



Hope Harbor Inc.

611 Seminole Road, LaGrange, Ga. 30240
Phone: (706) 333-0000 Fax: (706) 882-8303

RESIDENT APPLICATION

PERSONAL INFORMATION

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Age _____ Birthday _____

Race (Providing this information is optional and will not be used for discriminatory purposes)

___Caucasian ___Black or African American ___Asian ___Latino or Hispanic

___Native American or Alaskan Native ___Native Hawaiian or Other Pacific Islander

Social Security Number _____ - _____ - _____

Have you ever been in a drug recovery program before? ___ Yes ___ No

Where? _____

Are you a smoker? ___ Yes ___ No

Are you willing to stop smoking? _____

SOCIAL STATUS

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated

How long have you been married? _____ Number of children _____

Children's name and date of birth

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Spouses Name _____

If divorced or separated, give date: _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Address _____

Phone (Home) _____ Phone (Business) _____

Office Use Only

_____ \$1000.00 Entrance Fee (Non-Refundable)
_____ \$ 500.00 Monthly Fee (12 months)

Date Entered: _____
Graduation Date: _____

PARENTS (If living)

Father's name _____ Telephone No. _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Telephone No. _____

Address (If different) _____

City _____ State _____ Zip _____

EDUCATION

High School (Highest grade completed)

___ 9th ___ 10th ___ 11th ___ 12th ___ H.S. Diploma ___ GED

College (Highest grade completed)

___ 13th ___ 14th ___ 15th ___ 16th ___ Diploma ___ Other _____

Trade School

Trade _____

Your Skills and Abilities (List all skills you may have)

Last Place of Employment _____

Job Description _____

RELIGIOUS INFORMATION

Church Affiliation _____ Member ___ Yes ___ No

Name and Address of Your Church _____

City _____ State _____ Zip _____

Pastor's Name _____ Telephone (____) _____

Pastor's Address _____

City _____ State _____ Zip _____

DRIVING RECORD

Is your License Valid? Yes No License # _____ State _____

Have you had any traffic tickets within the last 3 years? Yes No

If so, which state(s) _____

PERSONAL MEDICAL HISTORY

Completely list all the drugs/alcohol you have been on or had been using and how long you have been using them. (If there are more, list them on a separate sheet of paper.)

Substance	Amount/how often used	Date Started	Date of last use
Cocaine/Crack			
Marijuana			
Heroin			
Alcohol			
Nicotine			
Prescription Drugs			
Methamphetamine			
Other			

Is there a history of substance abuse in your family? Yes No

If so, please describe: _____

Ever had convulsions, seizures, or blackouts? Yes No

Please list anything you are allergic to (especially if you are allergic to bee stings)

Mental:

Have you ever been diagnosed or treated for:

DID/Dissociative Disorder _____ ADD _____ ADHA _____ Schizophrenia _____

Bi-Polar Disorder _____ Borderline Personality Disorder _____

Diagnosis: _____

Medication: _____

Suicide Attempts in the past 3 years? _____ How? _____

Have you ever been to counseling? _____

Have you recently been to a home, state, or private hospital within the last 2 years? _____

Yes _____ No _____

If so, where, when, and for what reason? _____

Rate yourself in the following conditions.

Physical: _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

Mental: _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

Emotional: _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

Spiritual: _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

Do you have any long-term medical problems? (heart disease, diabetes, epilepsy, respiratory problems, hepatitis, tuberculosis, hearing problems, venereal disease or others)

Are you taking any medications now? (List and explain for what)

Mental Continued:

Date of last physical or hospitalization _____

Doctor's Name _____ Telephone # (____) _____

Address _____

Is there any chance you could be pregnant? _____ How many months? _____

Pregnancy complications? _____

***** PLEASE NOTE: WE ARE NOT A MEDICAL FACILITY AND CANNOT GIVE MEDICAL CARE. WE NEED TO KNOW WHO WILL BE RESPONSIBLE FOR MEDICAL EXPENSES INCURRED WHILE YOU ARE HERE. *****

Insurance Company _____ Policy Number _____

If you have no insurance, list the name of the responsible person, address, and telephone number:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Have you ever been verbally, sexually, or physically abused? _____ Yes _____ No

Have you ever verbally, sexually, or physically abused anyone? _____ Yes _____ No

LEGAL INFORMATION

Are you currently on:

____ Parole ____ Probation ____ Under Bond ____ Court ordered to be here

If so, how long and for what? _____

Parole/Probation Officer _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____

Are you scheduled to be in court or attend any hearings within the next six months?

____ Yes ____ No

Where? _____ When? _____

ADDITIONAL INFORMATION

Who recommended Hope Harbor to you? _____

Were you ever in the military? ____ Yes ____ No

Dates of military service _____ Rank _____

