



HOPE HOUSE

**PROGRAM LIVING**

A PLACE TO FIND RESTORATION

## Program Living Resident Application Form

Full Name: (first): \_\_\_\_\_ (last): \_\_\_\_\_ (m.i.): \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Most Recent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse/ex: (name) \_\_\_\_\_ (phone #): \_\_\_\_\_

Number of Children: \_\_\_\_\_ (none) \_\_\_\_\_ Child Support: (y) \_\_\_\_\_ (n) \_\_\_\_\_ (amount) \$ \_\_\_\_\_

Custody Situation/Circumstances: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Holder: Self or Other

Church Membership: (y) \_\_\_\_\_ (n) \_\_\_\_\_ Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Highest Level of Education Completed: (school) \_\_\_\_\_ (location) \_\_\_\_\_

Most Recent Occupation: (employer) \_\_\_\_\_ (title) \_\_\_\_\_

Current Legal Issues: (y) \_\_\_\_\_ (n) \_\_\_\_\_ (describe) \_\_\_\_\_

Last Arrest Date: \_\_\_\_\_ Volunteer or Court Ordered: \_\_\_\_\_

Outstanding Warrants: (y) \_\_\_\_\_ (n) \_\_\_\_\_ (county/ies issued): \_\_\_\_\_

Probation/Parole Officer: N/A \_\_\_\_\_ Name: \_\_\_\_\_ PH#: \_\_\_\_\_

ASW Worker: N/A \_\_\_\_\_ Name: \_\_\_\_\_ PH#: \_\_\_\_\_

Attorney / Public Defender: N/A \_\_\_\_\_ Name: \_\_\_\_\_ PH#: \_\_\_\_\_

Last Treatment Facility: (name) \_\_\_\_\_ (location) \_\_\_\_\_ N/A \_\_\_\_\_

Last Time Using Any Drugs: (approx. date) \_\_\_\_\_ (what used) \_\_\_\_\_ N/A \_\_\_\_\_

Emergency Contacts: (two close relatives/friends to alert in an emergency)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Resident's known Disease, Medications and Allergies List

Name:	DOB:     /     /	S.S.#:     -     -
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Have you ever been diagnosed with:

Hepatitis A: yes\_\_\_ no\_\_\_      Hepatitis B: yes\_\_\_ no\_\_\_      Hepatitis C: yes\_\_\_ no\_\_\_  
 TB:    yes\_\_\_ no\_\_\_      HIV/AIDS: yes\_\_\_ no\_\_\_      Covid-19: yes\_\_\_ no\_\_\_

Please list all the Medications that you are currently taking including the dosage levels. Don't forget inhalers, Nasal Sprays, Skin Creams, and/or Over the Counter agents.

Medication	Strength	Dosage

Please list any Allergies you have to medications, food, or other substances.

Agent	Reaction	Comment	Date Last Effected

# Prohibited Rx-List

Hope House Ministries reserves the right to not allow a person to use, be in the possession of, and/or distribute certain substances on any of its properties. While some of the items listed are not narcotics, we believe that they will interfere with drug test(s) and find them to be in contradiction to a person(s) treatment plan. If a person has been given a prescription for any of the below items, it is advised to find a substitute before entering into Program Living.

Over-the-counter (OTC) medications may be purchased for a resident if the resident has the available funds and the medication is approved by the Program Living staff. Any medication and/or substance that has alcohol will not be allowed for any resident while in treatment.

Below is a list of prohibited Rx-List and is subject to change. Upon intake any medications we are not familiar with will be researched by staff to determine if the medication will be allowed for a resident to take. If the medication is found to cause cross or false positives we will then consult our medical advisors if a substitute medication is available. When a resident needs a specific medication we will work with residents (current or incoming), medical professionals, and insurance agencies to ensure that proper steps are taken.

Narcotics and Controlled medications identified by the Controlled Substance Act will not be permitted at Program Living (Schedule I-IV).

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§1308.11 through 1308.15**.

**Schedule I Controlled Substances have no currently accepted medical use in the United States, and have a lack of accepted safety for use under medical supervision, and a high potential for abuse. Examples of Substance I medications are:**

**Heroin, LSD** (Lysergic acid diethylamide), **Marijuana** (Cannabis, THC), **Mescaline** (Peyote), **MDMA** (3,4-methylenedioxymethamphetamine ("Ecstasy")), **Pholcodine**, **GHB** (gamma-hydroxybutyric-acid, Psilocybin, Synthetic marijuana (Spice, K2), **Methaqualone**, **Khat**, **Bath Salts**, **Mitragynine**

**Schedule II/IIN Controlled Substances (2/2N) have a high potential for abuse which may lead to severe psychological or physical dependence. Examples of Substance II medications are:**

**Amphetamine** (Dexedrine®, Adderall®), **Barbiturates**, **Hydromorphone** (Dilaudid®), **Methadone** (Dolophine®), **Meperidine** (Demerol®), **Opiates**:(Codeine, Hydrocodone, Morphine), **Oxycodone** (OxyContin®, Percocet®), **Fentanyl** (Sublimaze®, Duragesic®), **Ethylmorphine**, **Opium**, **Methamphetamine** (Desoxyn®), **Methylphenidate** (Ritalin®), **Amobarbital**, **Glutethimide**, **Cocaine**, **Phencyclidine**.

**Schedule III/IIIN Controlled Substances (3/3N) have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. Examples of Substance III medications are:**

Products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), **Buprenorphine** (Suboxone®), **Benzphetamine** (Didrex®), **Phendimetrazine**, **Ketamine**, and anabolic steroids such as **Depo®-Testosterone**.

**Schedule IV Controlled Substances have a low potential for abuse relative to substances in Schedule III. Examples of Substance IV medications are:**

**Benzodiazepines:** (Alprazolam (Xanax®), Alpha-Hydroxyalprazolam, Chlordiazepoxide (Librium), Clonazepam (Klonopin®), Clorazepate (Tranxene®), Diazepam (Valium®), Lormetazepam Medazepam, Midazolam (Versed®), Nordiazepam, Oxazepam, Temazepam (Restoril®), Lorazepam (Ativan®)), **Carisoprodol** (Soma®), **Zolpidem** (Ambien), **Tramadol**, **Pentazocine**, **Phenobarbital** and **Triazolam** (Halcion®).

Other medications that will be prohibited include (but not limited to):

**Antidepressants** such as: Amitriptyline, Doxepin, Nortriptyline, Clomipramine, Desipramine, Desmethyldoxepin, Imipramine, Trimipramine, Duloxetine, Fluoxetine, Norfluoxetine, Sertraline, Trazodone, Venlafaxine

**Hypnotic Medications** such as: Zaleplon and Zolpidem

**Antipsychotics** such as: Aripiprazole, Clozapine, Haloperidol, Lurasidone, Norquetiapine, Olanzapine, Risperidone, Ziprasidone Chlorpromazine, Fluphenazine, Quetiapine (Seroquel less than 200 mg daily)

**Opioids** such as: Codeine Phosphate, Dextropropoxyphene, Naloxone, Naltrexone, Normeperidine, Butorphanol

**Muscle Relaxants** such as: Cyclobenzaprine and Meprobamate

**Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)** such as: Desvenlafaxine

**Anticonvulsants** such as: Gabapentin

**Other medications** such as: Kratom, Any Erectile Dysfunction medication

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer thoroughly for each substance as it pertains to the previous 12 months

Substance Used	Duration of regular use	Frequency of use	Method of use	Age 1st used	Regular Use (yes or no)	Date last used
Beer/Wine						
Liquor						
Marijuana						
Amphetami						
Meth						
Spice						
Opiates						
Cocaine						
Methadone						
Benzodiaze						
Ecstasy						
Tobacco						
Other substances						

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Briefly Answer The Following Questions

1. Why have you sought our help?

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2. What difficulties are you facing? What have you done about these difficulties?

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3. What are your expectations from Hope House Ministries Program Living?

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4. Is there any other information that we should know?

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# COST

The cost of our program to the residents is **\$24.66** per day per resident. These resident fees are both initial and ongoing while in Hope House Ministries Program Living. We want to affirm the good practice of knowing when worth is applied to something then it's value is legitimized and respected. Essentially when you are invested in something you appreciate it more.

These fees help to cover a small portion of our expenses for a resident's care, treatment, and support. If a resident receives SSI, EBT, food stamps, workers compensation, or disability, Hope House Ministries Program Living will absorb that revenue to help cover all additional costs of their program while in our program.

We will work with your family, friends, loved ones, employers, or whomever else to make possible the chance for anyone to attend our program that is desiring this type of restoration for their lives. Before completion of Program Living, a resident will meet with our staff and/or the Board of Hope House Ministries to determine a fair payment schedule for any owed amounts to Program Living. Arrangements, requests, and any other questions concerning this issue will be addressed directly by the Program Living Director.

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- If, for any reason, I do not complete the full 12 months of Hope House Ministries Program Living, I understand that no pre-paid portion is refundable.
  - I understand that I will be fully responsible to pay for the time I have been a participant in this program at the rate of **\$24.66 / per day (\$9,000.90 for 12 Months)**, and will work diligently with Hope House Ministries to pay this in full.
  - Payments will be expected to happen on Fridays (weekly / bi-weekly depending on working schedule).
  - Failure to make regular payments without prior agreed upon communication will result in a resident being dismissed from Program Living.
  - I understand that if, for any reason, I do not complete the program any amount owed is subject to be turned over to collections should payments not begin immediately.
  - I understand this balance will likely be more than my initial debt due to additional fees and penalties. Collection fees will increase my account balance by an additional 33.3%.
  - All debts will be submitted to Hillcrest Credit Agency 90 days after the last day in the program.
  - By completing this application I am in full agreement with these conditions as it relates to my service fees and the repayment of those fees to Hope House Ministries, Inc.
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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CLOTHING

This is all that we ask you to arrive with as a resident in our program. We do ask that you dress appropriately according to weather and daily activity both of which you will be informed of by the Hope House Ministries Program Living staff.

If your family or friends would like to bring you anything in addition to what you arrive with they can do so provided they follow the instructions laid out in the Program Living Handbook. You will need at least 10 complete outfits, if you do not have them then you will need to speak with Hope House Staff so that they can be sold to you through the Hope House Community Store. You will be afforded ONE(1) voucher upon arrival to the community store in order to purchase items needed, if available.

In addition to that you will need one pair of work boots, one pair of running shoes, and at least one pair of dress shoes for church. If you do not have these items then you will need to speak with Hope House Staff so they can be sold to you through the Hope House Community Store also. Our most basic clothing advice is that you will need items to “work” in, to “work-out” in, and to go to “class and/or church” in.

Items will be screened upon arrival and any articles of clothing deemed inappropriate will be discarded or sent back with whomever brings you.

- Shoes are to be worn outside at all times.
- Sleepwear is not to be worn as daily attire or outside.
- Must be fully dressed by 8:00 am even on the weekends.
- You may not wear clothing with profanity, racial or sexual remarks, alcohol/drug signs or gang signs.
- You may not borrow clothing or other personal belongings without prior permission from the individual.
- Headgear of any kind will not be worn anywhere it is deemed by staff to be inappropriate.
- Headgear when worn will be worn correctly; fads, fashions, or styles deemed inappropriate by staff will not be worn.
- Undershirts (white T-shirts, “wife beaters”) will not be worn as outerwear even at the gym.
- Dirty, torn, or unsightly clothing will not be worn.
- If a staff member asks you to change, you must.
- Residents will adhere to the strict *Courtroom Appearance Policy*, outlined in our Handbook.

Failure to adhere to the dress code will result in loss of that particular article of clothing or other consequences. There are no exceptions to the clothing dress code.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Covenant Agreement Form

Dear Friend,

It is important that you understand what this commitment really means. This covenant is a two way commitment. First, we are asking you to commit to us for 12 months, to commit to putting forth your best effort in all that we ask of you in order to try to finally put this life of addiction behind you, to commit to being open-minded to the gospel of Jesus as the means for the life change you so desire. This will be hard to do but we ask you to commit to persevering through the difficult times that will inevitably come. Change is hard and this will be no different but we are here to love, care, and support you in your journey.

The second part of this covenant is from us.

We commit to love you as Christ loved us, to treat you with the value, worth, and dignity that you deserve as an image bearer of God. We commit to holding you accountable, not giving up on you, praying for you, and doing everything with the intentions of glorifying God and helping you as an individual.

We take our investment in your life very seriously. We do not approach any of this lightly nor take for granted that there are other places you could be. We ask you to respect that investment. In your commitment we are asking for your all and your determination, not because we deserve it but because Jesus does, you do, and your family and loved ones do as well.

God bless you and the decision you are making about your future.

Sincerely,



Justin Crowe  
Senior Program Living Director  
Hope House Ministries



Stephanie Ketchey  
Program Living for Women Director  
Hope House Ministries

### Covenant Statement

I agree to commit to staying at Hope House Ministries Program Living for a minimum of 12 months. I understand that staff will meet with me regularly to discuss my progress. I understand that it takes time for the complete healing/recovery/restoration process to take place, and it is the decision of Hope House Ministries Program Living staff as to when that time will be. I understand and commit myself to give honest consideration to all the guidance and direction given to me by the staff, volunteers, and leadership of Hope House Ministries Program Living.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_