



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

**LEGAL HISTORY (CHECK AS MANY AS APPLY):**

\_\_\_ No legal history \_\_\_ Arrest(s) non-substance related \_\_\_ Arrest(s) substance related

\_\_\_ Currently on probation \_\_\_ Currently on parole \_\_\_ Court ordered treatment \_\_\_ Jail/prison time served

Probation / Parole officer name \_\_\_\_\_ phone \_\_\_\_\_

Have you been arrested in the past year?  Yes  No If so, how many times? \_\_\_\_\_

Please describe most recent legal issue:

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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 \_\_\_\_\_

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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: \_\_\_\_\_

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Do you currently use alcohol?  Yes  No

Do you currently use drugs.  Yes  No

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

Have you ever been diagnosed with or treated for mental illness?  Yes  No

If yes, please describe

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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?

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*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 \_\_\_\_\_

# Hope Alive Resident Rules

As a resident of Hope Alive, you are joining a community of individuals each with their own strengths and weaknesses. It is important to commit to honest, responsible, respectful behavior toward Hope Alive staff, other residents and yourself. As your community develops it is our hope and prayer that each resident will contribute to the best of her ability and that the residents will form a fellowship. As a resident you are encouraged and sometimes required to attend any or all groups offered at Hope Alive. You will not be charged for these groups.

## I. General Issues

- A. Alcohol and/or illegal drugs may neither be used by residents nor brought or sold on the premises. Any use will necessitate the user to leave Hope Alive residential program immediately. Random testing will be done. Tenant also EXPRESSLY gives Hope Alive permission to search her room for alcohol, drugs, and controlled substances.
- B. Smoking permitted at smoking table only
- C. The attic is off limits – do not go up there. There is to be no unauthorized use of the office area, staff kitchen or bathroom. If these areas are used with permission you are responsible to clean up after yourself.
- D. Pets are prohibited
- E. No open food containers are permitted in residents rooms. No food of any kind shall be left on counters or appliances.
- F. After 9:30 p.m. until 7:30 a.m. the house observes "quiet time." This means no loud sounds or music, no incoming phone calls, and careful consideration of the use of the hallway lights.
- G. Facilities such as the kitchen, the laundry, and the telephone are for our residents use only.
- H. Residents are not to "borrow" any items including food and clothing -- that is stealing.
- I. You must supply your own toiletries, paper products (includes toilet paper, paper towels, etc.), cleaning supplies, laundry products, etc. Everyone is to contribute their fair share. If you need help with this, please see the office.
- J. Storage shelves and cupboards will be numbered according to room number--#1room #1 shelf etc. these will be your personal shelves-and we ask that you respect the property of others.
- k. Each apartment is equipped with its own code number for easy entrance and exit. Do not share your apartment's code with any other residents, family, friends, etc.
- l. No one is allowed in your bedroom at any time - neither guests nor other residents. Only your own children with the will be allowed in your room.
- M. There is to be no sexual activity on the property.
- N. No candles, incense, etc. are permitted in the apartments (no flames!)
- O. Food -- everyone is responsible for their own food.
- P. No one is permitted to transport anyone affiliated with Hope Alive without proof of insurance on file – this includes staff and residents
- Q. Curfew: Residents should be home by 10:00pm. If you are working or running late, call/text the resident advisor and your apartment so people don't worry. Curfew is midnight on Friday and Saturday night – call if you're late
- R. Garage – any donations of clothing in the garage are available to residents. Anything else in the garage is off limits.
- S. To maintain cleanliness of Hope Alive, when moving in all personal items will be placed in a "bug zapper"

## II. Personal Issues

- A. All residents are to bathe regularly using shampoo, soap and deodorants.
- B. All residents are to maintain good oral hygiene by daily brushing of teeth
- C. Residents are to lock their doors when not in their room even while in the apartment
- D. Residents are not to leave personal items in community areas
- E. Do not share personal items or money -- staff will not assist with getting things or money returned if you do so.

## III. Adult Visitors

- A. No adult visitors shall be in the home before 9:30am or past 9:30p.m.
- B. No visitor shall be under the influence of drugs or alcohol
- C. Visitors are limited to two hours per day per visitor, includes other residents
- D. Any visitor creating a problem will be asked to leave and not return.

## IV. Child Visitors

- A. Children must be supervised by a parent at all times while on the Hope Alive premises
- B. An overnight form must be completed in the office if you would like to have your children overnight

**V. Conflict Resolution**

Residents are expected to treat each other with respect, which means there will be no loud or raised voices, or physical altercations. If a conflict arises, share the issue respectfully with the other person. If the issue cannot be resolved between the two, the residents should both discuss the issue together with staff. If that is not successful, the residents should see the director together. Physical violence of any kind will not be tolerated.

**VI. Cleanliness Issues:** Residents are responsible to maintain cleanliness of personal space, common space and outside space (cutting grass, shoveling snow etc). Chore lists will be distributed.

**VII. Keys:** Residents are expected to be careful of her keys. If a key is lost, there will be a \$5 fee to replace the key. If a resident locks themselves out of their room after hours more than one time, there will be an hour of work-study added or a \$5 fee.

**VIII. Contacting Staff:** If an emergency arises after office hours: there is a staff person on call

**IX. Psychological Evaluation:** All residents are required to have a psychological evaluation. If you have had a current evaluation, a signature will be required for Hope Alive to obtain a copy. If not, an appointment will need to be scheduled.

**X.** If a police officer comes to Hope Alive he/she will be permitted to enter any room on Hope Alive property. Residents are not to answer any questions but are to refer police questions to a staff member. If a staff member is questioned by the police about the whereabouts of a current or former resident, they will answer any questions.

Anyone choosing to not fulfill their responsibilities to Hope Alive House or breaking rules will be given a ten-day notice. If personal property is not removed from the premises when leaving for any reason, residents will have 48 hours to remove or management will box and dispose of said property.

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RENTAL AGREEMENT FOR HOPE ALIVE, INC.**

I, \_\_\_\_\_, agree to pay Hope Alive \$200.00 each month for the first 3 mos. - \$250 for the next 3-6 mos - \$300 for 6-9 mos. and \$350 after 9 mos. for residence in the Hope Alive House at \_\_\_\_\_ North Wells Street, Fort Wayne, Indiana. 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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 confirm that I am moving in on \_\_\_\_\_. The payment for the remainder of the month will be \_\_\_\_\_ days @ \$6.67 a day totaling \$\_\_\_\_\_ payable by \_\_\_\_\_ (date).

I understand that when leaving Hope Alive I will need to complete a 10-day notice form and am required to pay a per diem until the 10-day notice is complete or I have left, whichever is later. If your rent is paid in advance, and you leave with a 10-day notice, you will be given a refund for the remaining balance.

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 should I relocate and leave my belongings in the room, the per diem 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.

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.
- Complete assigned chores as required by Resident Advisor.

\_\_\_\_\_ Initial



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 \$ \_\_\_\_\_ 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 or at the discretion of the Hope Alive staff.*

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Hope Alive Staff Signature

\_\_\_\_\_  
Date

## EMERGENCY CONTACT FORM

*This form will be given to emergency medical personnel to help in your care – please provide all pertinent information.*

Resident's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Primary Physician Name(s) \_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Past Hospitalization /Reason \_\_\_\_\_

### **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