

## House of Hope

Phone: 717-414-7666 · Fax: 717-496-8780  
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### HOUSE OF HOPE –APPLICATION FOR RESIDENCY

<b>Date of Application:</b>			
<b>Name:</b>		<b>Date of Birth:</b>	
<b>Last Permanent Address:</b>			
<b>City :</b>	<b>County</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>			

<b>Drug (s) of Choice:</b>	<b>Date of Last Use:</b>
1.	
2.	
3.	
4.	

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

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

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

<b>Mental Health Status:</b>	
<b>Diagnosis:</b>	
<b>Mental Health Provider:</b>	

*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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