

Hope Outreach Transitional Housing Ministry

Application for Assistance



Hope Outreach Ministries
P.O Box 1067 Enid, Oklahoma 73702

Contained within this document is the Application for Assistance for The Hope Outreach Transitional Housing Ministry. This application is used to identify needs and develop a goal attainment plan for applicants. Submitting of Application is subject to approval for acceptance and does not guarantee acceptance into program.

Application for Assistance

Mission Statement

Our mission is to minister the love of Jesus to the felt needs of our community for the purpose of empowering people toward responsible living.

Vision Statement

The primary vision of the Transitional Housing Ministry is to extend hope to others. Helping them identify their strengths from within to be a successful, self-sufficient, and functional part of society.

Seeking to achieve a transformation of life?

Please read the following information carefully before proceeding to the completion of application

What is the Transitional Housing Ministry?

Hope Outreach Transitional Ministry is a non-denominational Christian organization established for the purpose of helping individuals overcome barriers associated with transitioning from difficult situations to a successful life. We offer assistance in life skill development, job placement, budgeting, and education. Individuals selected for support are provided with an affordable home environment that is suitable for acquiring necessary resources.

During your stay it will be essential that you maintain employment, participate in a life skill development course, and be actively involved in a local church. Additionally individuals will be mentored in obtaining other personalized needs such as family counseling, drug aftercare, and education. Recommended stay is six to nine months. Upon successful completion individuals will be assisted in acquiring an independent living situation. All of which is directly related to helping achieve a successful restoration of life.

What are the Houses like?

Inexpensive living is provided in fully furnished home with all utilities provided. Affordability is achieved through the sharing of expenses that are required to maintain property. Each house is comfortably occupied by six to eight guests. Guests are responsible to following guidelines that are designed to sustain a healthy living environment for all occupants.

What are requirements?

- Each participant must have an admirable desire to work toward a positive standard of living and be susceptible to making necessary changes needed to obtain a productive lifestyle.
- You must follow defined rules and guidelines that are necessary to achieve desired results pertaining to success of the individual and the continued successes of the ministry to serve future participants
- Guest will be required to participate in church, developmental courses, and recovery programs that are imperative to successful restoration of life

How do I apply?

If you are interested in receiving assistance needed to make an effective transition into an independent living situation, please fill out application completely. This will provide you and the Transitional Housing Ministry with all necessary information to develop a comprehensive plan for your restoration.

Transitional Housing Ministry

Application for Program

Personal Information

Date of Application: _____

Applicant Name: _____ Age: _____ Date of Birth: _____

Marital Status: Married Single Divorced/Separated

Spouses Name: _____ Age: _____ Date of Birth: _____

Any Children: Yes No

List Children:

NAME(s)	DATE of BIRTH

With whom are children residing: _____

Criminal Background

Name of Present or Most Recent Facility Incarcerated: _____

DOC# _____ Discharge /Parole Date: _____

Case Manager: _____

Do you have any Violent Charges: Yes No

Do you have any Sexual Charges: Yes No

List all convictions with the most current first:

DATE	CHARGE	SENTENCE	TIME SERVED

Will you be on parole, probation, or monitor? Please Explain: _____

Are there any warrants out for your arrest? Yes No What county(ies) _____

If yes please explain: _____

Probation/Parole Officer: _____ Phone: _____

Drug History

Have you ever used any drugs? Yes No
If yes, when was your last use? _____

Have you ever consumed alcohol? Yes No
If yes, when was your last use? _____

Do you smoke cigarettes? Yes No

List past drug use:

SUBSTANCE	LENGTH of USE	TIME PERIOD	QUANTITY

Drug(s) of Choice _____

Have you ever attended a drug rehabilitation program? Yes No (Include programs while incarcerated)
If Yes, when? _____ Where? _____

Name of program: _____

Have you ever attended a 12-step recovery program? Yes No
If yes, what step are you working on? _____

Education

Highest Grade Completed: _____ Name of School: _____

Did you graduate from High School? Yes No Year: _____

If you did not graduate, do you have a GED? Yes No Year: _____

Have you attended college or a trade school? Yes No

If yes, what were the areas of study or vocational skills obtained? _____

Employment Background

Current place of employment: _____ Phone: _____

Address: _____ City: _____ State _____

Job Title: _____ Pay Rate: _____

Pay Schedule: Weekly Bi-Weekly Monthly

Special Skills: _____

Do you have any experience using any machines, equipment, or tools? Yes No

If yes, describe: _____

List employment information for the last five years most recent first:

(Including jobs while incarcerated)

DATES		NAME of COMPANY	JOB TITLE&DUTIES
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		

Transportation Information

Do you own a car? Yes No Year/Make/Model: _____

Are Tags, Registration, and Insurance current? Yes No

If No, what needs to be obtained to be current? _____

Driver's License #: _____ Is License Current? Yes No

If No, What do you need to obtain your license? _____

Medical History

What is the state of your physical health? Excellent Good Fair Poor

Do you have any special physical requirements? Yes No

If yes, what are you requirements? _____

Have you ever been treated for psychological or emotional problems? Yes No

If yes what is your current status or condition? _____

Are you currently on any Medications? Yes No

If yes, what is the prescription? _____

Do you have any communicable disease? Yes No

If yes, please explain: _____

Religious Background

Please provide a Statement of Faith: _____

Are you currently or have you ever been a church member? Yes No

If yes, what denomination? _____

Do you consider yourself a Christian? Yes No

How does your Faith affect the life you lead? _____

What religious activities/programs have you participated in while incarcerated? _____

Personal Reference

This Section is to be filled out by person(s) that are familiar with your corrective rehabilitation status and/or disciplinary history. Individuals must at one-time had oversight of your correctional detention conduct. (i.e. Chaplain, Case Worker, Probation & Parole Officer)

Please provide Character, Conduct and Religious history of identified applicant:

Following must be read, understood and signed by applicant to process application.

I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I further authorize any reference or ministry/church listed in this application to furnish Hope Outreach Ministries any information (including opinions) that they may have regarding my acceptance. I authorize Hope Outreach Ministries to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background as required by the ministry. I hereby authorize Hope Outreach Ministries to conduct a criminal background inquiry. I understand that Hope Outreach Ministry requires such an inquiry before allowing any person to participate at Hope Outreach Ministries. In consideration of this receipt and evaluation of this application by Hope Outreach Ministries, I hereby release any reference, including individual, church, youth organization, charity, employer, both collectively and individually, from any and all liability for damages occurring as a result of Hope Outreach Ministries processing of this application.

Applicant Signature

Date