



RESIDENT
APPLICATION

Please complete this application and return to: newhopeboardandlodge@gmail.com

Date: _____

Full Name: _____

Date of Birth: _____

Present Address: _____

Phone Number: _____

Mental Health Diagnosis: _____

Number of days sober (minimum of 30 days required prior to admission): _____

Are you able to independently manage your medications? YES / NO

Are you currently on parole? YES / NO

If yes: Agent name/contact: _____

Case manager / contact: _____

Do you have difficulties living with multiple people? YES / NO

If yes, please explain: _____

Please identify and list two goals that you would like to achieve in the next 6 months:

Please briefly explain why you feel New Hope Board and Lodge meets your needs:

****You must complete the DHS Combined Application Form & the GRH Professional Statement of Need Form for room and board funding.****

Thank you! We will follow up upon application review.