



# NEW HOPE TRANSFORMATION HOUSE MINISTRIES, INC.

## APPLICATION FOR RECOVERY HOUSING

You may run out of space for some answers. Please attach a separate sheet and clearly mark which question you are answering and type the information *or* write the information with clear handwriting.

---

### 1. Eligibility

Are you (please tick all that apply):

- A woman over the age of 18?
  - Aware this is a Christian faith-based programme?
  - Ready and able to be involved in education/volunteer work/employment?
  - Able to live without intense supervision?
- 

### 2. Personal Information

- **Name:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_
- **Current Location (if different from referral):** \_\_\_\_\_
- **Phone(s):** \_\_\_\_\_
- **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

- **Level of Education:** \_\_\_\_\_  
\_\_\_\_\_

**3. Referral Information**

- **Referred by (agency):** \_\_\_\_\_
  - **Contact Person:** \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
- 

**4. Support** (for "Yes / No" choices, please circle the applicable response)

- **Open Public Assistance Case:**
    - Yes / No
    - If yes, what county? \_\_\_\_\_
  - **Caseworker:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  - **If no, have you applied?**
    - Yes / No
    - Date of application: \_\_\_\_\_
  - **Medicaid/Other Insurance:**
    - **Medicaid:** County \_\_\_\_\_ Number \_\_\_\_\_ Managed Care Carrier \_\_\_\_\_
    - **Other Insurance:** Company \_\_\_\_\_ Number \_\_\_\_\_
    - **In whose name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_
    - **Phone number:** \_\_\_\_\_
-

**5. Health Conditions**

- **(a) Chemical Dependency Diagnoses:**

---

---

---

---

---

- **(b) Mental Health Diagnoses:**

---

---

---

---

---

- **(c) Other Medical Diagnoses:**

---

---

---

---

---

**Medications (including over-the-counter, name/dosages – attach ):**

---

---

---

---

**6. Treatment History**

**Chemical Dependency Treatment (include all types and levels of care)**

<b>Date</b>	<b>Agency/Counsellor</b>	<b>Type of Treatment</b>	<b>Completed? (Yes/No)</b>

**Mental Health Treatment (inpatient and outpatient)**

<b>Date</b>	<b>Agency/Counsellor</b>	<b>Type of Treatment</b>	<b>Completed? (Yes/No)</b>

**Other Medical Conditions**

- What medical conditions are you currently being treated for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Date</b>	<b>Physician/Procedure</b>	<b>Type of Treatment</b>

-

- Other information about your health status, recovery process, or treatment history:

---

---

---

## 7. Problem Areas To Be Addressed

### Activities of Daily Living (put a tick next to all that apply)

- Personal hygiene
- Nutrition/cooking meals
- Managing medications
- Accessing community services
- Handling personal finances
- Keeping living area clean and neat
- Making/keeping appointments
- Living on my own
- Other: \_\_\_\_\_

### Social Behaviours (put a tick next to all that apply)

- Problems with authority
- Insensitive to rights/feelings of others
- Self-esteem
- Following rules
- Aggressive behaviour
- Assertiveness skills
- Disregard for safety of self or others
- Do/say things without regard for consequences

- Manipulative behaviour
- Engaging in family activities
- Handling conflict
- Developing/maintaining healthy sober friendships
- Anger management
- Being responsible
- Communicating clearly/asking for help when needed
- Domestic violence
- Maintaining appropriate boundaries
- Engaging in leisure activities conducive to recovery
- Other: \_\_\_\_\_

**Education/Vocation (put a tick next to all that apply)**

- Lack of work experience
- Lack of adequate education/vocational training
- Lack of marketable job skills
- Problems with reading/writing
- ADD/ADHD/Dyslexia/other
- Problems with attendance/punctuality
- Lack of GED
- Problems understanding directions/job expectations
- Other: \_\_\_\_\_

**Other (put a tick next to tick all that apply)**

- In need of Nicotine Replacement Therapy
- Chronic medical condition not well controlled

- Issues around spirituality
- Grieving recent death(s)
- Understanding the 12-Step Programmes
- Grieving recent loss by suicide
- Other: \_\_\_\_\_

**8. Additional Comments**

On a separate typed, or neatly handwritten page, please address anything you wish below, especially things you feel we need to know to decide whether to interview you for Grace House. Include a brief description of your volunteer/job experience, if any.

**9. Signature**

By signing this document, you agree that the information you have provided is true and correct to the best of your knowledge.

**Signature:**

\_\_\_\_\_

**Name (Please type or write legibly):**

\_\_\_\_\_

**Date:**

\_\_\_\_\_