



Women of Hope Residency Application

557 E 21st Avenue, Vancouver, BC V5V 1R5
Phone: 604-215-0335 Fax to: 604-648-8450



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:

1. What is the most significant situation in your life for which you are looking for support from Women of Hope? (ie: drug/alcohol addiction, violent relationship, corrections requirements) _____

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? _____
- How many times have you been through a treatment program? _____
- 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? _____

2. Women 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 daily plan of action as you rebuild your life and place in the community? _____
3. Women of Hope is an environment that provides **accountability** to individuals as they make and work out their plans. Are you willing to work with staff to receive input and reshape plans or behaviours in a way that is mutually acceptable to you and house standards? _____
4. What kinds of **plans** (education or job search) do you see as your starting place when you come to Women of Hope?

5. What length of **time** (minimum 3 months) are you willing to commit to this rebuilding process at Women of Hope?

6. Women of Hope is a **Christian based program** and while women of any (or no) faith are welcome, all residents will be asked to be a part of meditation and study that is consistent with the Christian faith. Are you willing to participate in group and personal prayer and meditation based on the Bible?

How do you think Women of Hope can help you with **your recovery plan**? (At least 2 or 3 ideas or areas where you are looking for help to develop and give of yourself to family and community in a healthy way –ie. training, relationship growth, employment search, accountability for time, money etc.)

Networks of healthy relationships with family and friends in the community are essential to personal growth. What supportive people are currently in your life and in what circles are you planning/willing to look for healthy and supportive friends?

Describe your **belief system**. (Family’s faith involvement/or not, Higher Power you relate to/or not, positive/negative, spiritual practices you maintain)

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

Current **involvement in meetings** and church involvement. (12-Step meetings, parenting groups, anger management, church, small group fellowships etc.)

Please mail or fax or e-mail the 2-page application as well as the “Emergency Information” page, including the signed confirmation that you have read and agree to the policies and rules of Women of Hope.

Mail: **557 E. 21st Avenue, Vancouver, BC V5V 1R5** or Fax: **604-648-8450** E-mail: **partnersinhope@telus.net**

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



Women of Hope

A branch of Partners In Hope Recovery Society
557 E.21st Avenue, Vancouver, BC V5V 1R5

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E-mail: partnersinhope@telus.net

Website: www.partnersinhoperecovery.com



I have read and agree to abide by the house standards and policies as outlined above and clarified by house staff.

_____ Date _____

(Potential Client)

_____ Date _____

(House Staff Personnel)

Emergency Information

Name _____

S.I.N. _____ Care Card # _____

Family Doctor _____ Phone # _____

Welfare Worker _____ Phone # _____

Work Phone # (if appropriate) _____

Next of Kin:

Name _____

Phone Number _____

Address _____

Alternate Contact in Case of Emergency

Name _____

Phone Number _____

Address _____

Illnesses _____

Allergies _____

Prescribed Drugs and for What Conditions _____
