House of Hope Recovery House
Family Life Counseling and Psychiatric Services
151 Marion Ave., Mansfield, Ohio 44907
Phone: 419-774-9969, Fax 419-756-5642
House of Hope Application

House of Hope is a Level 2 sober living residence in Willard, Ohio. Our mission is to help men who are in recovery from drug and alcohol abuse become productive members of their community by providing transitional housing and support.

House of Hope is designed for male participants with a minimum of thirty days demonstrated sobriety who are committed to sober living with like-minded persons. Huron County residents are preferred, residents from other counties will be considered on a space available basis. The house has a capacity for five participants including a Senior Resident lives in and oversees the house. Anticipated length of stay is one year.

House of Hope is operated by Family Life Counseling and Psychiatric Services 151 Marion Ave., Mansfield, Ohio Inc.; an Ohio corporation for non-profit. Family Life Counseling has existed in Ohio since 2009, providing support to persons and families in times of crisis. Family Life Counseling organization enjoys strong relationships with Willard businesses, churches, government and law enforcement.

For persons who are in need of Recovery Housing programing the application process is as follows:

1. **Complete and submit application, HIPAA release, Requirements-Rules-Rights document by day seven. Ensure the applicant has a valid driver's license or state ID for background check. Make arrangements for financial support.**
2. **House of Hope will schedule a preliminary interview as soon as possible.**
3. **House of Hope will conduct a formal interview. A face-to-face interview is required.**
4. **If accepted, transportation to House of Hope will be arranged.**

The application, HIPAA form, and Requirements, Rules and Rights for participation, as well as additional contact information, can be found online at:
WWW.FLCPS.COM

Please direct inquiries to:
Steven Burggraf Ph.D., LPCC-S Executive Director, Family Life Counseling & Psychiatric - Services
Email: sburggraf.flc@gmail.com

Phone: 419-295-6859

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Applicant Information and Personal History:

Full Name: ____ Date: ______________

DOB: ________________________________

Current Address: ____

What type of housing is this? ____

Previous Address: ____

Telephone Numbers: __________________(h) ______________________(c)

What is your sobriety date and how can it be verified? ____________________________________

____

Provide contact information for the person(s) you authorize us to contact in the event of a medical emergency or if you are terminated from program participation. I also authorize mail to be sent to this address for fourteen days following my departure from House of Hope. After fourteen days mail will be returned to sender.

Name ___________________________ Phone ________________ Relationship ______________

Address ______________________________ City/State/ZIP ______________________________

Name, address and phone of your caseworker/counselor: _________________________________

____

Valid Driver's License or State ID: ☐ Yes ☐ No DL/ID Number: ________________________

Your highest level of education: ____

Are you a registered sex offender? ☐ Yes ☐ No

Have you ever been charged with or convicted of a sex offense? ☐ Yes ☐ No

Have you ever been charged with or convicted of arson? ☐ Yes ☐ No

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Please Check any/all of the following that apply to you:

☐ Pending Court Case: ____
☐ On Probation
☐ On Post Release Control (Parole)
☐ Have a Criminal History. If checked, please list all offenses and dispositions:

____

____

____

____

State and Counties of charges/convictions: _______________________________________

Name and telephone number of probation officer: ___________________________________

____

Have you ever served in the military? ☐ Yes ☐ No

Do you have a significant other? ☐ Yes ☐ No

Please provide their name and contact information: __________________________________

____

Please provide the names and ages of any children that you have, and indicate if you have custody of those children:

Name: ____________________________ Age: __________ Custody: ☐ Yes ☐ No

Name: ____________________________ Age: __________ Custody: ☐ Yes ☐ No

Name: ____________________________ Age: __________ Custody: ☐ Yes ☐ No

Name: ____________________________ Age: __________ Custody: ☐ Yes ☐ No

Name: ____________________________ Age: __________ Custody: ☐ Yes ☐ No

Do you owe or pay child support? ☐ Yes ☐ No Total/Monthly Amount: ________

Employment and Financial Information:

Are you employed? ☐ Yes ☐ No Attending school? ☐ Yes ☐ No

If yes, please list the name, address, and phone number of your employer or school:

____

____

☐ Full-time ☐ Part-time Position: ______________________ Rate of Pay: _______

Supervisor's Name and Phone Number: ____

____

If not employed, list date and place of last employment.________________________________

____

If you and/or your household are receiving any of the benefits listed below, please check all that apply, and list the monthly amount received:

Disability:	☐ Yes ☐ No	Amount: $________________
Food Stamps:	☐ Yes ☐ No	Amount: $________________
ADC:	☐ Yes ☐ No	Amount: $________________
Unemployment:	☐ Yes ☐ No	Amount: $________________

Do you have insurance?	☐ Yes ☐ No
Medicare?	☐ Yes ☐ No
Medicaid?	☐ Yes ☐ No

Insurance Provider: ____

Are you able to pay the participation fee and purchase your own food for House of Hope participation? ☐ Yes ☐ No

Do you agree to attend weekly 12 Step Meetings? ☐ Yes ☐ No

Do you agree to participate in activities that take place in the home (such as house meetings and other support and learning opportunities)? ☐ Yes ☐ No

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Do you agree to contribute to the care of the household (such as doing chores, taking care of the house and lawn, cooking, and cleaning up after yourself)? ☐ Yes ☐ No

What date do you expect to be available for participation? ________________________________

What goals would you like to achieve in the next year?

____

____

____

What are your expectations of the *House of Hope* Recovery Program?

____

____

How did you learn about House of Hope?

____

Please provide any other information that should be known about you or your situation.

____

____

I, _______________________________ (Applicant Printed Name), declare that all of the foregoing statements of information are true and correct. I acknowledge that falsification of information may result in not being accepted into or dismissed from House of Hope participation. I authorize the release of this information sufficient to obtain a background check and other means necessary to verify all or part of the information I have provided. I authorize contacting the above mentioned person(s) in the event of a medical emergency or termination from participation.

____________________________________ ____________________

Applicant Signature Date

Revision History

1.1; 5/24/17 – added arson question; identification of sober sponsor, owe or pay child support, staff comments and follow up, picture of applicant at time of intake.

1.2; 9/13/17 – added previous address.

1.3, 10/9/17 - updates following Advisory Board review.

1.4, 11/20/17 – following legal review.

1.5, 12/20/17 – Removed date from footer, removed release of information to advisory board and Senior Resident notice. Senior Resident doesn't need to have this information and advisory board will have the information by virtue of receiving the application.

1.6, 1/3/18 - changed status from Level 2 to Level 1. Added background check and interview requirements to first page. Added question on when the application expects to be available for participation.

1.7, 2/10/18 – eliminated reference to Ohio Recovery Housing in the introduction.

1.8, 2/13/18 – updated introduction to clarify and add a phone number.

1.9, 5/10/18 – added fax number.

2.0, 8/20/18 – added description of the type of current residence, added contact information in the event of medical emergency or termination of participation, added sobriety date and how it can be verified, added contact information for caseworker/counselor. Moved last page for application review and participant acceptance from the application document to the interview questions document.

2.1, 10/5/18 – Updated first page to make it consistent with other publicity information. This changed status from Level 1 to Level 2.

2.2, 10/22/18 – added question about how applicant learned about House of Hope.

2.3, 12/11/18 – Removed social security number based on guidance from Ohio Recovery Housing.

2.4, 1/18/19 – added state and county of charges/convictions for easier online record search. Added authorization to forward mail to contact person listed above.

2.5, 2/28/19 – No content change. Moved the emergency contact information to the first page of the document.

2.6 Changes reflect transfer to Family Life Counseling