Hope’s Haven Village – Housing Intake Packet

Welcome to Hope’s Haven Village! Please complete the form below for housing placement.

Resident Name: _____ Date of Birth: _____

Household Members (Name/Age): _____

Referral Agency/Caseworker: _____ Phone: _____

Address Prior to Intake: _____

Phone: _____ Email: _____

Housing Agreement & Support Services Consent

• Quiet Hours: 8:00 pm – 6:00 am daily.

• Maintain cleanliness and organization of assigned unit; weekly inspections required.

• No smoking/vaping inside units or within 200 yards of school grounds.

• No weapons, alcohol, or drugs allowed on Hope’s Haven property.

• No overnight visitors without prior written permission.

• Participate in case management, therapy, and life-skills programs as scheduled.

• Follow all campus safety, emergency, and confidentiality policies.

I consent to participate in support services (therapy, case management) provided by Hope’s Haven Village.

Emergency Contacts & Acknowledgment

Emergency Contact 1: _____ Phone: _____ Relationship: _____

Emergency Contact 2: _____ Phone: _____ Relationship: _____

I acknowledge receipt of the Housing Handbook and agree to abide by all policies listed above.

Resident Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____