



Thank you for inquiring about our program.

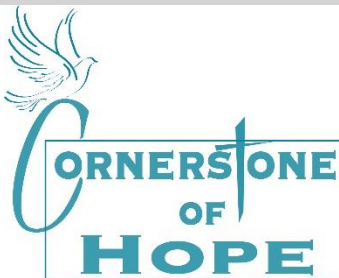
You show a desire and determination to change your circumstances by applying for the Cornerstone of Hope program. We admire your courage and are here to help you succeed. It is our belief that *structure* gives way to empowerment, and our program embodies that through our COH Guidelines. Please make sure that you are very familiar with the COH Guidelines before submitting your application.

We ask that you are completely honest when filling out this application. We will not necessarily deny your application based on criminal, substance abuse or housing history, but we may, however, deny it if the information you give us is falsified. Thank you!

Your application will not be accepted *unless it is filled out completely and your Personal Statement references have been received.* You will also be required to submit to a drug-screening test. Please know that you may have to wait up to four weeks for an appointment for an assessment interview with the Programming Team.

If accepted into our program, you will be required to follow the guidelines for Cornerstone of Hope as set forth in the documents that you are agreeing to.

REFERENCE INFORMATION			
Name	Phone	Email	Relationship/Years known



PROGRAM APPLICATION

Application Date: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Birthdate _____ Social Security # _____ Phone # _____

Contact Address _____

If married, name of spouse _____

CHILDREN

Do you have any minor children living with you? Yes No

Number of children with you: _____ Number of minor children **NOT** with you: _____

Are you pregnant now? Yes No If yes, how far along? _____

Name of children with you	Gender	Age	Date of Birth	Father's Name

Name of children not with you	Gender	Age	Date of Birth	Father's Name

CORNERSTON OF HOPE PROGRAM APPLICATION

Are you a U.S. citizen? Yes No Are you homeless? Yes No

Marital Status: (Circle one) Single Married Separated Living with partner Divorced

LEGAL INFORMATION

Have you ever had a CPS case? Yes No Is CPS working with your family now? Yes No

If yes to either question please explain: _____

Name of CPS worker: _____ Phone number: _____

If applicable, who has custody/guardianship of your minor children not with you? _____

Do you have verification of legal guardianship or custody orders? (If applicable; copy sufficient.) Yes No

Do you have visitation arrangements? _____

How long have these arrangements been in effect? _____

How often do the children see their father? _____ Custody status: _____

Are you on WIC? Yes No

Are you on probation/parole? Yes No

If yes, name of Officer _____ Phone _____

Are you a registered sex offender? Yes No

If yes, name of Officer _____ Phone # _____

Do you have a Temporary Restraining Order on anyone? Yes No

If yes, please describe the situation: _____

Have you ever been convicted of a crime? Yes No

Please explain in detail including dates/charges _____

Do you have any pending court cases? Yes No

If yes, please describe: _____

Do you have a court mandate to participate in a recovery program? Yes No

EMERGENCY CONTACT INFORMATION

Name of person to contact in the case of an emergency _____

Address _____ Phone # _____

Relationship _____

MEDICAL INFORMATION

Do you have medical insurance? Yes No

If yes, name of Insurance Co. _____

Have you been drug and alcohol free for at least 3 months? Yes No

Are you or your children - living with you - taking any prescribed medications? Yes No

Please list all prescribed medications: _____

Have you ever been hospitalized other than childbirth? Yes No

If yes, explain: _____

Do you have any physical problems that would keep you from doing exercise class or from performing physical chores such as mopping, vacuuming, etc.? Yes No

If yes, please explain: _____

Have you ever had any of the following? (Circle)

- Hepatitis Asthma V.D. Ulcers Cancer Heart Trouble Diabetes Epilepsy

Other: _____

OTHER INFORMATION

Are you currently in danger of domestic violence? Yes No

Have your children ever been involved in any violent episodes? Yes No

If so, please explain: _____

Please take this opportunity to let us know of any other information that may be important as you apply to become a resident at Cornerstone of Hope.

How do you think this program will help you? _____

Please read and initial the next five statements:

_____ I understand Cornerstone of Hope is a faith-based program with a spiritual component included throughout.

_____ I understand Cornerstone of Hope is a smoke-free environment and if I am accepted into the program, I will become nicotine-free within 6 months after entering COH, with the aid of a nicotine patch and cessation classes, should I choose to use them.

_____ While living at Cornerstone of Hope, I will not enter into any romantic relationships.

_____ I give permission to the Cornerstone of Hope staff and representatives to verify information I have given and to release and communicate with other helping organizations to coordinate services.

_____ I understand that I may disqualify myself for admission into the Cornerstone of Hope Program if I provide false or fraudulent information.

Signature _____ Date _____

Important note regarding Tuberculosis:

Every applicant, including your children, must have a clear TB test at the time of admission.

Personal Statement

In your own words, explain why you feel living in the community of Cornerstone of Hope would be a good choice for you and your children. Share what change you hope to accomplish and what aspects of your character you would like to change.
