



1747 N. Wells St
Fort Wayne, Indiana 46808
260.420.6100
260.407.1511 (fax)

RESIDENTIAL PROGRAM APPLICATION

Name: _____

Date: _____

Hope Alive does not discriminate on the basis of race, ethnicity, color, sex, gender, sexual orientation, religion, creed, national origin, age or disabilities in the admission of women into our residential program. However, due to the nature of a transitional living program with the goal of aiding women to become self-sufficient, residents must be physically and emotionally able to do all household and yard chores. If at some point a resident becomes unable or unwilling to do these chores she will be required to leave this program.

For office use only

Move in Date _____

ID # _____

_____ First interview

_____ Evaluation / Case Management

_____ Second interview

_____ Rental Agreement

_____ Drug screen

_____ Counselor Assigned

_____ Orientation

(please initial when completed)

Residential Program Application

(Please print)

Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone Number: _____

A message may be left at either number: Yes No

Marital Status: Married Single Divorced Separated Widowed

Number of Children: _____ Ages: _____

Do you have children under the age of 18 who may be visiting you at Hope Alive? _____

Emergency Contact: _____
(NAME) (RELATIONSHIP) (PHONE NO.)

Your Income Source: _____ Monthly Amount: _____

If employed, name of employer: _____

Date employed: _____ Your position: _____

Salary: _____ Hours worked per week: _____

Employer's Address: _____

Phone: _____

If unemployed, for how long? _____

Previous employer: _____

From _____ to _____ Your position: _____

Salary: _____ Hours worked per week: _____

Employer's Address: _____

Phone: _____

PREVIOUS RESIDENCES (Other than your current address) – list most recent first:

(FROM – TO)

1. Address: _____ Dates: _____

Reason for leaving: _____

Did you receive government assistance to help with this housing? Yes No

2. Address: _____ Dates: _____
Reason for leaving: _____
Did you receive government assistance to help with this housing? ___Yes ___No

3. Address: _____ Dates: _____
Reason for leaving: _____
Did you receive government assistance to help with this housing? ___Yes ___No

REFERENCES:

Please list two personal references:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Please list one professional reference:

3. Name: _____ Phone: _____

Address: _____

What is your reason for applying to Hope Alive? _____

Who referred you to Hope Alive? _____

EDUCATION:

Currently in school? ___Yes ___No If yes, where? _____

Please circle the highest grade level of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Please circle the highest diploma/degree achieved:

GED/H.S. Diploma Technical Degree/Associates Bachelor's Degree Master's Degree Doctoral Degree

RACE/ETHNICITY (used for grant purposes only)

Check one: ___Black or African American ___Hispanic or Latino ___Asian (including Pacific Islander)
___ American Indian (including Alaska Native) ___White ___Other (please specify) _____

LEGAL HISTORY (CHECK AS MANY AS APPLY):

___No legal history ___Arrest(s) non-substance related ___Arrest(s) substance related
___Currently on probation/parole ___Court ordered treatment ___Jail/prison time served

In the past year have you been arrested? Yes No If so, how many times? _____

Please describe most recent legal issue:

In the past year have you spent any time in jail? Yes No If so, how many nights? _____

List any convictions, date of conviction(s) and explanation _____

In the past year were you a victim of any violent crimes such as assault, rape, mugging or robbery?

Yes No

In the past year were you a victim of any nonviolent crimes such as burglary, theft of your money or property, or being cheated? Yes No

Do you have a history of substance abuse? Yes No

Please describe: _____

When was the last time you used an illegal substance or misused prescription drugs? _____

Do you currently use drugs or alcohol? _____

Have you read a copy of the Resident Rules? Yes No

Can you abide by the Resident Rules? Yes No

What would you like to accomplish while living at Hope Alive?

I understand that due to the nature of a transitional living program with the goal of aiding women to become self sufficient, I acknowledge that I am physically and emotionally capable of doing all household and yard chores. I understand that if at some point I become unable or unwilling to do these chores I will be required to leave this program.

I understand that I am going to be given a drug and alcohol screening prior to being admitted to Hope Alive's Residential Program. I also certify that the above information is true and accurate to the best of my knowledge. I understand that falsified information may be cause for my dismissal from Hope Alive's program.

Signature _____ Date _____

RENTAL AGREEMENT FOR HOPE ALIVE, INC.

I, _____, agree to pay Hope Alive \$250.00 per month for residence in the Hope Alive House at _____ North Wells Street, Fort Wayne, Indiana. Should I terminate my agreement with less than 10 days notice, I understand that I am responsible for ten day's rent. Rent is figured at \$8.30 per day. Rent includes all utilities.

I understand that my rent is due by the third day of each month.

I understand that if my rent is in arrears I must speak with the case manager prior to the 3rd of each month in order to make and/or fulfill a payment plan. I understand that if I have not made arrangements regarding my rent by the 3rd of the month, the case manager will refer this to the director at which time I may be asked to leave.

If I cannot pay my rent I understand that I am expected to go to the Wayne Township Trustee's office within two weeks of my move-in date.

I will make a deposit in the sum of \$50.00 which shall be returned following termination of the lease providing that the room is left in acceptable condition and that house keys are returned.

I confirm that I am moving in on _____. The payment for the remainder of the month will be _____ days @ \$8.30 a day totaling \$_____ payable by _____(date).

I understand that should I relocate during a month and leave my belongings in the room, the \$8.30 fee per day still applies until all my belongings are removed. If I do not remove my belongings myself, I understand that my belongings will be disposed of within seven days of my departure and I will forfeit my deposit. When leaving Hope Alive I will complete an exit form and a change of address form for the post office to have my mail forwarded. I understand any mail received at Hope Alive after I leave will be marked "no longer at this address" and returned to the post office.

I understand that as part of my residency I will be a part of the Independent Living Program at Hope Alive and will participate in this program to the fullest of my ability. I will maintain the following:

- Two (2) hours weekly work study at Hope Alive if not employed
- Maintain employment or enrollment in an educational, volunteer, or therapeutic program
- Weekly contacts with the treatment coordinator (counseling)
- Weekly contacts with the case manager
- Attend all resident meetings.
- Attend two Hope Alive support group meetings each week
- Have documentation that will be handed in to Resident Advisor by 10:00 p.m. Sunday evening
- Have room clean and neat.
- Actively search and obtain employment within three months of move-in date.

_____ Initial

Complete assigned chores as required by Resident Adviser

As an additional requirement, I agree to attend AA or NA at least _____ times weekly to remain free from substance abuse.

Other requirements as deemed necessary by the director: _____

I confirm that I have been given the code to the main door and a key to my room.

On this day: _____, I have paid the sum of \$_____.

This includes \$_____ toward the deposit and \$_____ toward the rent.

I have read the above agreement and agree to all the terms as written. I also agree to abide by the rules of the house. I accept the responsibility to pay my rent promptly. I realize that I am liable to immediate eviction if I do not abide by all house rules.

Resident Signature

Date

Social Security Number: _____

Hope Alive Staff Signature

Date

EMERGENCY CONTACT FORM

(please print clearly)

Date: _____

Resident's Name: _____

Date of Birth: _____

Social Security Number: _____

Medications: _____

Allergies: _____

Primary Physician Name(s) _____

Previous Hospitalizations: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Numbers: _____

(Home)

(Work)

(Cell)

Emergency Contact Name: _____

Relationship: _____

Phone Numbers: _____

(Home)

(Work)

(Cell)

Next of Kin: _____

(Home)

(Work)

(Cell)

I give Hope Alive personnel permission to disclose any information to my emergency contact(s) listed above that they feel is necessary in order to obtain the emergency care I need.

Signature