



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

INTENT TO APPLY FOR ADMISSION

Dear Applicant,

The House of Hope is a program of The Village Initiative. This is an application for the intent for admission to the House of Hope Transitional Program. Please understand that the questions asked must be answered truthfully. Answers that are not truthful could result in being dismissed from the transitional housing program.

I, _____, understand that I am expected to truthfully answer all the questions related to the admissions criteria, and that failure to comply shall be grounds for dismissal from the program, and my application will be kept on file.

_____ (Potential Participants Printed Name)	_____ DATE
_____ (Potential Participants Signature)	_____ DATE
_____ (VILLAGE STAFF SIGNATURE)	_____ DATE
_____ (HOUSE OF HOPE DIRECTOR)	_____ DATE

INTERVIEW DATE: _____
STAFF INITIAL: _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM

THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

GENERAL INFORMATION (PLEASE PRINT)

NAME	
DATE OF BIRTH	
SEX	
ADDRESS	
SSN#	
DRIVER'S LICENSE #	
STATE	

ALCOHOL/DRUG HISTORY & STATUS

(CIRCLE ALL APPLICABLE RESPONSES)

*INDICATED ITEMS REQUIRED INTERVIEWER'S JUDGMENT

HAS ALCOHOL/DRUGS CAUSED TROUBLE WITH?

Job Health Family Finances

HAVE THESE SYMPTOMS OCCURRED?

Hangovers Blackouts Shakes Convulsions A.M. Use

WITHDRAWAL DETAILS RESULT IN: _____

BEVERAGES USED:

Beer Wine Liquor Technical Products

PREFERS: _____

PATTERNS

Evenings Weekends Daily Periodic Other _____

LOCATION

Home Bars Outdoors Street Alone Friends
Strangers Casinos Hotels Parties

BEGAN AT AGE _____ PROBLEMS AT AGE _____ LOST CONTROL AT AGE _____

ADMITTED ADDICTION AT AGE _____

DATE & LENGTH OF SOBRIETY _____

I.V. DRUG USER _____ TIME SINCE LAST USED _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

ALCOHOL/DRUG HISTORY & STATUS

PRESENTLY:

Sober Drinking Using Withdrawal

USE ALCOHOL/DRUGS for:

Nerves Boost Anger Tiredness Inferiority
 Guilt Sex Forget Troubles Socializing
 Boredom Sleep After Arguments

AA/NA Affiliations? _____ Where & When? _____

AA/NA Attitudes & Intentions _____

Definition of Addiction _____

Describe your own problem _____

PRIOR EFFORTS TO QUIT:

Temporarily Permanently Half-Hearted Full Intent

<p>Interviewer only</p> <p>*source of motivation:</p> <p>*comments</p>

PRIOR TREATMENTS OR THERAPY HISTORY:

DETOX	ANTABUSE	OUTPATIENT COUNSELING
RESIDENTIAL TREATMENT	PSYCHIATRIC CLINIC	GENERAL HOSPITAL
AA/NA - 12 STEP	HALFWAY HOUSE	OXFORD LIVING

OTHER _____

Details: _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

FAMILY HISTORY & RELATIONSHIPS

(CHILDHOOD)

PLACE OF BIRTH	
WHERE REARED	
# OF SIBLINGS	
BIRTH ORDER	

EARLIEST CHILDHOOD
MEMORY: _____

DESCRIBE YOUR MOTHER (and any substance abuse) _____

DESCRIBE YOUR FATHER (and any substance abuse) _____

Any history of siblings substance abuse _____

SEXUAL ABUSE? YES or NO IF YES, by who and nature of? _____

EMOTIONAL ABUSE? YES or NO IF YES, by who and nature of? _____

WHO ARE YOU CLOSEST TO? _____ MOST TROUBLE WITH _____

WORST EXPERIENCE _____

HAPPIEST TIME _____

FEELINGS ABOUT SCHOOL _____

REASONS LEFT HOME & AT WHAT AGE? _____

CURRENT RELATIONSHIP/FEELINGS REGARDING PARENTS & SIBLINGS _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

ADULT LIFE HISTORY & RELATIONSHIPS

MARITAL STATUS	
# OF MARRIAGES	
DATE OF LAST DIVORCE	
AGES OF CHILDREN	

CURRENT RELATIONSHIP WITH CHILDREN _____

FEELINGS ABOUT PRESENT FAMILY SITUATION _____

DESCRIBE YOUR SPOUSE OR CURRENT RELATIONSHIP _____

WISHES FOR FUTURE REGARDING SIGNIFICANT OTHER _____

EXTRA CURRICULAR ACTIVITIES

SOCIAL ACTIVITIES _____

LEISURE ACTIVITIES _____

RELIGIOUS BACKGROUND _____

CHURCH HOME _____

How active _____

Religious guilt? _____

EMPLOYMENT

Employed Unemployed Temporary work On Leave of
 Absence

Date last worked _____

Type of work _____

EDUCATION

High School GED Some College Degree

Last school attended _____

When? _____ Where? _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM

THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

FINANCES

OBLIGATIONS:

- ALIMONY _____
- CHILD SUPPORT _____
- COURT FEES _____
- RESTITUTION _____
- OTHER _____

BENEFITS:

- SOCIAL SECURITY _____
- RETIREMENT _____
- V.A. _____
- UNEMPLOYMENT _____
- DISABILITY/PENSION _____

COURT RECORDS

Court Order	Probation	Parole	Community Corrections
Adult Probation	Pre-Trial	Juvenile	Municipal Probation

Probation/Parole Officer's Name _____

Phone number _____

Conditions & Length _____

Release Date _____

Length of time to serve if violation occurs _____

State & County _____

TOTAL ARRESTS _____ # ALCOHOL RELATED _____ # IN LAST 12 MONTHS _____

TOTAL JAIL TIME _____

CHARGES PENDING _____

FELONY CONVICTIONS _____

MISDEMEANORS _____

PRISON RECORD (Time served) _____

Any other unresolved legal issues _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

APPLICATION FOR ADMISSION AND EVALUATION

BEHAVIOR/PERSONALITY

SELF APPRAISAL:

My strongest points are: _____

My weakest points are: _____

My greatest accomplishment is: _____

My biggest problem is: _____

What areas would I like to change the most? _____

SPECIAL PROBLEMS (circle all that apply)

- SOCIAL
- SEXUAL
- SELF CONTROL
- LONELINESS
- SELF RESPECT
- ANGER
- DENIAL

HOUSE OF HOPE - TRANSITIONAL PROGRAM
THE VILLAGE INITIATIVE, INC.



APPLICATION FOR ADMISSION AND EVALUATION

BEHAVIOR/PERSONALITY (INTERVIEWER ONLY)

***Mood/Affect:**

Calm Anxious Depressed Subdued Afraid Crying
Over-controlled Cheerful Angry Defensive
Hyperactive

***Thinking:**

Delusions Hallucination Disoriented Insecure Confused
Vague Suicidal Thoughts Disorganized Memory Defects

***Further**

Description: _____

***Attitude:**

Cooperative Passive-Resistant Joking Evasive Hostile
Self-Critical Resentful

***Personality:**

Manipulative Self-Centered Energetic Domineering Shy
Grandiose Remorseful Suspicious

***Interviewer's**

Observations/Impressions: _____

Evaluation by _____ **Date** _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

CONSENT TO ADMISSION AND PARTICIPATION

I, _____, voluntarily consent to be admitted to the House of Hope Transitional Program beginning _____. I realize that I must make this program my first priority.

I understand the program is individualized and resident-driven and that my length of stay upto 18 months depends on my participation, cooperation, and dedication. In the event that I decide not to fulfill my commitment, I understand that my discharge will be immediate unless it is determined that I am likely to cause harm to myself or others.

During my stay in the program, I agree to participate in all levels and phases of the program, complete all assignments given to me by staff, and follow all the rules and regulations of the program. If my behavior/attitude indicates an unwillingness to participate, even after appropriate intervention procedures are followed, this will result in my discharge from the program. I accept full responsibility for my conduct in the home and the resulting consequences.

I grant permission to the Village Initiative Staff, as well as the House of Hope Directors, House Managers, Counselors, Case Managers, Peer-Support Specialist, and other individuals staffed by the Village to recommend, and refer to other community resources, during my stay at the House of Hope.

I further understand the House of Hope does not assume responsibility for the safekeeping of any personal items, unless specifically deposited in the the House Manager's safekeep, nor is the House of Hope responsible for articles left behind by me if I should leave without staff approval. I hereby release the House of Hope, and Village Initiative from all liability for any self-inflicted injury received while I am a Participant in the program. I also accept responsibility for any damage or destruction that may occur to the House of Hope/Village Initiative as a result of my behavior during the period I am a resident in the Transitional program.

I have read, or have had read to me and understand the contents of the above information.

Resident's Signature _____ Date _____

Residen's Printed Name _____ Witness _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

AGREEMENT FOR TRANSPORTATION

I, _____, Hereby authorize all the House of Hope Transitional Program, and Village Initiative Staff that are authorized to operate and transport House of Hope residents to transport me when necessary to designated destinations. I further understand that transportation provided to me will only be in vehicles owned by the House of Hope Program, or Staff of the Village Initiative. The Village Initiative, nor Hope of Hope will be responsible for any accidents that may occur through no fault of the House of Hope Transitional Program, or Village Initiative Staff. If I am authorized to drive a Program vehicle, or while I am riding as a passenger. This consent expires immediately upon the date of my discharge from the house of Hope/Village Initiative Transitional Program.

I have read or have has read to me and understand the contents of the above information.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

RULES AND REGULATIONS

1. **NO use or possession of drugs/alcohol beverages or drug/alcohol paraphernalia either on property or off*
2. **NO overnight guests*
3. **NO profanity or obscene language*
4. *~NO violations of Federal, State, or Local Laws*
5. *~NO physical violence, threats of physical violence, or intimidation against any person either on or off property*
6. *~NO weapons of any kind on property*
7. *~NO sexual relationships of any kind with other residents or staff*

**Violation will result in the withholding or denying of privileges*

~Violations may result in discharge

I have read or had read to me and understand the contents of the above information. I understand that violations of said rules may result in my immediate discharge from the House of Hope.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

GENERAL RULES

1. *NO curfew violations*
2. *NO refusal to participate or cooperate*
3. *NO destructive behavior*
4. *NO destruction of property*
5. *NO disrespecting other residents, or staff, either on or off property*
6. *NO breach of resident confidentiality at any time*
7. *NO gambling*
8. *NO lying*
9. *NO poronography of any kind*
10. *NO racial, ethnical, or sexual slurs*
11. *NO profanity or obscenities*
12. *NO refusal to attend all meetings in progress while you are in the program*
13. *ROOM & ASSIGNED AREAS MUST BE KEPT CLEAN AND ORDERLY*

***I have read or had read to me and understand the contents of the above information.
I understand that violations of said rules may result in my immediate discharge from
the House of Hope.***

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

COMMUNITY GUIDELINES

You are a guest in the home of the House of Hope, and a participant of the Village Initiative, Inc., and we welcome you to visit with us. We will remind you, however, to act responsibly, and courteously to the House of Hope Staff, and the Village Initiative Staff, as well as it's Board of Directors, and visitors in our program at all times.

A demonstration of positive daily habits, behavior, and attitude is a part of your successful transition and completion in each phase of the transitional house, and ReEntry program.

- 1. All residents will attend all group meetings, and Bible classes*
- 2. Each resident will maintain good personal hygiene*
- 3. Each resident will dress in clean clothes each day and in an appropriate manners. You must be clothed at all times when in common areas.*
- 4. You are responsible for the cleanliness of your assigned area, your bed, and living space. Clean up after yourself. Keep personal belongings in your room.*
- 5. You are reminded that you are residing at the House of Hope, and a participant of the Village Initiative, and you are not to bring disrespect, or discredit upon this program.*
- 6. All books, linens, supplies, etc., issued to you must remain at the House of Hope or Village Initiative before your exit date. You are entitled to keep gifts given to you.*
- 7. You you plan to leave the program before your exit date, please give counseling staff 24 hours of notice.*
- 8. You shall be responsible for any damages and destruction to property of:*
 - The House of Hope*
 - The Village Initiative*
 - Roswell Church of Christ*

Restitution must be made for said damages, or legal actions against you will be taken.

I have read or had read to me and understand the contents of the above information. I understand that violations of said rules may result in my immediate discharge from the House of Hope.

Resident's Signature _____ Date _____

Staff Signature _____

REVISED 3/2019



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

SMOKING POLICY AGREEMENT

I, _____, have been informed that the House of Hope has been designated a SMOKE FREE HOUSE.

I understand that I may smoke only in designated areas outside of the house, and must use the receptacles provided for ashes and discarded cigarettes. I further understand that the use of smokeless tobacco products at any time while at the house is not permitted for use indoors.

I recognize that the House of Hope has the right to require that I abide by this condition while I am a resident in their program, just as I would have the right to require others not to smoke in my own home if I so desired. I have been informed that I may be administratively discharged from the program for not adhering to this policy.

RELEASE FROM PERSONAL RESPONSIBILITY AGREEMENT

I, _____, release the House of Hope, the Village Initiative, it's staff, directors, and other agencies from all responsibility for any loss resulting from fire, theft, and/or personal injury while a resident in the House of Hope Transitional Program, and that the above said parties do not assume responsibility for my personal property on or off the premises.

I have read or had read to me and understand the contents of the above information.

Resident's Signature _____ Date _____

Resident's Printed Name _____

Staff Signature _____ Date _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

CONSENT TO SEARCH AND SEIZURE

The House of Hope Transitional Program reserves the right to search personal belongings, as well as the resident, at any time deemed necessary by the House of Hope Staff. Any items found in the possession of the resident that to be contraband and/or controlled substance dangerous to the resident, resident community, and the program staff will be confiscated and disposed of according to the program guidelines. Any possession of contraband or controlled substance represents a RULE VIOLATION and will lead to review of the resident's treatment status, after which a decision will be made to administrative disciplinary action and/or discharge of the resident/participant.

The following list in no way intended to be all inclusive, but rather an example of the types of items deemed contraband and/or controlled substance:

- 1. Alcoholic beverages and illegal drugs*
- 2. Medication without a prescription, not approved by medical staff*
- 3. Firearms*
- 4. Mouthwash containing alcohol*
- 5. Poronographic literature and porographic pictures*

I have read or had read to me and understand the contents of the above information.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

URINALYSIS AND OTHER DRUG TESTING AGREEMENT

The House of Hope Transitional Program EXPECTS THAT ALL RESIDENTS WILL REMAIN CHEMICALLY FREE during treatment, and while a resident at the House of Hope, and hopes that you choose to remain free of chemical dependency. To ensure this, specific criteria for requiring residents to submit to drug testing have been established.

Urinalysis or other drug testing may be performed on a resident/participant at any time. The Village Initiative, and House of Hope Transitional Program reserves the right to demand a drug test to be performed on a resident/participant, and that refusal to submit could result in the resident being discharged from the House of Hope. Counselling services could be accessible through the Village, and are encouraged to seek support from group participation, and sponsors.

The following list in no way intended to be all inclusive, but rather an example of the types of reason to to asked for drug/alcohol testing:

- 1. Behavior suggesting the possibility of drug/alcohol use*
- 2. Alcohol and/or drugs found in the possession of resident's personal belongings*
- 3. Reports by other that the resident's behavior shows signs of use*
- 4. The smell of alcohol/drug in areas the resident's space or of self*
- 5. Staff believes that resident is under the influence of alcohol/drugs*
- 6. House of Hope Director, and Village Drug & Alcohol Counselor authorizes random test to be performed*

I have read or had read to me and understand the contents of the above information.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM THE VILLAGE INITIATIVE, INC.

WAIVER AND RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

Please note that by signing and participating in the House of Hope Transitional Program, along with the Village Initiative, Inc. you are waiving and releasing all claims for injuries arising out of these programs that you or any other named participant might sustain. The terms, "I", "me", and "my" also refers to parents, guardians, spouses, significant others, or any family members, as well as any other participant in the programs. In registering for these programs, you are agreeing to the following:

1. As a participant in this program. I, _____, recognize and acknowledge that there there may be certain risks of physical injury, and I agree to assume the full risk of any injures, damages, or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential bodily harm/contact are hazardous recreational activities and may involve substantial risks of injury.

2. I agree to waive and release any and all claims that I may have as a result of participating in these programs against the Village Initiative, Inc. and/or House of Hope, any and all participating or cooperating governmental units, and all independent contractors, and any and all other persons and entities, of whatever nature, that might be directly liable for any injuries that I might sustain while participating in these programs (The parties described in preceding sentence are referred to as "Released Parties" in the remainder of this agreement).

I have read or had read to me and understand the contents of the above information.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____



HOUSE OF HOPE - TRANSITIONAL PROGRAM
THE VILLAGE INITIATIVE, INC.

**WAIVER AND RELEASE OF CLAIMS
AND HOLD HARMLESS AGREEMENT CONTINUED...**

3. I do hereby fully release and discharge the House of Hope Transitional Program, Village Initiative, Inc. and the other Released Parties from any and all claims resulting from injuries, damage or loss due to fire, theft, and/or recreational activities which I may have occur to me due to my participation in these programs.

4. I further understand and agree that the terms such as "participation", and "activities" referred to in the agreement includes all exercise and physical movements of any nature while I am participating in these programs, and further include the provision of any and all equipment, vehicles, tools, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from events, and services.

I have read or had read to me and understand the contents of the above information.

Resident's Signature _____ *Date* _____

Resident's Printed Name _____

Staff Signature _____ *Date* _____

