



## House of Hope Transitional House Application

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License/CA ID # \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message Phone#: \_\_\_\_\_

Are you currently    Married                   Divorced                   Single

List any children ***currently in your custody*** that may enter the House with you.

1. Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

2. Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

3. Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Where were you born? \_\_\_\_\_

How long have you lived in California? \_\_\_\_\_

If you have relocated to the Chico area in the past year, please explain the reason for your move:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently in a program or shelter?  Yes  No If yes, which one? Check below:

Torres Shelter     Skyway House     Salvation Army     Other \_\_\_\_\_

How long have you been a resident there? \_\_\_\_\_

**Emergency Contact Information:**

In case of serious accident, illness or emergency, notify:

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Relationship: \_\_\_\_\_



What are your top three (3) goals to achieve while staying at House of Hope?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How do you plan achieving the above goals?

1. \_\_\_\_\_
2. \_\_\_\_\_

**Drug History**

Alcohol problem? Yes  No  Drug problem? Yes  No

Drug of choice: Methamphetamine  Heroin  Cocaine  Marijuana  Benzodiazepines  
 Ecstasy  Oxycodone  Alcohol  Other: \_\_\_\_\_

Are you currently on? Methadone  Suboxone

How long have you been sober? \_\_\_\_\_ Date of last use? \_\_\_\_\_

Are you currently involved in a 12-step recovery program? Yes  No

If yes, how many meetings do you attend per week? \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been in a treatment center for alcohol and drug rehabilitation? Yes  No

If yes, please list name of the treatment center and the date of services:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Did you complete the program? Yes  No

What is the longest period of time you have remained clean and sober? \_\_\_\_\_

What changes have you made to ensure your sobriety after any relapses you may have had?

Describe your Relapse Preventive Plan?

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**Legal History:**

Please list ALL criminal arrests, convictions, and sentences and the month/year of these incidents. You may use a computer printout or attach list to this application.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please list any unresolved legal problems you may have:

Probation: Yes  No

Name of Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parole: Yes  No

Name of Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach copies of your terms and conditions of probation or parole to this application.

Do you give us permission for a background check? Yes  No

**Physical Health:**

Primary Care Doctor: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Please list any history of serious illness:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

List any current medical problems:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

List any medications currently being taken:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Do you have any physical limitations? Yes  No

If yes, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health:**

Have you ever been diagnosed with a mental health illness? Yes  No

If yes, what diagnosis: \_\_\_\_\_

Are you taking medications for any mental health diagnosis? Yes  No

If yes, please list the medication:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Do you have a case manager or therapist? Yes  No

Do you need a referral to mental health services? Yes  No

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What issues are you currently working on?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted suicide? Yes  No

If yes, please describe how and when?

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**Education:**

Highest grade completed: \_\_\_\_\_ Diploma: Yes  No

School: \_\_\_\_\_ Date Received: \_\_\_\_\_

Did you obtain a G.E.D.? Yes  No

School: \_\_\_\_\_ Date Received: \_\_\_\_\_

Do you have plans for continued education? Yes  No

If yes, please explain below:

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**Church Attendance:**

Where do you fellowship? \_\_\_\_\_

Do you have a mentor? \_\_\_\_\_

Do you belong to any bible studies? Yes  No

Are you interested in being connected with a mentor? Yes  No

**Family:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Supportive of you?</u>
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Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Stepfather: \_\_\_\_\_

Stepmother: \_\_\_\_\_

Siblings: \_\_\_\_\_

**Children:**

Do you have minor children?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have contact/custody? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much are you required to pay? \$ \_\_\_\_\_ How often? \_\_\_\_\_

**Applicant represents that all of the above information is true and complete and authorizes House of Hope to verify the information and references. Any false information given may be grounds to terminate any housing agreement entered into. Applicant also understands that the housing being applied for is alcohol and drug-free and that any such use will result in immediate termination of housing.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Income Form

In order to qualify for living at the House of Hope you will need to be able to pay a monthly participation fee. Participation fee will be \$275 per month. You will also need to pay \$25 monthly for household supplies and \$35 towards utilities. Total cost for the month = \$335.

House of Hope will have a rental savings program; you will be required to save 25% of your monthly income. The monies will be returned to you upon your move out time from the house.

Do you receive income? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, How much per month? \$ \_\_\_\_\_

Rental savings 25%: \$ \_\_\_\_\_

Where does your income come from? *Please circle one below*

Work

SSI

GA

Financial Aid

Other \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of employment: \_\_\_\_\_

All participation fee payments will be paid to the Jesus Center, 1297 Park Ave Chico CA 95928. Please make check or money order payable to the Jesus Center. All participation payments need to be turned into Shelly by the 5<sup>th</sup> of each month. Failure to do so could jeopardize your stay.

All rental savings monies will be due by the 10<sup>th</sup> of each money. Please turn in your savings to Shelly at the Jesus Center. This money will be returned to you upon your departure from the House of Hope. For us to help end your homelessness, it is mandatory for you to put 25% of all income received into Rental Savings.

Please sign below agreeing that you have read and are agreeing to the rules, terms, and conditions of paying a participation fee, utilities & supplies for the House of Hope.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date