

Application Instructions

1. Please print and complete the following application.
2. Fax or mail your Application to Hope House of Colorado:

Place Attention to Nicole Feltes

Fax#: 303-439-2136

Or

Attn: Nicole Feltes

Hope House of Colorado

P.O. Box 740568

Arvada, CO 80006

3. Once submitted, your application will be reviewed and you will be contacted within 3 business days.

If you do not have access to a printer or need help with your application please give us a call at: 303-429-1012

RESIDENCY APPLICATION FOR HOPE HOUSE OF COLORADO

Name _____ Phone _____

Today's Date _____

Current Address _____ City _____ St. _____ Zip _____

Age _____ Birth Date _____ Social Security Number _____

What is your ethnicity? _____

Children's names and ages _____

Are you pregnant now? _____ When are you due? _____

Are you currently receiving TANF? _____ Name of Caseworker _____

Are you currently receiving food stamps? _____ Monthly amount _____

Are you currently receiving CCAP? _____ Name of Caseworker _____

Are you receiving child support? _____ Amount _____

Are you on Medicaid? _____ Are you children? _____ Caseworker _____

Do you have any other source of income? _____

References

1. Name _____ Phone _____ Relationship _____

Address _____ City _____ St. _____ Zip _____

2. Name _____ Phone _____ Relationship _____

Address _____ City _____ St. _____ Zip _____

CHILD INFORMATION FORM
(Application Packet)

One form must be filled out for each child

Full name of mother _____

Full name of child _____ **Birth Date** _____

Do you currently have full custody of this child? _____ **If not, explain:** _____

Full name of father _____ **Father's Age** _____

Father's address _____ **State** _____ **Zip** _____

Father's phone _____

Does father pay child support? _____ **Is it court ordered?** _____

How often does he pay? _____ **Amount** _____

Father's ethnicity _____

Describe father's involvement with this child _____

Does this child have any physical disabilities? Explain: _____

Does child have a diagnosed learning disability? Explain: _____

Does child have any emotional or behavioral problems? Explain: _____

Is child currently being treated by a doctor or psychologist? Explain: _____

List child's sibling's names and ages _____

Do you have full custody of each sibling? _____ **Explain:** _____

Family History

Mother's Name _____ **Occupation** _____

Address _____ **City** _____ **St.** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Father's Name _____ **Occupation** _____

Address _____ **City** _____ **St.** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Describe your relationship with your mother: _____

Describe your relationship with your father: _____

Do your parents still live together? _____

If your parents are separated, whom do/did you live with?

Mom _____ **At what ages?** _____

Dad _____ **At what ages?** _____

Other (Name and Relationship) _____ **At what ages?** _____

List your brothers and sisters (indicate if this is a step/half brother or sister)

Name _____ **Age** _____ **Address** _____

Name _____ **Age** _____ **Address** _____

Name _____ **Age** _____ **Address** _____

Name _____ **Age** _____ **Address** _____

List any relatives you are close to:

Name _____ **Relation** _____ **Phone** _____

Name _____ **Relation** _____ **Phone** _____

List any friends you are close to:

Name _____ **Phone** _____

Name _____ **Phone** _____

Personal History

Educational Background

Grade last completed _____ Do you have a G.E.D. or diploma? _____

Where did you attend high school? _____

How many schools did you attend during the course of elementary, middle and high school?

College/Vocational training _____ Where _____

Are you currently attending school? _____ Where _____

Work History

List last three places of employment, starting and ending dates, and reason for leaving

Where _____ When _____

Reason for leaving _____

Where _____ When _____

Reason for leaving _____

Where _____ When _____

Reason for leaving _____

Are you currently working? _____ Where _____

Hourly Wage _____ How many hours per week? _____

Church History

Do you believe in God? _____

Do you go to church regularly? _____ Where? _____ Denomination _____

Do you attend with family members? _____ List names and relationships _____

Relationship History

Are you: _____ Married _____ Single

Are you currently dating someone? _____ Name and Phone _____

Is he the father of your child/children? _____

If not, describe your relationship with the father of your child/children (include his full name)

How long were you together? _____ How would you describe him? _____

Domestic Violence History

In the last six months, have you had problems getting along with:

Mother _____ Father _____ Brother/Sister _____
Other family member _____

Have any of these people ever abused you (list relationship)?

a.) Emotionally (made you feel bad through harsh words or verbal intimidation): _____

b.) Physically (caused you physical harm): _____

c.) Sexually (forced to have sex, or been touched in area/ways you didn't want to be): _____

Has a past or present boyfriend ever:

a.) Hit, pushed, or physically intimidated you _____

b.) Verbally abused you, threatened you, or intimidated you _____

c.) Forced you to have sex or perform sexual acts against your will _____

Have you ever, or do you currently have a restraining order against anybody? _____

Is there any reason to believe that a current or past boyfriend would want to hurt you?

Explain: _____

Legal History

How many times in your life have you been charged with:

_____ Shoplifting	_____ Vandalism	_____ Theft
_____ Forgery	_____ Child Neglect	_____ Child Abuse
_____ Failure to appear	_____ DUI/DWI	_____ Other

Are you currently on probation _____, parole _____, or court supervision _____?

Explain: _____

Are you currently awaiting charges _____, sentencing _____, or trial _____?

Explain: _____

Is there currently a warrant out for your arrest? _____

Do you have charges pending? _____

<u>Charge</u>	<u>Court Date</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had previous arrests? _____ What were the charges and when were they filed?

<u>Charge</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Do you have any outstanding traffic tickets? Explain: _____

Have you ever been in jail or a juvenile detention program? _____ Explain, including dates and reason: _____

Are you currently involved with Social Services? _____ Explain (include caseworker's name and county): _____

Have you ever been, or will you be, required to register with the state as a sex offender? _____
If yes, explain

Housing History

In the last year, what were your usual living arrangements? Check all that apply.

_____ With family	_____ With friends	_____ Group home
_____ Alone	_____ In a shelter	_____ No stable home
_____ Boyfriend	_____ Other	

How many times have you moved in the past year? _____

How many times have you moved since you were born? _____

Have you ever lived in a group home? _____ Name of the home or facility? _____

List dates and your age _____

Have you ever been in foster care? _____

How many foster homes have you been in? _____
List dates and your age for each _____

Practical Supports

What do you do for transportation? _____
Do you have a driver's license? _____ State I.D.? _____
Do you have a copy of your birth certificate? _____ Your children's birth certificates? _____
Do you have a social security card? _____ Your children's Social Security cards? _____

Substance Abuse

Do you currently smoke? _____ Have you ever smoked? _____
List the date that you started smoking _____ and stopped smoking _____

How many times in the last three months have you used:

_____ Alcohol _____ Cocaine _____ Marijuana
_____ Amphetamines _____ Other

At what age was your first alcohol use? _____
Describe your alcohol use (recreational, when alone, at parties, etc) _____

Have you ever been treated for an alcohol or drug problem before? _____
Specify: _____ Alcohol _____ Drug Which drug? _____
If yes, complete the following:

a.) Detoxification only _____ How many times? _____ Place and Dates _____

Did you complete treatment? _____ If no, explain: _____

b.) Rehabilitation _____ How many times? _____ Places and Dates _____

Did you complete treatment? _____ If no, explain: _____

c.) Outpatient Therapy _____ How many times? _____ Places and Dates _____

Did you complete treatment? _____ If no, explain: _____

Have you ever had an alcohol or drug use evaluation? _____ Explain: _____

Are any of your immediate family members alcoholics? _____ List relationship _____

Are any of your immediate family members addicted to drugs? _____ List relationship _____

Are any of you close friends alcoholics? _____ Addicted to drugs? _____

Do you think that you may have a current problem with alcohol use that has so far gone untreated? _____ Explain: _____

Do you think that you may have a current drug addiction that has so far gone untreated? Explain: _____

Are you currently using diet pills to lose weight? _____
What kind? _____ How long have you been using them? _____

Have you ever taken diet pills before? _____ How long did you take them? _____

Does an immediate family member have a current drug or alcohol problem? _____
Specify relationship and which substance is abused _____
Is this family member recovered or currently in treatment? _____

Mental Health History

Did anyone in your family (specify relationship) suffer from the following:

_____ nervous breakdown	_____ anxiety disorder
_____ depression	_____ memory loss
_____ strange/peculiar behavior	_____ violent behavior
_____ suicide attempt	_____ panic attacks

Has anyone in your family ever been diagnosed with a mental disorder? _____
Specify who, and what disorder _____

How many times in the last three months have you experienced the following (check all that apply):

_____ anxiety or tension	_____ depression
_____ suicide attempts	_____ thoughts of suicide
_____ wanting to harm yourself	_____ panic attacks
_____ trouble controlling violent behavior	
_____ trouble understanding, concentrating, or remembering things	

Are you now being treated, or have you ever been treated, for emotional or psychological problems?
Details: _____

Have you ever been prescribed medications to be taken for an emotional or psychological problem?

_____ Dates _____ Medicine prescribed _____

Name of doctor or clinic that wrote the prescription _____

Are you currently taking any medications for an emotional or psychological problem? _____

Name and dosage of medication _____

Name of doctor or clinic that prescribed it _____

Have you ever attended counseling? _____ Are you currently seeing a counselor? _____

If so, list counselor's name _____

Have you ever been diagnosed with an eating disorder? _____ Specify _____

Have you ever used laxatives, strenuous exercise or self-induced vomiting to lose weight? _____

Explain: _____

- 8. Has drinking or drug use ever been a way to cope?**

- 9. Have you ever been hit or beaten by a current or ex-boyfriend (even if you feel that you started it or that you were behaving violently yourself)?**

- 10. Do you know anyone else who has been in a similar situation? Explain.**

- 11. Who do you count on for emotional support?**

- 12. Who do you rely on to watch your child/children for you?**

- 13. Whom do you consider to be your closest friends and what makes them a good friend?**

- 14. How long have you been sexually active?**

- 15. Do you believe that you may be homosexual or bisexual?**

- 16. Have you ever, or do you currently, have a fascination with pornography? With sexual experiences over the internet?**

Please tell us why you wish to live at Hope House.

What are your goals? Where would you like to see yourself in two years? Five years?

I hereby certify that to the best of my knowledge the information I have given in this application is complete and accurate.

Signature

Date

LIST OF REFERENCES

List the name, relationship and phone number of your references.

1. _____
2. _____
3. _____
4. _____

List any additional references, including organizations (Teen MOPS, another group home, etc.) and individuals (teacher, pastor, counselor, etc). List name, role in your life and phone number.

1. _____
2. _____
3. _____
4. _____

I hereby give permission for the above references to give information about myself to the staff of Hope House of Colorado. I also release Hope House from confidentiality regarding said information, for the purpose of determining my acceptance as a resident.

Signature

Date