

Restoration of Hope

Resident Application

Resident Intake Information	Date:	
Name:		
First	Middle	Last
Current Address or Last Address:		
Phone:	Allases:	
Date of Birth:	Place of birth:	
Social Security #:	Drivers License numb	oer:/State:
Check one: Single Widowed If married: Name of Spouse		
# of children Paying	g Child Support: Yes No_	How much?
Highest Level of Education: High School	College Graduated	Some College
GED		
Do you receive a check of any kind?	Но	ow much?
Reason for receiving funds?		
Do you have legal issues or court dates: Reason	·	
Are you on probation or parole? Yes	No If yes why?	
Payment amount:	How ofte	n:
Are you a registered sex offender? Yes_	No If yes give details	
How did you hear about us?		
Do you take prescription drugs? Yes	_ No If yes list all medication	ons and when taken

Do you have or have had any medical conditions that requires doctor's care? Yes No If yes list
all
Have you ever been in a recovery program? Yes No If yes please list name of program. location
And dates Attended
If you have been in a recovery program how long were you there?
What is your addiction?
What is your longest length of time being clean?
If you use tobacco you need to know this program is tobacco free. You will not be allowed to use tobacco at any point.
Have you accepted Jesus as your personal savior? Yes No If yes when?
This program is Christ based and you will be expected to participate in Educational classes building a closer walk with Jesus Christ.
List any skills you have?
What are your talents:
Is there anything special you want us to know about you?

I certify that all the information that I have stated is true to the best of my knowledge. I also understand that a background checks will be done, and I may receive random drug tests and inspections.

Resident Name

Date