RESIDENTIAL APPLICATION

Welcome to the Hope Community Application! We're glad you've taken the first step towards securing a safe and supportive living environment during this important phase of your life. Our goal is to provide you with the resources, guidance, support, and accountability to help you achieve your personal goals, transition into long-term, stable housing, and live out God's plan for your life.

Please take the time to carefully read and complete this application. The information you provide will be kept confidential and will only be used for the purpose of assessing your needs and helping to connect you with appropriate housing options or resources. We want to help you, so please fill out the application completely and truthfully.

We understand that this process may be overwhelming. Our dedicated team is here to assist you every step of the way, so please call or email us if you have questions, concerns, or need encouragement or prayer.

We appreciate your interest in having us be part of your journey. We're excited to meet you soon!

Rebekah & Sara

Hope Community Team
hopecommunity@hopecenterindy.org
463-236-5052

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Legal Name:
Preferred Name: Nicknames or Aliases:
Have you ever applied / lived at Hope Center Indy in the past? ○ Yes ○ No
If yes, what date(s)
How did you find out about Hope Community?

DOB: SSN:
Driver's License #: Expiration Date:

Race/Ethnicity: Sex at Birth: ○ Male ○ Female
How do you identify? ○ Man ○ Woman ○ *Fill in the blank*

Email Address: Phone: Text? Y N
Current Address:
Will you or have you completed a residential program? ○ Yes ○ No
If yes, what is the name of the program?
Dates of residency:

Please list all the programs (residential and non-residential, mental, and substance use treatment centers) you have attended:

Name of Agency	Type of Program	Dates	Completed?

Emergency Contact #1:
Relationship:
Phone and email:

Emergency Contact #2:
Relationship:
Phone and email:

Family Information

Relationship Status

○ Single ○ Dating ○ In a committed relationship ○ Engaged ○ Married ○ Separated ○ Divorced

How many children do you have? Do you currently have a case with DCS? ○ Yes ○ No

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Insurance Coverage

Do you have medical insurance? ○ Yes ○ No

If yes, who is your insurance provider:

Are you the primary holder on the insurance?

If not, what is the name of the primary? Insured's DOB:

Substance Use History

How long have you been sober?

When did you last use? / / *(Month / Day / Year)*

Are you willing and able to maintain sobriety? ○ Yes ○ No

Please indicate all drug usage in your past:

○ Alcohol ○ Heroin ○ Marijuana ○ Hallucinogens ○ Crack ○ Benzos ○ Opiates
○ Meth ○ Cocaine ○ Speed ○ Synthetics ○ Amphetamines (uppers) ○ Morphine
○ Tobacco ○ Ecstasy ○ Inhalants ○ ○ ○ *Fill in the blank(s)*

Frequency of use:

○ Daily ○ Weekly ○ Recreational Age of 1st use: _____ *years old*

Mental Health History

Are you actively engaged with a licensed therapist or counselor? ○ Yes ○ No
Provider name and phone number or email: _____

Have you ever been diagnosed with a mental health disorder? ○ Yes ○ No

If yes, please list all diagnoses below:

Diagnosis	Treatment Recommendations

Have you experienced a traumatic event that still affects your mental health? ○ Yes ○ No
Have you ever struggled with an eating disorder? ○ Yes ○ No
Do you currently struggle with an eating disorder? ○ Yes ○ No
Have you engaged in self-harm? ○ Yes ○ No
Do you currently self-harm? ○ Yes ○ No
Have you ever attempted suicide? ○ Yes ○ No
Do you currently have suicide thoughts or feelings? ○ Yes ○ No
If yes, do you have a plan? ○ Yes ○ No

Do you struggle with any of the following?

○ Simmering quiet anger ○ Outbursts of anger ○ Verbal aggression ○ Physical violence towards others

○ People pleasing or co-dependency ○ Other *(Fill in the blank)*

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Have you experienced physical abuse?	○ Yes	○ No
Have you experienced emotional abuse?	○ Yes	○ No
Have you experienced sexual abuse?	○ Yes	○ No
Are you currently fleeing a domestic violence relationship?	○ Yes	○ No
Have you ever engaged in prostitution?	○ Yes	○ No
Are you a survivor of human trafficking or exploitation?	○ Yes	○ No

Medical History

○ Height: ○ Weight: ○ Eye Color: ○ Hair Color:
○ Natural Hair Color: ○ Blood Type:

Are you in good health?	○ Yes	○ No
Have you had a physical exam in the last year?	○ Yes	○ No
Are you currently under a physician's care?	○ Yes	○ No
Physician's name and phone number or email:		
Have you been medically diagnosed with a condition or illness?	○ Yes	○ No

If yes, please list all diagnoses below:

Diagnosis	Treatment Recommendations

Do you have any allergies?	○ Yes	○ No
If yes, please describe nature of allergy and reactions:		
Are you currently pregnant?	○ Yes	○ No
Do you have any medical concerns that have not been addressed?	○ Yes	○ No
If yes, please describe:		
Do you have any physical restrictions?	○ Yes	○ No
If yes, please describe:		

	Date	+ / -	Not Tested	Treatment
HIV				
HEP				
TB				
STD's				

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Please list all medications:

Name of Medication	Circle One	Dose	Reason for Medication	Frequency
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			
	OTC | Prescr.			

Legal History

Please list all charges:

Date	Charge	Resolution	Associated Outstanding Costs or Fees

Are you currently incarcerated? ○ Yes ○ No

If yes, do you have a projected release date from jail/prison? ○ Yes, ____/____/_____*(Date)* ○ No

Do you have a probation/parole/case manager? ○ Yes ○ No

Name and phone number or email: _____

Agency and Address: _____

Are you currently on probation? ○ Yes ○ No

Sustainability

Please list all sources of income:

Source	Day of the month	Amount
		$
		$
		$
		$
		$

Select all that apply

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- ○ SNAP (food stamps) $
- ○ TANF $
- ○ SSI $
- ○ Other $
- ○ Disability $
- ○ Child Support $
- ○ Other $ _____

Please select the highest level of education completed:

- ○ Elementary _____ *(Grade)*
- ○ Middle School _____ *(Grade)*
- ○ High School _____ *(Grade)*
  Graduated? Y N
  HS Equivalency? Y N
- ○ Some College _____ *(Years)*
  Major: _____
- ○ College Graduate
  Degree: _____
  Major: _____
- ○ Trade: _____

Are you currently enrolled in a form of higher education? ○ Yes ○ No

If yes, please list: _____

Do you have any learning disabilities? ○ Yes ○ No

If yes, please list: _____

Do you have reliable transportation? ○ Yes ○ No

Do you have auto insurance coverage? ○ Yes ○ No

Are you currently employed? ○ Yes ○ No

If no, why not? _____

If yes,

Employer name:

Address:

Start Date: Pay Rate:

Supervisor:

Phone and Email:

Work Experience

Starting with the most recent

From	To	Company	Position	Reason for Leaving	Skills Learned

Are you an active or inactive servicemember or veteran of the U.S. armed forces? ○ Yes ○ No

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If yes, please list status, dates, and MOS: _____

Are you a dependent of an active or inactive servicemember or veteran of the U.S. armed forces?	○ Yes	○ No
Have you ever used or been trained in the use of firearms?	○ Yes	○ No

If yes, please describe: _____

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Getting to Know You

1. What are you passionate about?

2. What is one thing that instantly makes your day better or always makes you smile?

3. What do you enjoy spending money on?

4. What are you most thankful for?

5. How do the people that love you describe you?

6. When you think of God, what comes to mind?

7. Have you accepted God into your life and/or been voluntarily baptized?

8. Do you pray, read the Bible, and/or attend church?

9. By the end of this program, what would you like to have accomplished?

10. Is there any other information you would like to share to help us know how to support you?

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Thank you for your interest in joining the Hope Community family. We're humbled to be with you on this journey of growth and transformation.

By completing and signing this application, you are acknowledging that all the information you provided is accurate to the best of your knowledge. Someone from our team will let you know when we have received your application and started the review process. We may also reach out to you to clarify or for more information as we explore options together.

While we do our best to make the review process as quick as possible, bear in mind that this application does not guarantee immediate placement, as there might be a waiting list. We appreciate your understanding.

Please be assured that we're already praying for you, and we look forward to potentially having you as part of our Hope Community!

Applicant Printed Name

Applicant Signature **Date**

Hope Community Staff Printed Name

Hope Community Staff Signature **Date**