Remember you are here in a crisis situation. There will be no sexual activity on the premises. This includes oral sex, masturbation, physical touching, etc. Personal sexual relationships are not allowed between residents. We ask that you set aside relationships during your time at Hosanna Home to work on you. \_\_\_\_\_

**21. ILLNESS:** In case of medical emergency, transportation may be provided. If an ambulance is required, you are responsible for the bill. \_\_\_\_\_

#### HOUSEHOLD CHORES

**22. CHORE ASSIGNMENT:** Each resident will participate in daily household chores as assigned. Chores are to be completed by 9:00 a.m. each morning. If chores cannot be completed by 9:00 a.m. before going to work, chores must be done the night before. The vacuum cleaner is not to be run prior to the 7:00 a.m. wake up time. Weekly chore assignments will be posted by 6:00 p.m. on Sunday each week. Kitchen chores are always assigned to the House Managers (this does not include dinner chores which are assigned separately). Cleaning out the fridge is to only be done by the House Manager. \_\_\_\_\_

**23. WORK SCHEDULES:** Verified work schedules and appointments must be in writing and given to the House Manager on Sunday evening for the upcoming week. \_\_\_\_\_

**24. CLEANING ROOM:** Each resident is responsible for cleaning her own room DAILY. This includes making beds, vacuuming, emptying the trash and clearing off the white shelf. The House Manager will wash bed linens once a week. Rooms should be ready for inspection by 9:00 a.m. on weekdays and 9:30 a.m. on weekends. Rooms not kept clean will become reason for discipline. \_\_\_\_\_

**25. LAUNDRY:** Residents may use the washer and dryer between the hours of 6:30 a.m. and 9:00 p.m. on their assigned laundry day – Monday through Saturday. Personal laundry may not be left for extended time in the laundry room. You may not leave the premises if you have any clothes in the process of being laundered. No washing or drying of laundry may be done prior to 6:30 a.m. or after 9:00 p.m. Do not carry laundry up and down the stairs in a laundry basket; use the laundry bag that is provided. Each resident will be assigned a specific day for their laundry. If you choose not to use the washer/dryer on your appointed day, you will have to wait until your next laundry day to wash clothing. The House Manager may remove unclaimed laundry. \_\_\_\_\_

**26. TELEVISION:** Recreational television may be watched between 7:00 p.m. and 10:00 p.m. Monday-Friday. Saturday and Sunday television may be enjoyed between Noon and 10:00 p.m. **if all chores and homework has been completed.**

**RESIDENT RULES CONTINUED**

Fighting over the television will necessitate its removal. Movies with G or PG rating are acceptable. R and X Rated movies/DVDs are prohibited at Hosanna Home. \_\_\_\_\_

**27. LENDING LIBRARY:** All books must be checked out by completing an index card and submitting to the House Manager. When you are finished with the book return the book to the House Manager; do not re-file the book yourself. No books may be removed from the premises. Please do not write in, bend pages or destroy the binding by lying open while reading the book. \_\_\_\_\_

**28. TRANSPORTATION:** Bus passes will be loaned to residents who need to seek employment, housing, or assistance if the resident does not have enough money to cover their own bus fares. Repayment must be made to Hosanna Home from a resident's first paycheck prior to deposit to their savings account. If a resident has her own car, Hosanna Home maintains the ability to search the vehicle at any time. Proof of current registration and insurance is required. \_\_\_\_\_

**29. ATTIRE:** Since personal appearance is important, modest dress is required. If you are in need of under clothing or clothes of any kind, please inform the House Manager. Proper clothing is required. Clothing advertising cigarettes, sex, alcohol or drugs are not to be worn here. If the House Manager determines that an article is inappropriate, then it is. There will be no debates. Take it off and wear something else. \_\_\_\_\_

**30. OUTSIDE ACTIVITIES:** We ask our residents to curtail their outside activities and restrict their visits with people, places and things that they were involved in prior to coming to Hosanna Home. You are here in an emergency situation and going back to the activities that you engaged in (i.e., casinos, friends, shopping, etc.) prior to coming here often causes triggering that causes relapse or trauma. Please recognize the need to start a fresh life and try something new while you are here. \_\_\_\_\_

**DEPARTING HOSANNA HOME**

**31. GRADUATION:** When exiting (discharge from the program) Hosanna Home, the following must be performed and signed off by the House Manager: Room thoroughly cleaned, valuables and medications locked up must be retrieved from the House Manager, who will supervise packing of the resident's. She needs to take all of her belongings with her and if she leaves items behinds, she has 48 hours to retrieve them after which time they become the property of Hosanna Home. \_\_\_\_\_

**32. LEAVING HOSANNA HOME PRIOR TO GRADUATION:** If you decide to leave prior to graduation, please note that program fees paid for the month of departure are not refundable. These fees are not rental fees – they are program fees that cover all of your living expenses and your decision to depart is your decision, however, program fees are not refundable for any reason. \_\_\_\_\_

**33. RETURN:** A former resident may not return as a resident before six months have elapsed unless approved by the Executive Director through the normal interview process. \_\_\_\_\_



# Hosanna Home

## WOMEN'S SHELTER

### **HOSANNA HOME'S PROGRAM:** **This is a Nine (9) Month Commitment**

- **Housing (Double Occupancy Rooms)**
- **Utilities**
- **Food**
- **Laundry Facilities & Supplies**
- **Toiletries**
- **Clothing as needed**
- **Haircuts & Makeup**
- **Job Search Training & Assistance**
- **Training for Skill Building**
  - ❖ Conflict Resolution
  - ❖ Anger Management
  - ❖ Boundaries
  - ❖ Journaling
  - ❖ Safe Dating
  - ❖ Power of Forgiveness
  - ❖ Communication Skills
  - ❖ Money Management & Budgeting
  - ❖ Social Skills
  - ❖ Health & Hygiene
- **Training for Spiritual Growth**
  - ❖ Celebrate Recovery (12 step)
  - ❖ Weekly Church Attendance
  - ❖ Value of a Human Life
  - ❖ The Love of God
- **Monthly Goal Setting for Success**
  - ❖ Mentors meet weekly
- **Monthly Recreational Activities**
- **Financial Match for Systematic Savings (Up to \$2400)**
- **Assistance with Apartment Hunting & Furnishing**

### **Resident Requirements:**

- **Sobriety (30 days unforced) prior to acceptance**
- **First Month Free**
- **\$600 Program Fee Month 2-9**
- **Agreement to follow rules**
  - ❖ Household Chores
  - ❖ Accountability with Time, Money & People
  - ❖ Curfew Requirements
- **Maintain Sobriety**
- **Keep a dayshift job (5 days a week)**
- **Attend Training Classes**
- **Attend Church with the house**
- **Implement a monthly savings plan**
- **Respect others in the program**
- **Respect the House Authority**
- **Maintain Transparency with Staff**
- **Drug & Alcohol Testing Compliance**

