

# Villages of Hope Application



## Personal Information

Full Name:  Date of Birth:

Social Security #

Address:

City  State  Zip Code

Email:  Phone:

Emergency Contact  Phone:

Age  Gender  Ethnicity  US Citizen?

If you are female: are you pregnant?

If you are male: do you have a baby on the way?

Do you have any children?  If so how many?  Ages?

Are your children Living with you?

If not, where do they live?

Please describe your relationship with the child(ren)s father(s)

## Education Information

Highest level of Education Completed?  School Name

Current School or Program Name

Do you want to go to college?  If so, where?

What would you like to study?

Why did you stop attending school?

Do you plan on going back to school?  If so, where?

What is your plan for returning to school?

Please list 3 Steps that will help you achieve this goal

Step 1.

Step 2.

Step 3.

## Employment Information

Where do you work?

How Long?

List 3 Previous Employers

Employer Name	Start Date	End Date

If you are not working where have you been looking for a job?

What do you want to do as a career?

## Additional Information

Why do you want to be in Supportive Housing?

List what you believe we can help you accomplish in supportive housing (Your personal goals)

Would you be willing to meet with a therapist monthly?

Are you willing to take random drug tests for the first 30 days?

Do you have health insurance?

Do you own a car?

Are you currently or have you ever been a member of a church?

If so, what Church?

How would you describe your relationship with God? (Please check one)

- I have a close relationship with God
- I have no relationship with God, but I am open to having one
- I have no relationship with God, and I am not interested in having one

## Financial History

Please Disclose all personal debt (Student loans, personal loans, car loans etc...)

Type of Debt	Total Amount

Are you willing to place a portion of your income into savings monthly?

Do you currently have a savings account?

## Legal History

Have you ever been arrested?

If so, what were the charges?

Do you have any *Current* pending charges?

Have you ever been evicted?

If so, when?

What is your current marital status?  
(Single, married, divorced, separated?)

Have you been married previously?

Have you had any DCF Cases?

Have you ever been in a custody battle?

If so what was the outcome?

Do you get food stamps or WIC?

## Mental Health History

Have you had any mental health diagnoses? .....

If so, what diagnoses? .....

Have you ever been admitted to a mental health facility? .....

Please list the name of the facility and dates admitted:

.....  
.....

Are you currently on Prescribed Medication? .....

If so, what medication and what is the dosage?

.....

Name and contact information for your current Therapist/ Psychiatrist

.....

Please check all types of counseling you are open to:

- Mental health counseling
- Substance Abuse treatment
- Psychiatric Evaluation

Applicant Name .....

Applicant Signature .....

DATE: .....