



House of Hope
"Life With God in Recovery"



Residential Program Application

557 E 21st Avenue, Vancouver, BC V5V 1R5
Phone: 604-215-0335 Fax: 604-648-8450
E-mail: houseofhope@partnersinhope.ca
www.partnersinhope.ca

Name _____ Date of Application _____

Birthdate _____ SIN # _____

Current Address _____

Contact Telephone Number _____ Anticipated Date of House Residency _____

Anticipated Source of Funding for House Fees _____

Individual Needs Assessment:

Why are you seeking residence in House of Hope at this time? How do you believe participation in this residential program will be of benefit to you? (Please be detailed and specific and link them, where you can, to 'House of Hope' program priorities and daily practices.)

Please answer any/all of the following that relate to your situation:

- ✚ How long since you last used drugs or alcohol?
- ✚ How long was your last period of sobriety/clean time?
- ✚ Have you successfully completed a treatment program? When and where?
- ✚ What programming have you completed in the past year?
- ✚ When did you last have contact with the abuser?
- ✚ Are the courts involved and in what way? (restraining order? etc.)
- ✚ What length of time remains on your prison/parole/probation sentence?
- ✚ Do you have children and if so, how many and what ages?
- ✚ Are you responsible for the care of those children and if so, what plans are in place for a return of them to your custody?

Individual Program Plans

Describe your **personal relationship with God**. (Family's faith involvement/or not, your personal relationship with God, spiritual practices you maintain)

Have you lived with **roommates** before? Describe your experiences. (Helpful experiences and challenges)

What kind of **employment** and **volunteering** history do you have in the past 3-5 years?

Please answer the following:

1. House of Hope is an environment that supports and provides accountability to a person who is willing to take initiative to make and live by a **personal life skills plan**. Are you ready to take personal responsibility to make and commit to a written plan of action, and with input from house staff reshape those plans in a way that is mutually acceptable to you and program priorities?
2. What length of **time** (minimum 3 months) are you willing to commit to this rebuilding process at House of Hope?
3. House of Hope is a **Christian based program** and all residents are asked to be a part of meditation and prayer that is consistent with the Christian faith. Are you willing to participate in group and personal prayer and meditation based on the Bible and the Christian faith?
4. What kinds of **plans** (education or job search) do you see as your starting place when you come to House of Hope?

Please mail or fax or e-mail the 2-page application plus the "Emergency Information" page (below), as well as a signed copy of the "Residential Program Contract" to:

Mail: 557 E. 21st Avenue, Vancouver, BC V5V 1R5 or Fax: 604-648-8450 or e-mail: houseofhope@partnersinhope.ca.

Upon receipt of your application an interview will be scheduled with house staff.



House of Hope

A branch of Partners In Hope Recovery Society
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Website: www.partnersinhope.ca



Emergency Information

Name _____
S.I.N. _____ Care Card # _____
Family Doctor _____ Phone # _____
Work Phone # (if appropriate) _____
Next of Kin: Name _____ Phone Number _____ Address _____
Alternate Contact in Case of Emergency Name _____ Phone Number _____ Address _____
(Any of the following contact persons, if they apply to your situation)
Welfare Worker _____ Phone # _____
Parole Officer _____ Phone # _____
Illnesses _____
Allergies _____
Prescribed Drugs and for What Conditions _____ _____