



Lydia's House of Hope – New Beginnings Transitional Housing Program

APPLICATION FOR RESIDENCY

Name: _____

Today's Date: _____

Street Address: _____

Date of Birth _____ Age _____

City, State, Zip: _____

Length of Time at Address _____

Telephone #(s): _____

Email Address: _____

Is it OK to call? Please circle: YES NO

Is it OK to leave message? Please circle: YES NO

Are you a US Citizen? Please circle: YES NO

Social Security #: _____

Marital Status –(Please circle): Single Married

Separated Divorced Widowed

Total # of Children: _____

Are you currently pregnant? _____

Total # of Children Living With You: _____

Anticipated Due Date: _____

Have you ever resided in Shelter - Hotel or Transitional Housing?

YES NO

Yes No - Where

Who referred you? (agency, friend, online, etc.)

Month and Year

EMERGENCY CONTACT INFO

Name: _____

Relationship to you: _____

Contact Phone: _____

Address, City, State: _____

Is there anyone you wish we NOT contact or leave a message with? YES NO - Name: _____

CHILDREN

Child Name: (First, Last)	Date of Birth:	Age:	School status (home, daycare, grade)	Father's Name	DCYF/DSS case worker name & dates of involvement	Who does the Child Currently Live with?

EMPLOYMENT (From most recent to past):

Employer/Address	Position	Amount per hr.	Start/End Dates	Reason for Leaving

E
A
N
C

Name of School/City (Latest first)	Dates Attended	Highest Level of Education Completed (Degree, Grade level, etc.)	Course of Study

TRANSPORTATION

Do you have a valid driver's license? Yes No What State? _____	Make _____ Color _____ Model _____ Year _____
Do you own a car? Yes No License Plate # _____	

HOUSING

Please List Last Three Addresses (not including your current address)	Length of Time:	Amount of Rent Paid:	Reason for Leaving

Notes:

CRIMINAL HISTORY INFORMATION

Have you ever been arrested/ convicted of a crime ? _____ Yes _____ No	If Yes, Please Explain:	Where the charges dropped? Circle: Yes - No
Have you ever been convicted of a felony ? _____ Yes _____ No	If Yes, Please Explain:	Where & When did you serve time in jail?

Do you have a parole or probation officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #: *Have release signed if yes	Length of Time Remaining
Is there currently a restraining order on/ <i>against you</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Do you currently have a restraining order in place on/ <i>against someone</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Are you or have you ever experienced domestic violence or sexual assault against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No explanation needed here....	Describe only if desires to:

MENTAL HEALTH

Are you or have you ever received counseling or therapy? ___Yes ___No

Name of Therapist/Counselor/Psychiatrist : _____ Address: _____

Phone Number: _____ Dates: _____

Name of Psychiatrist: _____ Address: _____

Phone Number: _____ Dates: _____

Are you or have you ever been diagnosed with a mental illness? ___Yes ___No – How long ago? _____

Diagnosis: _____

Have you ever been hospitalized for mental health or been in crisis and had to seek help from a hospital? ___Yes ___No

Date of Hospitalization	Reason	Outcome

MEDICAL HISTORY-SELF

Do you have medical insurance? Yes No

Insurance Co. Name _____

Primary Care Physician _____

Address _____

Phone Number _____

Date of Last Physical: _____

OB/GYN _____

Address _____

Phone number _____

Date of Last Visit _____

Please list any present health concerns: _____

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs:

Medication/Other	Dosage as Prescribed	Start Date	Reason for Medication

Notes:

SUBSTANCE/ALCOHOL HISTORY

Are you or have you ever used any narcotic or illegal drug including marijuana? Yes No

If yes, list of drugs used and choice of drug and last time used: _____

Have you ever been treated for substance abuse or alcohol abuse? Yes No

Date of Treatment: _____ Did you Successfully graduate? Yes No

Are you in recovery? Yes No If so, how long have you been in recovery? _____

What do you do to maintain your sobriety? _____

Have you or Do you currently have a sponsor? Yes No Name Sponsor: _____

Do you drink alcohol and if so when was your last drink? Yes No

If yes, how often do you drink in a week? 1-4 drinks 5-8 9-12 over 12/week

Do you currently smoke tobacco? Y/N Lydia's House is a smoke free facility, there is no smoking permitted during your stay here

Are you currently taking soboxian, methadone or any medication used to help with cravings and your recovery? Yes No

Have you been tested for Hepatitis? Y/N
Have you completed treatment for it? Y/N

Was it positive/negative?
Are you currently undergoing treatment? Y/N

Spirituality:

Do you have a current spiritual practice and/or church you attend? Yes _____ No _____

Please list: _____

Transitional Housing Training Program:

Lydia's House of Hope is a 12 month Transitional Housing Training Program. Individuals accepted into our program are chosen based on their readiness and motivation to want to work on personal goals and dreams. You will begin each day Monday through Friday from 6am to 4pm. The joy of your work will be that it is all for you!

You will meet with a Case Manager 2 to 3 times a week here at Lydia's who will help you set goals and who will assess with you the progress of your goals.

The training classes listed below are ones you will participate in, if appropriate, when you enter our program. The Case Manager will assist you with creating a manageable schedule and linking you to the resources you will need to reach your goals. Some classes are mandatory and your Case Manager will assist you to create a schedule so you can fully participate.

1. The Art of Scheduling
2. Financial literacy and Budgeting
3. Transportation – Acquiring driver's license and obtaining a vehicle
4. Outsourced - Mental Health Care – Counseling, Therapy, Sobriety maintenance
5. Cooking Classes: Healthy Eating and Grocery Shopping
2. Parenting Classes
3. 12 Step Codependency Classes
5. Keyboarding Classes
6. Job Skill Training
7. Adult Education/Post Education/Higher Education

Weekly Mandatory Essentials are:

1. Morning Devotions – Monday – Friday 7am
2. House Meetings – 1 time week
3. Curfew is 4:30 pm to support a life style of sharing dinner and creating a routine when everyone shares a meal together.
4. Church on Sunday – Your choice

Finally, Lydia's House of Hope is a Christian based Transitional Housing Program; therefore, we do not allow the teachings or meditations of other religions here. We reserve all rights to our religious position without complete rebuttle.

Is there anything about what I just shared that you have questions about?

Resident note:

Is there anything that I just read to you that you do not understand?

Resident note:

FINANCIAL responsibility for living at Lydia’s House of Hope:

The program requires a monthly room fee of \$300.00 due each month at the beginning of each month. A damage fee of an additional \$300.00 is also required and will be held and returned upon departure after inspection and review of any incidents of damages while living at LHOH. While the first months room and damage fees, totaling \$600.00, are required to move in, LHOH is aware that some individuals and families may have little or no income upon entry. If accepted into the program and you are experiencing a financial hardship you would be required to create a financial plan with our case manager to obtain financial assistance in order to secure your stay at Lydia’s House of Hope.

Do you have the ability to pay a monthly resident room fee and damage fee upon entry? _____ Yes _____ No

Reason _____

Current Income:

Current Expenses:

The information I, _____ provided on this application to LHOH is true, accurate and honest. If any information that I have provided on this application is untrue then LHOH may ask me to leave the program immediately and or deny my eligibility into Lydia’s House of Hope. I also absolve LHOH from any liability of any actions that I may take based on this information that I have provided as truth.

Applicant Signature Date

Staff Signature Date



Lydia's House of Hope
21 Grand St.
Somersworth, NH

Background Check Form All information will be kept strictly confidential.

Name _____
First Middle Last

Address _____
Street City State Zip

Maiden Name or Other Names Used _____

Phone# _____

Date of Birth _____ Driver's License # _____

Social Security # _____

Email address: _____

Have you ever been arrested or convicted for any criminal offense excluding
minor traffic violations? _____

Have you ever been accused, arrested or convicted of abuse or sexually related
crimes? _____

If you answered yes to any of these questions, please explain:

Please note: answering "yes" to any of these questions does not automatically
disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize Lydia's House of Hope to make an independent investigation of my background and criminal or police records. I release Lydia's House of Hope and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this questionnaire is correct to the best of my knowledge. I understand that any omission of material fact on this application could be grounds for rejection of volunteering or employment.

Signature _____ Date _____

Please write any questions or comments you have on the back of this sheet.