

House of Hope of Franklin County

Phone: 717-414-7666 · Fax: 717-496-8780
 230 E. Queen Street, Chambersburg, PA 17201
 Email: lhateheroin@comcast.net
 www.hohpa.org



HOUSE OF HOPE of Franklin County –APPLICATION FOR RESIDENCY

Date of Application:			
Name:		Date of Birth:	
Last Permanent Address:			
City :	County	State:	Zip:
Phone Number:			

Drug (s) of Choice:	Date of Last Use:
1.	
2.	
3.	
4.	

Current Legal Status:	
Date of last offense:	<i>If currently incarcerated, expected release date:</i>
Last Offense:	
Pending Charges:	
Do you owe fines?	<i>If so, how much?</i>
Court Dates:	
Parole of Probation Officer:	County:

Financial Status	
Employment:	How long?
Other Income:	
Do you have health insurance?	Medicare/Medicaid/Private

Medical/Physical Status:	
Current Medical Issues:	
Are you currently pregnant?	Have you received prenatal care?
Allergies:	
Health Care Provider:	

Mental Health Status:	
Diagnosis:	
Mental Health Provider:	

A journey of a 1000 miles begins with the first step to a better life....

List any Medical Treatments/Counseling (include where and dates)
1.
2.
3.

Medications:	What is it for?
1.	
2.	
3.	
4.	
5.	

Prior Treatment Programs:	Where:	Dates:
1.		
2.		
3.		
4.		
5.		
Do you have a sponsor or mentor?		
Who is supportive of your recovery?		
Relationship to you?		

Dependent Children's Name (s)	Age	Who are they currently living with?
Do you owe child support:	County:	Amount:

Applicant's Signature: _____ Date: _____

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