



## Application for Membership

We are currently accepting applications for men who desire to live in a sober living, recovery first transitional living community.

***Anyone applying to live at Hope House will:***

**provide a \*\*\*REFERRAL LETTER \*\*\* from an approved agency** (Case Manager, Probation and Parole, Celebrate Recovery, Wyoming Rescue Mission, Therapeutic Community, WSP or another approved agency) Such letter will identify the programs completed during incarceration, identify strengths and weaknesses, any disciplinary actions, leadership skills, etc.

**read and sign** the attached Hope House Rules Policies and Procedures Attachment "A", and submit this application to Hope House prior to interviewing,

**include a brief Biography telling us about you and why you desire to live at Hope House**

**be clean and sober a minimum of ninety (90) days,**

**be willing to reside at Hope House for at minimum one year,**

**submit a deposit** of \$200.00 (cashiers check or money order) and

**submit PSI or ASI** from your case manager, counseling professional or the court. **(The application committee will not review incomplete application including missing PSI or ASI)**

**Requested Move-in Date:** \_\_\_\_\_  
*Estimated release date*

***Upon completion of the application and the above requested documentation we will contact you or your case manager for an interview within 2 weeks of your submission date.***



**PERSONAL INFORMATION**

Full Name (First, Middle, Last):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*If you do not have a current phone number please provide a number of someone who can reach you. You must provide your cell number to Hope House manager when obtained.

Current Institution Name and Address:

\_\_\_\_\_

Name of your current case worker or counselor: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_

Spouse Name \_\_\_\_\_ Children: Y \_\_\_\_\_ N \_\_\_\_\_

If yes how many children do you have? \_\_\_\_\_ Do you have legal custody? Y \_\_\_\_\_ N \_\_\_\_\_

Educational Background: Highest level of school completed: \_\_\_\_\_

List all schools, certificates, and diplomas: \_\_\_\_\_

\_\_\_\_\_

Faith Affiliation/Spirituality \_\_\_\_\_

***RECOVERY INFORMATION***

Provide a history of any past treatment (substance abuse or recovery or mental health):

Name of Facility

Treatment Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed with a substance use disorder? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, provide diagnosis: \_\_\_\_\_

Drug Addiction? Y \_\_\_\_\_ N \_\_\_\_\_ Alcohol Addiction Y \_\_\_\_\_ N \_\_\_\_\_

Drug(s) of Choice \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HOPE HOUSE

Currently or recently in treatment? Y \_\_\_ N \_\_\_

Name/Location of Facility: \_\_\_\_\_

Did you complete successfully? Y \_\_\_ N \_\_\_ Discharge Date: \_\_\_\_\_

Name of counselor/therapist: \_\_\_\_\_

Phone number: \_\_\_\_\_

May we contact your counselor/case manager? Y \_\_\_ N \_\_\_

Do you have a recovery plan in place? Y \_\_\_ N \_\_\_

Do you attend a recovery meeting? Y \_\_\_ N \_\_\_

If so, group name and location: \_\_\_\_\_

Sponsor name: \_\_\_\_\_

Have you ever lived in a residential recovery facility? Y \_\_\_ N \_\_\_ If so, when? \_\_\_\_\_

Name and location of facility: \_\_\_\_\_ Length of Stay \_\_\_\_\_

Did you successfully complete the program Y \_\_\_ N \_\_\_

## EMPLOYMENT

Are you currently employed? Y \_\_\_ N \_\_\_

Employer: \_\_\_\_\_

Employer Address \_\_\_\_\_

Supervisor Name/Contact Information: \_\_\_\_\_

Salary: \_\_\_\_\_ How Often? (*weekly, biweekly, monthly*): \_\_\_\_\_

What types of employment skills do you possess?

If unemployed, how long since last employment? \_\_\_\_\_

Are you willing/able to get a job in 30 days? Y \_\_\_ N \_\_\_

If not, please explain: \_\_\_\_\_

Will someone else be assisting you with rent/deposit? Y \_\_\_ N \_\_\_ *If so, please list:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# NOPE HOUSE

Do you currently have a mandatory savings account? Y \_\_\_\_\_ N \_\_\_\_\_

If so, what is the balance? \_\_\_\_\_

## Financial Responsibilities:

Are you currently required to pay child support? Y \_\_\_ N \_\_\_  
If yes, list the amount \_\_\_\_\_

Are you currently behind in child support payments? Y \_\_\_ N \_\_\_  
If yes list the amount \_\_\_\_\_

Are you currently required to pay any restitution? Y \_\_\_ N \_\_\_  
If yes, list the amount \_\_\_\_\_

Do you currently have any unpaid fines: Y \_\_\_ N \_\_\_  
If yes, list the amount \_\_\_\_\_

## Income:

Savings Account Y \_\_\_ N \_\_\_ Amount \_\_\_\_\_

Social Security Y \_\_\_ N \_\_\_ Amount \_\_\_\_\_

Disability Y \_\_\_ N \_\_\_ Amount \_\_\_\_\_

Retirement Y \_\_\_ N \_\_\_ Amount \_\_\_\_\_

## LEGAL INFORMATION

List any pending charges/warrants:

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Have you ever been incarcerated? Y \_\_\_\_\_ N \_\_\_\_\_ If so, provide charges and dates:

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Currently on probation/parole? Y \_\_\_\_\_ N \_\_\_\_\_

If yes when will you complete probation or probation? \_\_\_\_\_

Are you required to complete community service? \_\_\_\_\_

Are you court ordered to pay fines? If yes how much \_\_\_\_\_

Name of Probation Officer:

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Location of office: \_\_\_\_\_

# HOPE HOUSE

Phone: \_\_\_\_\_

List all felony convictions:

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Have you ever been charged or convicted of a sex crime? Y\_\_\_\_\_ N\_\_\_\_\_

Have you ever been convicted of arson? Y\_\_\_\_\_ N\_\_\_\_\_

**\*\*\*REFERRAL AGENCY** (We require a referral from an approved agency to apply to Hope House. Please attach required letter of reference to the application. Incomplete applications will not be considered)

Name of referring case manager or agency/organization:

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Referral name and title: \_\_\_\_\_ Contact Number \_\_\_\_\_

## MEDICAL INFORMATION

Medical Needs: Present medical concerns:

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List all physical, mental or emotional health issues?

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Are you currently taking medications? Y\_\_\_\_\_ N\_\_\_\_\_

If yes List medications currently taking or should be taking:

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Do you use tobacco or chew? Y\_\_\_\_\_ N\_\_\_\_\_

Do you have any type of disability requiring special needs? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, please explain

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# HOPE HOUSE

Do you have any medical restrictions? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

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Do you have any allergies? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

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Do you have any chronic conditions? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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**ALL MEDICATIONS ARE TO BE KEPT SECURED IN A LOCKED SAFE/BOX. RESIDENTS ARE INDIVIDUALLY RESPONSIBLE FOR THE PROVISION OF HIS/HER OWN SAFE/BOX**

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## ***ADDITIONAL INFORMATION MAY BE DISCUSSED IN INTERVIEW***

Hope House also gathers additional data about the applicant to help guide them in addressing the areas that have had an impact on the applicant's life experiences. This information serves to assist the applicant in developing their recovery plan, vision, and goals for their successful life plan. Applicant will cooperate in providing necessary releases necessary to obtain the information. This information is obtained from the following sources:

**CRIMINAL/CIVIL COURT RECORDS** (criminal records with a history of violence, weapons and/or sex offender status may disqualify as an applicant. Hope House strongly recommends applicants discuss felonies at the initial meeting.

**PRE-SENTENCING INVESTIGATION (PSI)**

**FAMILY LAW RECORDS**

**ADDICTION SEVERITY INDEX ASSESSMENT (ASI)**

I have read all the material on this application, and answered each question honestly. I have read, understand, and signed the Policies and Procedures as set forth in Attachment "A". I have a sincere desire to live a wellness-based lifestyle that is clean and sober to achieve stability in the maintenance of the chronic disease of Substance Use Disorder. I have read and agree to the terms and conditions of the attached contract of residency.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For more info about Hope House, contact  
Vicki Orcutt @ 307 247-2500,  
or email us at [WyHopeHouse@gmail.com](mailto:WyHopeHouse@gmail.com)

# **HOPE HOUSE**

## ***Brief Biography***

**Name:** \_\_\_\_\_

***Write a brief biography of your life, where you were born, how you were raised, criminal history and periods of incarceration, your plans for the future and also include your spiritual experiences.***

***Please include why you desire to be at this Recovery Accountability House and why you would be a good candidate for Hope House.***