APPLICATION

Send complete application to:

[hopehomesadmin@freedomcitychurch.org](mailto:hopehomesadmin@freedomcitychurch.org)

or mail to:

P.O. Box 7001 Springfield, Mo 65801

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last first middle (full)

Any other names you have used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last two addresses you have lived:

1. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Age:\_\_\_\_\_ Birth place:\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single Married Separated Divorced Widowed

Have you served in the military?: Y/N\_\_\_\_\_\_\_\_\_ If yes, which branch:\_\_\_\_\_\_\_\_\_\_

**Education:**

Last grade of school completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma/GED (y/n)\_\_\_\_\_\_\_

Years of college completed: \_\_\_\_\_\_\_\_\_\_\_

Trade School (course of study)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Compliance**

Hope Homes of the Ozarks adult and Teen Challenge is a Christian discipleship program. We are here to tell you that God cares about you and can help you. Some of the procedures we follow may be new to you. We simply as you to approach them with an open mind and heart. You are entering a discipleship program focusing on drug and alcohol recovery in a home environment. This means that you will not be able to come and go as you please. You will voluntarily comply to program’s structure. You will be free to leave the program at any time, and only your desire to change your life can keep you here if you believe we can provide help. We cannot and will not restrain you in any way to keep you here. Staying your choice, not ours. Your willingness to restrict yourself to the program is saying to us, “I need the special help that the Hope Home can provide me.” You are committing yourself to an environment where rules are established to help everyone get along with each other. You are also committing yourself to follow these rules, so that everyone can receive the best possible benefit from their stay in the Hope Home. In general, states provide an assistance program for individuals enrolled in a state or private drug/alcohol recovery program. Your director will identify these specifics in your area. This assistance may consist of cash, food stamps and medical insurance. An individual can receive assistance based upon state qualification criteria. Your enrollment in the Hope Home may qualify you for this assistance. If qualified, you agree to transfer custody of your Assistance Card to the Hope Home staff and agree that it can be utilized to support needs of the Hope Home. I have read the above statements and understand them. My signature indicates that I am willing to comply with all the rules and provisions contained in them, as well as, those contained the Hope Home handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

Applicant Printed Name

**The program costs $18,000 per resident for nine months. As many people in recovery or life transitions are unable to pay this amount, we offer scholarships to allow those who are ready to change their lives, the opportunity to do so. We have a limited amount of scholarship beds at this time. We also ask that the families help by making monthly contribution payments as well.**

**Please provide a one-page personal testimony of your conversion experience if you have one.**

**If not, please provide a one-page personal story and why you think Hope Home would be a good fit for you.**