



# River of Hope House Application

## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

*River of Hope Houses does not accept anyone charged with a Sex Offence and or violent crime*

Contact in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you in outpatient treatment? Yes No If yes, where? \_\_\_\_\_

What is your sobriety date? \_\_\_\_\_ What are your drugs of choice? \_\_\_\_\_

Are you involved in Drug Court? Yes No

List felony convictions, if any \_\_\_\_\_  
\_\_\_\_\_

List misdemeanor convictions, if any: \_\_\_\_\_

When released will you be on Probation or Parole? \_\_\_\_\_

Are you now on Probation? Yes No

Are you now on Parole? Yes No

Name of Probation/Parole Officer \_\_\_\_\_

If you have a Case Manager, please list name, phone number and email address if available \_\_\_\_\_

Were you under the influence of drugs/alcohol when you committed the crime? Yes No

Employment yes/no

If yes, where do you work? \_\_\_\_\_

How long have you been employed there?

\_\_\_\_\_

If no, how do you pay your house dues?

\_\_\_\_\_

**Medication List**

*Medications you are currently prescribed (applicants will be declined if using any controlled substance including Methadone.)*

Name \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Purpose \_\_\_\_\_

Mental Health Court? Yes No

Have you ever been admitted to the psych ward? YES NO If yes when and where \_\_\_\_\_

\_\_\_\_\_

Do you have a psychiatrist, psychologist, or therapist? YES NO

If yes name and phone \_\_\_\_\_

(you will need to provide a ROI for Hope House to communicate with them.)

Mental Health Diagnosis? \_\_\_\_\_

- Which clinics have you gone to for mental health services & when?

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- What medications did they prescribe?

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- How long did you take them? Or are you still taking them?

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Why did you stop taking the prescribed medication?

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- How long did were you seeing your therapist?

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- What did the therapist think was going on? \_\_\_\_\_

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- Do you agree? \_\_\_\_\_  
is this possibly why you use?

How often do you see your doctor regarding your meds?

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Please provide 2 References: Name and phone # \_\_\_\_\_

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By signing below, I understand and agree to meet the following expectations, if accepted for residency into River of Hope Houses.

- I agree to remain clean and sober at all times. \_\_\_\_\_ (Initial)
- I agree to pay my guest dues on time. \_\_\_\_\_ (Initial)
- I agree to keep River of Hope Houses free from alcohol and illegal drugs at all times. \_\_\_\_\_ (Initial)
- I agree to follow all guest rules for structure and accountability. \_\_\_\_\_ (Initial)

I certify that ALL information I have provided to River of Hope House is true and correct. I have read all material on this application form including the limitations above. I have answered each question honestly and want to achieve long-term sobriety from alcoholism and/or drug addiction.

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Signature & Date

Can be signed at interview,