



SAFE HAVEN FOR HOPE

Residential Program Application

Applicant Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

SSN (Last 4 digits only): _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact (Name & Phone): _____

Criminal Background Disclosure

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, list offense(s), date(s), and location(s):

Are you currently on probation or parole? Yes No

If yes, provide officer name and contact information:

Do you have any pending charges? Yes No

If yes, explain:

Income & Financial Information

Primary source(s) of income (check all that apply):

Employment SSI/SSDI TANF Child Support Family Support Other

Employer or Income Source: _____

Approximate Monthly Income: \$ _____

Able to contribute to housing/program fees? Yes No

If yes, amount: \$ _____

Medical & Mental Health Information

Primary Care Provider (if any): _____

Do you have any chronic medical conditions? Yes No

If yes, list conditions:

Do you currently take prescription medications? Yes No

If yes, list medication name, dosage, and purpose:

Do you have any allergies? Yes No

If yes, list:

Have you ever been diagnosed with a mental health condition? Yes No

Are you currently receiving treatment or counseling? Yes No

Have you ever been hospitalized for mental health reasons? Yes No

If yes, explain:

Authorization & Consent

I certify that the information provided is true and complete to the best of my knowledge. I authorize Safe Haven for Hope to verify information related to criminal background, income, and medical history as necessary for placement and safety.

Applicant Signature: _____ Date: _____

Printed Name: _____