



APPLICATION FOR RESIDENCY

Before you complete the application, please read the following information carefully.

What is the House of Hope?

House of Hope is a faith-based prison transitional ministry that assists formerly incarcerated men and women to become successful in their reentry into the community. Our Program is 6 months long. We offer assistance in housing, food, clothing, job placement, financial literacy, biblical discipleship, life skills, etc. During your stay at House of Hope, residents are required to find and maintain a job, attend all program activities and studies. Upon employment, the resident will be required to pay \$125.00 per week.

House of Hope is governed by a board of directors and employs a full time staff. Christian volunteers are involved as mentors, volunteers, partners and discipleship teachers. House of Hope strives to give a Christian perspective on all areas of life, with direction and principles based on biblical teachings and understanding.

What are the requirements for me to be accepted into the House of Hope?

1. You must have an admirable desire to work toward a positive standard of living and be susceptible to making necessary changes needed to obtain a productive and responsible lifestyle.
2. You must follow defined rules and guidelines that are necessary to achieve desired results pertaining to your success and the continued successes of the ministry to serve future participants.
3. You are required to attend and volunteer in church, participate in all developmental courses, and recovery programs that are imperative to successful restoration of life.
4. You are required to develop a godly devotional lifestyle, i.e. (bible reading, journaling, prayer, worship, etc.)
5. The House of Hope is a drug, alcohol, and tobacco products free environment. (no vaping or any other substance is allowed)
6. Residents are required to attend all classes and all other scheduled activities.
7. You must work a full-time job.
8. Residents are required to be diligent in saving money.
9. Each resident is required to secure a place to live upon graduation from House of Hope.
10. Each resident is required to help with houses and properties up-keep and maintenance.

INSTRUCTIONS FOR COMPLETING APPLICATION:

- Answer each question COMPLETELY and if a question does not apply, mark the space N/A. If your application is incomplete, you may lose your chance to be considered.
- Any false or untruthful information will immediately disqualify you.
- We pay special attention to your religious background and future goals.
- Complete this application entirely and return to: House of Hope P.O. Box 357236 Gainesville, FL 32635-7236 or email it to director@houseofhopegainesville.org

ANY INFORMATION YOU PROVIDE WILL BE HELD IN STRICT CONFIDENTIALITY



First Name: _____ Last Name _____

FDOC Number: _____ Tentative Release Date: _____

Correctional Institution _____

CRIMINAL BACKGROUND (List all convictions with the most current first)

DATE	CHARGE	SENTENCE	Time Served

THIS SECTION FOR OFFICIAL USE ONLY

DATE OF INTERVIEW: _____ RESULT OF INTERVIEW: _____

COMMENTS:



RULES, GUIDELINES, AND CONDITIONS FOR RESIDENTS OF THE HOUSE OF HOPE

THE FOLLOWING RULES AND GUIDELINES OF CONDUCT SHALL BE IN EFFECT DURING THE PARTICIPATION OF ANY RESIDENT IN THE HOUSE OF HOPE. VIOLATION MAY BE CAUSE FOR IMMEDIATE DISMISSAL FROM THE PROGRAM.

***Please initial each guideline that signifies that you have read and fully understand it.**

1. The House of Hope is your temporary residence during the program. _____
2. Acceptance into the program is a PRIVILEGE. Residents must agree to the guidelines, rules and regulations and agree to comply. _____
3. Residents are not tenants or lessees and have no rights of residential tenancy created by a landlord/tenant relationship. You have no property rights whatsoever of the House of Hope properties used during the course of the program. _____
4. Staff members may enter or inspect the resident's rooms at any time during the course of the program. _____
5. The House of Hope is a faith-based organization and as such the program is operated under christian principles. During your time in the program you will be required to abide by these principles. _____
6. Residents are required to be present and on time for ALL assigned devotional periods, group sessions and assigned activities, etc. _____
7. All group sessions are mandatory. NO EXCEPTIONS! Unless the resident has received written or verbal permission from the Executive Director to be excused from a scheduled session. Failure to communicate will result in immediate verbal advice warning. Text messages will NOT be accepted. _____
8. Residents will NOT be allowed to leave the house without the Director's or his/her designee's approval. _____
9. When attending a function away from the house, residents must remain with the group. If you need to step away from the group, you must obtain permission from the Director of his/ her design. _____
10. Residents are expected to respect and follow directives of staff. All concerns should be directed to the Director. _____.
11. Information from your application might or will be shared with a selected professional counselor. _____
12. Residents are REQUIRED to attend church while in the program. Residents may choose a church of your choice or attend the HOH affiliated church. _____
13. Residents are required to have a minimum one hour of daily personal devotion. This consists of Bible reading, journaling, worship and prayer time. _____
14. The House of Hope is not responsible for any illness, disease or treatment a resident may encounter while in the program. However, guidance will be provided to residents who experience unforeseen illnesses while in the program. _____
15. The House of Hope Inc. is not responsible for residents property which may become lost, stolen or damaged. _____
16. Loaning, borrowing, bartering or selling personal property between residents is prohibited. _____
17. Residents are prohibited from entering into a romantic relationship during the nine months of the program. _____
18. The House of Hope will randomly administer drug tests. Failure to submit to a random drug or alcohol test will be viewed as a positive result and grounds for immediate dismissal. _____
19. Firearms, pocket knives or weapons of any kind are prohibited. _____
20. Gambling of any kind is prohibited. _____
21. Stealing is a crime and grounds for immediate dismissal. _____
22. Pornographic or sexual suggestive materials or comments in this nature are prohibited. _____
23. The House of Hope is a tobacco free, smoke free facility. This includes anywhere around the property, and its vicinity. _____
24. The program fees are \$125.00 PER WEEK. Each resident must obtain and maintain gainful employment within two weeks and start payments toward his/her program fees. Not obtaining employment after one month in the program is grounds for immediate dismissal. The only exceptions to this rule are if the resident is under a court order or physician order prohibiting work. _____
25. The program fees are due by Friday of every week. If for an unforeseen reason it cannot be paid, residents MUST communicate with the



- Director and explain the reason. _____
26. Residents must complete all weekly responsibilities/chores assigned to them by the House Manager. _____
 27. Residents must make their beds every morning. Resident bed space area must be kept clean and organized at all times. _____
 28. Food and drinks are not allowed in the bedrooms. _____
 29. The last resident leaving the house is responsible for turning off lights, appliances, fans, etc. and making sure all exit doors are locked. _____
 30. Fighting, threats, abusive or derogatory language towards any person are grounds for immediate dismissal. _____
 31. Residents will not be allowed to leave the house, unless job related, without the Director's or his/her designee's approval. This includes but not limited to appointments, shopping and visitations. Each departure and arrival must be documented by completing the sign in/out sheet. _____
 32. Curfew is 8:00PM. Missing curfew is grounds for dismissal. All requests for a later curfew must be submitted for approval in advance. _____
 33. All visitations must be approved by the Director. Visitors that arrive without prior approval will be asked to leave and future visitations may be suspended. _____
 34. All visits will occur in the common areas of the front room, dining room or house grounds. Visitors are not allowed in the residents' rooms. All visits must be completed by 6:00 PM. _____
 35. ALL residents having visitors or visiting family must request TWO WEEKS in advance and get it approved by the Director. The visiting schedule for residents while in the program goes as follows:
 - 1st Month - NO VISITS. (Focus on you)
 - 2nd & 3rd Months - One visit allowed from family to residents at HOH home.
 - 4th Month - One visit from family at HOH. One visit from resident to family. (NO overnight stay.
 - 5th & 6th Months - Two visits (each month) from family at HOH. Two visits (each month) to family.
 36. ALL visits to and from family must be requested and approved 2 weeks prior to the date of the visit _____
 37. Unethical or unbiblical behavior will result in dismissal. _____
 38. Violations of any guidelines, rules and regulations or a resident's parole/probation requirement may result in dismissal. _____

AGREEMENT TO TERMS

I, _____, have read the guidelines, rule and regulations of the House of Hope of Alachua County, Inc. as indicated by my initialization of the document. I fully understand and agree to abide by all the terms and regulations contained in the document. I realize that other items may need to be discussed or new rules may need to be implemented due to situations that may arise. When the guidelines, rules and regulations are updated I will be notified of the changes.

I further understand that the Director reserves the right to direct me to leave the program due to my non-compliance with the guidelines, rules and regulations.

By signing this agreement, I acknowledge that all my questions regarding the guidelines, rules and regulations have been answered and I am agreeing and signing this agreement of my own free will.

Applicant's Signature _____ Date _____



Application for Residency

All questions must be fully completed to be considered for the House of Hope
Answer N/A if not applicable to you. The prospective resident must fill the application out. No one else.

Date of Application: _____

First name _____ Last name _____

FDOC#: _____ Date of Birth: _____ Social Security Number: _____ - _____ - _____

Drivers License # _____

Name of current institution _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Legal U.S. Resident? Yes _____ No _____ Marital Status: (circle one) Married, Single, Divorced/Separated, Widowed

Are you in a relationship? _____ if so, please explain _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Emergency contact phone number: _____

EDUCATIONAL HISTORY

Highest grade level achieved: _____ School Name: _____

Did you graduate from High School? YES _____ NO _____ GED _____

Did you attend college or a trade school? YES _____ NO _____

What did you study? _____

Favorite subjects in school? _____

Hobbies: _____



What vocational training have you received? _____

List any courses taken in prison: _____

Have you ever been a member of the arm forces? ____ If YES, which branch _____

Were you honorably discharged? YES ____ NO ____ If no, WHY? _____

JOB EXPERIENCES

JOB _____ YEAR _____

JOB _____ YEAR _____

JOB _____ YEAR _____

What have been your jobs in prison/jail? _____

Work experience (list employers name, type of work and time you were there) _____

List any special skills you have: _____

Is there a work supervisor or previous employer that would give you a reference? ____ If so, please list their names and business.

Do you have any health issues that would cause restrictions at your job, and if so, explain

Please share any concerns you may have regarding employment upon your release _____



RELIGIOUS BACKGROUND

Are you a christian? _____ What is your christian denomination preference? _____

When did you become a christian? _____

Do you currently attend church? _____ Where? _____ How often? _____

Did you attend church as a child? _____ If yes, what denomination? _____

Are you saved? ____ YES ____ NO ____ NOT SURE

Have you ever been Baptized? _____ If yes, when? _____

Do you ever pray? _____ If yes, describe your daily devotion with God _____

If married, what is your spouse's religious background? _____

DO YOU ACKNOWLEDGE THAT THE HOUSE OF HOPE IS A FAITH-BASED PROGRAM? ____ YES ____ NO

Describe your salvation experience (testimony).



ADDICTION HISTORY

When did you last drink alcohol or use an illegal substance? _____

List past drug use (including alcohol):

SUBSTANCE	LENGTH OF USE	TIME PERIOD	QUANTITY

Have you ever attended a drug rehabilitation center? Include programs while incarcerated. Yes ____ No ____ If yes, What program
_____ When? _____ Where? _____

How old were you the first time you used drugs or alcohol? _____ Have you ever had a blackout? _____

Seizures? _____ Hallucinations? _____

What is your longest period of sobriety? _____ Explain why _____

Please offer any other information concerning your past drug and/or alcohol abuse you would like to share. (This helps us to help you better in
overcoming and healing from anything in your past or present) _____



List any concerns you may have regarding abuse/using drugs and/or alcohol upon your release

Four horizontal lines for writing concerns.

LEGAL INFORMATION

List any warrants, arrests or convictions:

Four rows of 'VIOLATION _____ DATE _____ COURT ACTION _____' for listing legal issues.

Expected date of release _____ Classification Officer _____

Would you have probation or parole upon release? _____ If YES, describe _____

Do you currently have any warrants/charges pending against you? _____ If yes, explain _____

Do you currently have any warrants/charges pending against you? _____ If yes, explain _____

Describe any fines or license limitations _____

List any restitution, court costs, childcare or any other financial obligations you have upon release: _____

Have you ever physically assaulted someone? _____ If yes, when: _____

Explain circumstances of assault _____



Give a brief outline of your past (when you first got into trouble, age at the time, family background). We ask this to know how to best help you.

PROGRAM INFORMATION

List all programs you have participated while incarcerated: _____

Your Chaplain(s) name? _____ Have you spoken to your Chaplain about this? _____

How did you learn of the House of Hope? _____

Why do you want to be accepted into this program? _____

What do you expect from this program? _____

What will be your immediate needs upon release? _____



What are your long term goals? _____

How much money will you have upon release? _____ Will your family assist you and in what ways? _____

I have the following questions for the House of Hope _____

Do you have any concerns upon release, and if yes, explain _____

What made you be part of the House of Hope? _____

Who referred you to the House of Hope? _____



MEDICAL INFORMATION (PLEASE PRINT YOUR NAME)

LAST _____ FIRST _____ MIDDLE _____

Social Security Number: _____ - _____ - _____ DOB _____ / _____ / _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____

DO YOU HAVE HEALTH INSURANCE? YES _____ NO _____

Carrier and policy number _____

Emergency Contact _____ Phone # _____

HISTORY OF	Y/N		Y/N		Y/N
Heart Problems		PMS MILD / SEVERE		Seizures	
Psoriasis		Pregnancy (#)		Hernia	
Stroke		Arthritis		Knee / Hip / Foot problems	
Diabetes		Cancer		Back	
Kidney		Cholesterol		Dental	
COPD		Hypertension		Glasses	
Asthma		Depression		allergies	

List any surgeries you have had: _____

List medications you normally take / Prescribed by Dr. / For what illness?



Date you last saw the doctor: _____ Where? _____ For? _____

What is the state of your physical/mental health? Excellent _____ Good _____ Fair _____ Poor _____ Declining _____

Do you have any physical or mental health illness that would prevent you from performing normal activities of daily life?

Yes _____ No _____ If yes, what are they? _____

Are you on any medications that would prevent you from performing normal activities of daily life? Yes _____ No _____ If yes, what are they? _____

EMOTIONAL / PSYCHIATRIC HISTORY

Have you ever been diagnosed with any mental health illness? Yes _____ No _____

Bi-Polar Disorder _____ Depression _____ ADHD _____ Borderline Personality Disorder _____ Generalized Anxiety _____ Schizophrenia _____

Other: _____

Have you ever been hospitalized for any of the above? Yes _____ No _____ If so, when and where: _____

Are you on any medications that help with your mental health?

Have you ever received any outpatient care for the above? Yes _____ No _____ If so, when and where: _____

Have you ever taken any medications for any of the above? Yes _____ No _____ If so what, start date and end date(s): _____

Current Symptom Checklist:

Depression _____ Sleep Disturbance _____ Agitation _____ Hyperactivity _____ Panic Attacks _____ Phobias _____ Anorexia _____
Bulimia/Purging _____ Self-Mutilation _____ Suicidal Thoughts _____ Laxative/diuretic use _____ Abuse Victim (Physical, Emotional, Sexual) _____

Is there a history of mental illness in your family? Yes _____ No _____ If so, who? (parent, sibling, etc.) _____

Is there a history of substance abuse in your family? Yes _____ No _____ If so, who? (parent, sibling, etc.) _____



EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Relationship	Number

Please read the following statement carefully before signing below:

I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I understand that answering questions dishonestly on this application would be an immediate denied application. I understand House of Hope is designed to teach me the Word of God and assist me in becoming a productive Christian in a local congregation and community. I understand there are weekly programs that I am to participate in entirely. I am committed to living the Christian life and being a good example for others to follow. I am voluntarily seeking placement at House of Hope.

PRINT NAME _____

SIGNATURE _____ **DATE** _____

TO ALL LAW ENFORCEMENT AGENCIES

This will serve as your authority to release reports and information concerning any and all of my arrests, offenses, convictions, and other criminal information contained in your records to the House of Hope.

My date of birth is ____ / ____ / ____

My social security number is _____ - _____ - _____

My driver's license number is _____ State _____

Signature _____ Date _____