HOUSE of HOPE
Caruthersville, Mo 63830
* Phone573-843-5117 *
* Fax 573-843-5118 *
csherrill@helponhandinc.com
www.helponhandinc.com

Information disclosed is confidential and will be seen only by the Board of Directors of Help on Hand, Inc. for screening purposes. Completion of this documentation is voluntary. To be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services. Discovery of falsification of information once the resident is in the program will result in immediate dismissal.

Fill Out Completely

Name: _____ Gender:_____

Previous Address (non-DOC): _____

DOB: _____Social Security #: _____Race: _____

Marital Status: _____ Email: _____

Insurance: Yes / No

(if yes what type) _____

Who referred you to us? _____

Current Living Situation: _____

Currently on Probation or Parole? Yes / No

Parole/Probation Officer: _____Phone #: _____

Are you involved in any active cases or current charges? Yes / No

Please list below:

_____

Revised 04/11/2023.

If you are currently Incarcerated

DOC#: _____State: _____Out Date: _____

Do you have a back up home plan? _____If yes, what? _____

Do you have any past, current, or pending sex offense convictions? Yes / No

Are you currently in any outpatient treatment? Yes \ No
If yes, Where? _____

List all medication (prescriptions and non-prescriptions) currently taking:

Medication	Dosage/How Often	Why Taken

Do you have an income? _____If yes: Source: _____Amount: _____

If you have a monthly check from social security, please provide a copy of your award letter from Social Security office and send in with this application.

Do you have Food Stamps? _____If yes**:** Amount: _____

If you currently receive food stamps, please provide a copy of your award letter from family services and send in with this application.

If No Income, who will be the responsible party for the Room and Board fees:

Name: _____Phone: _____Email: _____

Must be Check or Money Order mailed to the main office by or before the 1st of each month. If payment is not received before the 5th of the month, participant could be subject to immediate dismissal.

It is the policy of Help on Hand, Inc. that any resident requesting stay in the House of Hope Sober Living Home for any period, must agree to the following terms:

1. Pay a fee of $400 ($100 per week) upfront and monthly thereafter for room.
2. Pay a fee of $200 ($50 per week) upfront and monthly thereafter toward house groceries. This can be paid through food stamps if applicable.
3. Continue to abide by ALL rules and regulations.

All payments are non-refundable.

Do you have the funds upon move-in? Yes \ No
If yes, what date? _____If no, when will you have the funds? _____

Do you have any pending charges that may result in you being incarcerated or needing to appear in court? Yes / No
If yes, please explain:

_____

Are you pregnant or think you are pregnant? Yes / No

Can you pass a drug test? Yes / No
If no, please explain:

_____

Do you have all the following:

Driver's License / Non-Driver's ID _____

Social Security Card _____

Birth Certificate _____

If you do not have these in your possession upon move-in, YOU MUST have proof of intent to receive.

Do you have any of the following?

Mental Health Issues	Yes / No	Don't Know	Refused to Answer
Substance Abuse Issues	Yes / No	Don't Know	Refused to Answer
Chronic Health Condition	Yes / No	Don't Know	Refused to Answer
Developmental Disability	Yes / No	Don't Know	Refused to Answer
Physical Disability	Yes / No	Don't Know	Refused to Answer
HIV/AIDS	Yes / No	Don't Know	Refused to Answer
Victim of Domestic Violence	Yes / No	Don't Know	Refused to Answer

If yes to any of the above, please provide a Verification of Disability.

Emergency Contact Information: (Must provide 2 contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

By signing below, you give Help on Hand, Inc. the right to discuss all information provided in this application.

I acknowledge that the information disclosed is confidential and will be seen only by the Staff and Board of Help on Hand, Inc. for screening purposes. I acknowledge that completion of this documentation is voluntary. I acknowledge that this application must be completed in full to be considered and failure to complete this application will result in a decline in possible services. I also acknowledge that discovery of falsification of information once the resident is in the program will result in immediate dismissal.

Participant's Signature: _____ Date: _____

By signing below, I acknowledge and agree to the terms and conditions of Help on Hand, Inc.'s Financial Obligation Policy and acknowledge that I am responsible for such Fees. I acknowledge that all Fee Payments are non-refundable.

Payee's Signature: _____ Date: _____

Please be advised that this application is **NOT** a guarantee of intake. This is the first step of a process. We reserve the right to accept or deny an individual while upholding our Non-Discriminatory Policy.

If approved, you will be added to the waiting list until a bed is available. If your application is pulled for evaluation, it will be conducted by the board of directors and will take 2-3 business days. If approved, we will contact you at the number provided to finalize admission paperwork.