

**HOPE RECOVERY HOMES**  
**APPLICATION AND CONTRACT**

(Revised 8/25/10)

NAME (PRINT) \_\_\_\_\_ Male / Female

SS #: \_\_\_\_\_ Permanent Contact Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last Physical Address \_\_\_\_\_

Acknowledgement: Hope Recovery Home is a Faith-Based(Christian) Long-Term Residential Recovery Program for Men and Women with recent substance abuse problems. The program is completely alcohol and drug-free, except for non-narcotic drugs legally prescribed by a physician and approved by Hope Recovery Homes in advance. Drug & Alcohol Testing is performed weekly. By signing this Application and Contract, you agree that all of the information you provide is true and complete to the best of your knowledge; you agree to abide by any and all rules of the recovery program, and to follow all directions given by the Hope Recovery Staff, including attendance at all required meetings.

Do you have a problem with alcohol? \_\_\_\_\_

If yes, do you consider yourself an alcoholic? \_\_\_\_\_

Do you have a true desire to stop drinking? \_\_\_\_\_

Are you willing to do anything to recover from your addictive disease? \_\_\_\_\_

Date of last alcohol drink: \_\_\_\_\_

Do you have a current problem with drugs? \_\_\_\_\_

If yes, do you consider yourself an addict? \_\_\_\_\_

Do you have a true desire to stop using drugs? \_\_\_\_\_

Are you willing to do anything to recover from your addictive disease? \_\_\_\_\_

Date of last drug use: \_\_\_\_\_

List all drugs used or abused: \_\_\_\_\_

Are you primarily an alcoholic or drug addict? (Circle one)

Have you been admitted to a treatment center or detox in the past? If so, list where, when, and for how long: \_\_\_\_\_

\_\_\_\_\_

Do you have a felony record? \_\_\_\_\_ If so, please list all convictions within last 5 years:

\_\_\_\_\_

\_\_\_\_\_

Are you currently on probation or parole?: \_\_\_\_\_ If yes who is your current probation or parole officer? Name \_\_\_\_\_ Phone \_\_\_\_\_

List any existing or pending litigations. \_\_\_\_\_  
\_\_\_\_\_

**Hope Recovery cannot, by law, accept sex offenders. Criminal record checks will be run.**

List any skills for employment(so we can help you find a job): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the ability to pay your program fees of \$100.00 per week, or do you have someone who will support you for at least the first few weeks so you can get on your feet and find work? (Yes or No)  
If so, who? Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to you. \_\_\_\_\_

Explain Your Plan Of Short-Term Payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you: Single / Married / Separated / Divorced / In Current Active Relationship? (Circle one)

What is your current overall health status? Please list any current **psychological diagnosis** or medical condition, including **all infectious diseases, viruses, or conditions**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications you are taking, Prescribed and Over-The-Counter, with milligram amounts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Contact/Name \_\_\_\_\_  
Relation To You? \_\_\_\_\_ Phone#(s) : \_\_\_\_\_  
Other Emergency Contact Person \_\_\_\_\_  
Relationship To You? \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Briefly describe what you have been doing for the past year (work, living arrangements, relationships, active substance abuse history, etc.):

---

---

By signing below, I acknowledge receipt of the Overview of House Rules(which will be explained in greater detail upon check-in), and agree to abide by any and all rules set by Hope Recovery Homes. I agree and acknowledge that Hope Recovery Homes has my best interest at heart and knows more about the positive and proven steps to my recovery than I do. If I cannot abide by their professional directions, I understand I will be asked to leave, perhaps immediately. If I use alcohol or drugs while in the Hope Recovery Homes I will be asked to leave immediately. I authorize the release and transmission of the information contained in this application for any purpose that Hope Recovery Homes deems necessary.

---

Signature

---

Date

---

Print your Name

\*\*THERAPIST'S/COUNSELOR/ DISCHARGE PERSON:\_\_\_\_\_

CONTACT NUMBER:\_\_\_\_\_

EMAIL:\_\_\_\_\_

\*\*This information is required for immediate contact with your treatment team for evaluation.