



April 2025

For staff use (date of entry) _____

HOPE HOUSE RECOVERY RESIDENT APPLICATION

Date of application: _____

Full Name: _____

Address: _____ Phone Number: _____

City/Town: _____ Zip Code: _____

Marital Status: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

How did you hear about Hope House? _____

PROGRAM OFFERINGS:

As of March 1, 2025 Hope House is offering two programs – a 6-month and a one-year program. (see Policies and Procedures for details). Effective March 1, 2025, the program fee for residents is \$500.00 per month (non-refundable) to offset the costs of food, shelter, supervision, and other operating expenses. Hope House does not accept insurance.

6-Month Program

This program is available for approved residents who agree to pay for their 6-month residency. There are no scholarships available. Prior to entry, residents must pay non-refundable \$1,000.00 deposit (first and last month program fees). They must pay \$500.00 per month (non-refundable) due on the first of the month.

1-Year Program

Scholarships may be available on a case-by-case basis for residents who are unable to pay the \$500.00 per month fee. Scholarship decisions will be made by the Program Director.

Please select the program you are applying for:

_____ 6-month program

_____ 1-year program

BACKGROUND

Do you have any felonies? ____ YES ____ NO

If YES, please explain: _____

Have you ever been accused of, participated in, or been convicted of a sexual crime and/or a violent crime with either a minor or adult?

If YES, please explain: _____

Are you on probation or parole? ____ YES ____ NO

If YES: Termination date: _____

Officer's Name: _____

Contact Number: _____

Are you court ordered to attend a drug/alcohol program? ____ YES ____ NO

Do you have any upcoming court dates? ____ YES ____ NO. If YES, when?

Do you have any outstanding charges? ____ YES ____ NO

If YES, specify. _____

Do you have any child support obligations? ____ YES ____ NO

If YES, specify. _____

SUBSTANCE ABUSE HISTORY

What is/was your drug of addiction? _____

How long have/had you been using? _____

How long have you been sober? _____

When is the last time you used?

Name the program(s) and date(s) of your treatment:

MEDICAL HISTORY

Do you have any disease or medical condition that would hinder or prevent treatment in this program?

___ YES ___ NO

If YES, explain: _____

Do you have any mental or psychiatric issues? ___ YES ___ NO

If YES, explain, including whether or not they are diagnosed and documented:

Please explain your current medical condition or any medical issues:

PHYSICAL HEALTH INFORMATION

How would you rate your physical health? ___ GOOD ___ FAIR ___ POOR

Do you currently have any physical disabilities? ___ YES ___ NO

If YES, please explain:

Do you have any long-term physical or other limitations that affect your daily living?

___ YES ___ NO

If YES, please explain: _____

WORK/SKILL HISTORY ASSESSMENT

Are you currently employed? _____ YES _____ NO

If YES, provide name and address of employer: _____

Past or present work occupations:

Work interests or skills:

Last grade or year of schooling completed: _____

Diploma/Degree earned: _____

FUTURE ASSESSMENT

What do you enjoy doing in your free time?

How do you feel about yourself today?

What are some short-term goals that you would like to accomplish in the near future?

Describe your perception of God.

What is your support system (spouse, family, friends, sponsor)?

List all individuals that may be interested in supporting your stay (emotionally, financially) at Hope House.

Name _____ Relationship _____

Emotional? _____ YES _____ NO Financial? _____ YES _____ NO _____

Address _____ Phone # _____

Name _____ Relationship _____

Emotional? _____ YES _____ NO Financial? _____ YES _____ NO _____

Address _____ Phone # _____

Name _____ Relationship _____

Emotional? _____ YES _____ NO Financial? _____ YES _____ NO _____

Address _____ Phone # _____

RESOURCES

Monthly household income	\$
Describe source _____	
Food stamps	\$
Medicare	\$
Disability	\$
Medicaid	\$
SSI	\$

Mark any current insurance coverage:

Indigent Healthcare _____ YES _____ NO

Other Medical Insurance Coverage: _____ YES _____ NO

If YES, provide below information:

Insurance Company Name	
Policy Number	
Name of Insured	
Claims Phone Number	

Provide a copy of your insurance card if available.

PROGRAM CONDITIONS - Please read below and circle YES or NO next to each item.

Yes	No	I understand that Hope House is a Christian-focused program, and that all residents must desire to keep it a safe and loving place. Hope House is a place for our residents to foster a sense of community, to thrive, to change, and to implement real steps that lead to a restored life. There will be zero tolerance for alcohol/drug use or disrespect of management/staff, other residents, or volunteers. A poor attitude, profanity, discrimination, bullying, physical or verbal confrontation will not be tolerated. Residents must obey authority unless illegal, immoral, unethical, or unsafe.
Yes	No	I am ready to turn from my addictive lifestyle and desire to be healed by the saving power of Jesus Christ.
Yes	No	I will strive to set a good example for others. I will exercise self control and show genuine kindness and respect toward other residents, persons in authority, and the general public in my words, attitudes, and actions.
Yes	No	I understand that Hope House is a med-free environment (narcotics, pain meds, medication for anxiety/depression). Residents may purchase ibuprofen. Medical conditions and/or injuries must be brought to management’s attention. Use of any prescribed medication (e.g. antibiotics) must be approved by the Program Director. Residents must have a current medical physical and TB test completed by Hope House’s designated physician.
Yes	No	I understand that residents are requested to pay a minimum of \$500.00 monthly by the 1st of each month. Scholarships may be available for those applying for the one-year program based on the discretion of the Program Director; I agree that if I am able to pay my support, I will do so. This includes regular monthly income as well as 80% of my food stamps (if eligible).
Yes	No	I understand that Hope House is a closed campus program. Residents are not allowed to leave premises or events without advance approval of the Hope House Program Director or designated staff.
Yes	No	I understand that, once eligible, I must follow phone usage and visitor/guest processes.
Yes	No	I understand that all residents must attend the required church services, classes, vocational programs, fundraising and mission service activities. I am willing to participate in classes, ministry activities, vocational program activities, general labor (heavy lifting, cleaning/landscaping/etc.), serving the homeless and fundraising. Residents must be respectful of Hope House leaders.
Yes	No	Residents must apply for financial resources if eligible (e.g. food stamps, indigent care). Residents are responsible for their own personal items. Residents will be taken on weekly shopping trips.

Yes	No	I understand that all residents are accountable for the safety of the house. Residents must demonstrate honesty and trust and help create a safe and sober environment. Residents are expected to report to the Program Director or designated staff any violations or concerns. Failure to do so, by any resident, will be cause for disciplinary action, including dismissal from the program. I understand that program concerns/comments should be discussed directly with the Program Director or appropriate staff.
Yes	No	I understand that all residents are expected to focus on their sobriety. I agree not to use any drugs or alcohol. I understand that I will be tested, and that if at any time I fail a test or refuse to be tested, I will be immediately dismissed from the program.
Yes	No	I understand that my personal property is subject to searches while on Hope House property. I understand that my incoming/outgoing mail will be read/monitored.
Yes	No	Each resident must take personal responsibility for Hope House property (house/room, grounds, and vehicles), by keeping them clean and orderly. I will take care of the property entrusted to me; I will daily make my bed and clean up my room, storing clothing appropriately. I will perform the chores as assigned. I will be responsible for my own laundry. I will only eat in the kitchen/dining areas and immediately clean up after myself. I will respect the property of others. I will not smoke/vape in Hope House premises or vehicles; I will discard cigarette butts appropriately. I will use equipment and property properly. I will not bring any type of weapon on to Hope House property. No personal pets are allowed. Thermostats will be regulated by staff. I will turn off lights to conserve electricity. Candles/incense are not allowed. I will respect the property of others. I understand that using another's property without permission will be considered stealing. I agree to comply with and follow all policies/procedures and house rules.
Yes	No	I will not smoke inside Hope House premises or vehicles. I understand that vaping is not allowed indoors or inside vehicles (Hope House/other). Vaping/smoking breaks are allowed as appropriate.
Yes	No	As a Christian household, all residents are expected to only have appropriate pictures/photos on the walls in their personal space. They must also only watch/listen to/read appropriate material (books, movies, programs/music). Music/TV/movie volume must be kept at a level respectful of others living in the house. Secular music is not allowed. Inappropriate subject matter includes PG-13 and R-rated, abuse, romance, sex, drug, profanity.
Yes	No	Residents must wear modest, clean clothing at all times. They must be fully dressed when downstairs.
Yes	No	I understand it is against Hope House policy to borrow or lend to another resident or barter with another resident regardless of the situation. Gambling is not allowed. Hope House is not responsible for lost or missing items. I understand that items purchased by Hope House for general use may not be used for personal use.
Yes	No	I understand that residency at Hope House is a privilege and not a right, and that at any time my conduct, progress, or cooperation with Hope House authorities is not in keeping with the program requirements, I will be disciplined, up to and including removal from the program.

I affirm that all information in this application is true and correct and that no effort has been made to deceive, hide, or neglect the transmittal of any information that is vital to the application process.

Printed Name

Signature

Date

RELEASE OF INFORMATION

I give consent for the Program Director of Hope House or designee to release information about me or any member of my family to any organization that may have the ability to assist me in my current situation. Organizations include but are not limited to health care providers, health care facilities, parole or probation officer, workforce solutions, family crisis centers, MHMR, Department of Human Services, law enforcement, children’s advocacy center, CARTS and help assistance programs. I also give my consent for the organizations to release information to the Program Director of Hope House or designee. This release of information is for the above organizations and any other organization the Director may contact.

Printed Applicant Name Signature Date

MEDICAL TREATMENT, INFORMATION, AND RELEASE

In case of medical emergency, I hereby give consent to Hope House and/or their directors, officers, employees, representatives, and their agents to contact 911 and/or any medical professional on my behalf. I understand that I am responsible for any and all financial responsibilities that may occur. I understand that I should use my permanent address, not the Hope House address, on my medical claim forms.

I authorize Hope House to obtain and release my medical records. I also authorize my medical records to be released from my medical provider, hospital, clinic, doctor’s office or its staff to Bastrop Hope House.

Printed Applicant Name Signature Date

Property Retrieval

All residents who are removed or who exit from the Hope House program have 7 days from the date of discharge to schedule an appointment to retrieve personal property.

My signature acknowledges that in the event I am exited/removed, if I do not schedule an appointment AND retrieve my property within 7 days of my discharge date, the belongings will become the property of Hope House to keep and/or discard as appropriate. Hope House is not liable for any property not retrieved after 7 days.

Printed Applicant Name Signature Date

HOPE HOUSE ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN HOPE HOUSE’s residential housing program, including any risks that may arise. I certify that I am physically/mentally fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this program and its activities. I acknowledge that this “Accident Waiver and Release of Liability Form” will be used by Hope House, and that it will govern my actions and responsibilities while a participant of the program.

In consideration of my application/enrollment and permitting me to participate in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including traveling to and from activities/events of this program, THE FOLLOWING ENTITIES OR PERSONS: Hope House, HOG Christian Ministries, The Gathering, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; (B) I INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any program event/activity, whether caused by negligence of release or otherwise. I acknowledge that Hope House, HOG Christian Ministries, The Gathering, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors or omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Hope House. Risks may include, but not limited to, those caused by vocational program participation, fundraising/production, work, terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people.

I understand that Hope House staff is not licensed or insured or professional medical staff; this is a pastoral ministry with assigned staff and volunteers. I hereby consent to receive medical treatment by a licensed provider in the event of injury, accident, and/or illness. I understand that any medical expenses incurred are my personal responsibility regardless if I have insurance; I agree to hold Hope House harmless from any liability for medical expenses incurred as a result of my residency. I understand that as part of this program, I may be photographed. I agree to allow my photo, video, film likeness and approved testimony to be used for any legitimate purpose by the program or designee.

The accident waiver and release of liability shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Printed Applicant Name

Signature

Date

