



HOPE HEALS NW

RECOVERY HOUSING

HOUSE RESIDENT APPLICATION

Hope Heals NW is a non-profit operating one women's recovery home in Marysville, Washington. We serve women without custody of children. Our program offers structured community living and group support. For more information, consult our program guidelines.

If you are having difficulty filling out the application or need assistance please contact our Executive Director, Kiera Dragich, at (425) 377-3316. We are happy to mail you a printed copy.

CONFIDENTIAL

Date of application: _____

Personal Info

Name: _____
First Middle Last

Address: _____

Best phone to reach you: _____ DOB: _____

Email address to reach you: _____

Do you believe you're addicted to alcohol or drugs? [] Yes [] No

Please explain:

Emergency Notification

Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment Status/Financial

Present Employer _____ Phone #: _____

Occupation: _____ How long: _____

What is your gross monthly income? _____

Other sources of income/financial support (help from family members, etc):

Drug/Alcohol History

Date of last use of alcohol/drugs? _____ What did you use? _____

Describe your pattern of drug & alcohol use in the last 60 days:

What has been your drug of choice in the past? _____

How many times have you made serious attempts to stay in recovery? _____

What's the longest period of time you've been able to stay in recovery? _____

What has been most helpful in your past recovery attempts?

12 step program Friends Self

Church/Faith Family Other _____

Treatment History

Have you ever received alcoholism/drug treatment? Yes No

Facility:	City/State:	Date:	Treatment Completed?
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a current 12-step sponsor? Yes No

If Yes, Name: _____ Phone #: _____

Are you currently in an in-patient treatment facility? Yes No

* If yes, where? _____ Expected release date: _____

Are you currently in out-patient treatment? Yes No

* If yes, where? _____

Counselor name and phone number:

If not, have you made contact with any out-patient facilities?

Legal Status

Are you currently incarcerated? [] Yes [] No

*if yes, where? _____ expected release date: _____

*if yes, how can we contact you? _____

Are you currently involved in the following legal matters? [] Yes [] No

[] Probation [] DOC [] Civil Proceedings [] Child custody [] Drug Court [] Family Treatment Court

Are you now or will you be a registered sex offender? [] Yes [] No

Any court appearances pending? [] Yes [] No

* If yes, when and where? _____

Do you have any current warrants? [] Yes [] No

*If yes, where _____

Is your driver's license valid? If not, explain:

How much time have you spent in: Prison: _____ Jail: _____

List all prior convictions 10 years to the present (if more room is needed, continue on separate page):

Conviction:	Date(s):	Time served:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Presently on Probation or Parole? [] Yes [] No

Probation/Parole Officer Name: _____ Phone: _____

MEDICAL

Recovery journey history - Please briefly share your recovery history including treatment or other supportive recovery paths:

Physical health - please describe current and past physical health concerns (include hospitalizations, major accidents, illness, mental health diagnoses). If more room is needed, use separate sheet

Mental health - briefly describe any mental health challenges:

Have you ever had convulsions or seizures? Yes No

* If yes, date(s): _____

* If yes, were they related to alcohol / drug use, abuse, detox? Yes No

Do you have chronic pain? Yes No

*If yes, what do you take for pain? _____

*Please list all current medications and the reason you are taking them (use separate sheet if needed):

Medication	Reason for Medication	Dosage	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any allergies to food, medications, or other: _____

Are you currently experiencing pain or having a hard time functioning?

___ Yes, and I'm afraid I might relapse soon.

___ Yes, and I'm worried about future relapse.

___ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.

___ No. I'm not experiencing any pain or trouble functioning, and I'm not worried about the immediate risk of relapse.

Are you currently under the care of a: MD Psychiatrist Psychologist Therapist/Counselor
*If yes, may we contact them? Yes No

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have any medical conditions/issues that would prevent you from attending supportive services 1 to 3 times a week? Yes No *If yes, explain: _____

ADDITIONAL APPLICANT INFORMATION

Marital Status: Single Married Divorced Widow Separated

Veteran: Yes No

Gender: Male Female

What would you say your strengths are that could contribute to the house community?

What are your goals while living at Hope Heals NW?

Estimated length of stay (months): _____

Have you applied to hope heals before? Yes No

How did you hear about us? _____

I certify that I have completed the Hope Heals NW program application to the best of my ability, and as truthfully as possible and I give permission for Hope Heals NW staff to contact any individuals listed on this form.

Applicant signature: _____ Date: _____

APPLICANT BACKGROUND CHECK

Full Name: _____
Last First Middle

Former/Previous Names: _____

Date of Birth: _____ Phone: _____
Month/Day/Year

Email: _____

Mailing Address _____
City State Zip

Driver's License # & State _____

Sex _____

Have you ever been convicted of a crime or felony? Yes No

Are you a US citizen? Yes No

For the safety of our homes and community a background check through the Washington State Patrol will be completed for all applicants. This is not to say that a felony conviction will keep you from being a resident at Hope Heals NW. Hope Heals NW does not accept sex offenders and will make decisions concerning arson and violent crimes on a person to person basis. By signing below, you are acknowledging this and affirm that the above statements are true and complete.

Signature: _____ Date _____

*** PLEASE EMAIL COMPLETED APPLICATIONS ALONG WITH A COPY OF YOUR DRIVER'S LICENSE OR PICTURE ID TO INFO@HOPEHEALS.NW.ORG OR MAIL TO: PO BOX #431, LAKE STEVENS, WA 98258.**