



## Residential Application Packet for Hope Rises Wellness and Recovery House **Keep this section for future reference**

Please read all material and complete all forms and mail to:

Hope Rises  
P.O. Box 166424  
Little Rock, AR 72216

Hope Rises (HR) provides holistic services to previously incarcerated women to improve their health and well-being and provide opportunities for personal growth and empowerment. Our 6-month residential program is for women 18 years or older with substance use and/or treated mental health issues. Sex offenders, individuals with violent legal charges, and individuals with untreated/unstable mental health issues are not eligible for admission. Residents are required to work and participate in daily programming. This is an enjoyable yet structured program that offers compassionate support along with appropriately high expectations. **Our program is not for everyone!** This program is for women who want to recover from trauma and addiction and who are willing to work daily on their physical, mental, and spiritual health in order to heal. Applicants are required to be drug/alcohol free upon intake. Our facility and campus are smoke-free.

The Hope Rises Wellness and Recovery House is supportive community living for 8 women with one live-in manager. Applicants need to be willing to make a 6-month commitment and be willing and able to participate in:

- Case Management
- Risk Assessment
- Trauma Support Groups
- Relapse Prevention and 12-step Recovery
- Health and Wellness Education
- Organized Physical Activities (Yoga, Cycling, etc.)
- Gardening
- Personal Growth and Empowerment Course
- Economic Empowerment Course
- Parenting Classes
- Employment
- Community Engagement

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Hope Rises Wellness and Recovery House  
Application Procedure  
**Keep this section for future reference**

1. HOW TO APPLY:

- a. Read the Confidentiality Statement, Community Living Rules, Agreements, and Responsibilities, and the Orientation Phase Guidelines (Keep these for future reference)
- b. Complete the Admission Requirements Checklist
- c. Complete Release of Information (ROI) Forms- Complete one ROI per provider/agency. Fill out the releases of information with your full legal name, date of birth, and the person or agency you would like HR to obtain or share information with. Be sure to give us the complete name, address, and telephone number for each person you sign a release for. Check appropriate boxes and put an expiration date in the box. Finally, sign your full name and date in pen when possible. Another person must witness your signature and the witness must sign & date the release as well. Please note that we cannot talk with anyone regarding your application without a completed Release of Information.
- d. Mail completed documentation to:

Hope Rises  
P.O. Box 166424  
Little Rock, AR 72216

- e. You will need to have a documentation of a Tuberculosis (TB) screen done within the past 90 days or submit to a screen within the first week of admission. Individuals with active TB will be denied admission or be discharged. Following completed and successful treatment of TB, individuals may reapply to the program.
- f. Bed Availability: Applicants that are incarcerated need to communicate at least monthly with Hope Rises. If we have not heard from you within 30 days, your application will be removed from the waiting list.

2. Application Process

- a. When we receive your application and all necessary requested documentation, the Hope Rises Team will evaluate your application.
- b. Following the evaluation, the Team will make recommendations on whether you are appropriate for our program.
- c. The Director will review and consider all recommendations prior to making the admission decision.
- d. Applicants will receive written notification of their acceptance or denial into the program.

### 3. Medication

- a. If you are taking prescription medications, at least one month's supply is required upon admission. All medication must have a pharmacy label in your name.

### 4. Program Fees

- a. There is a \$100 admission fee that can be waived with the following:
  - 1) Certificates of Completion from the Empowerment Course or Trauma Healing Course at the Pulaski County Detention Facility
  - 2) Considerations based on letters of recommendation and reference checks with Institution Parole Officers, counselors, drug treatment counselors, and prison/jail ministry volunteers
- b. The cost is \$550, paid monthly on the 1<sup>st</sup>. First month fees can be paid weekly at \$145/week. The house is fully furnished with bedrooms, a kitchen, living area, two bathrooms, television, and laundry facilities. HR provides three meals a day, paper products, plates, cups, utensils, cleaning supplies, dining table, linens, laundry detergent, and towels.

Hope Rises Wellness and Recovery House  
Confidentiality Statement  
***Keep this section for future reference***

In general, we may not share applicant and resident information outside the Hope Rises program except in the event:

1. The resident consents to specific disclosure in writing
2. Receipt of a subpoena and court order
3. Disclosure is made to emergency healthcare providers, qualified personnel for research, audit or program evaluation
4. Violation to the Federal and State laws and regulations is a crime and any suspected violations will be reported to appropriate authorities in accordance with the Federal regulations
5. Federal law and regulations do not protect information about suspected child abuse or neglect from being reported under the State of Arkansas law, which mandates reporting of any event.
6. Federal law and regulations do not protect information about a crime committed by a resident either at Hope Rises or against any person who works for the program, the program itself or about threats to commit such a crime.
7. All threats to harm self or others, or crimes against children must be reported.

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Hope Rises Wellness and Recovery House  
Community Living Rules, Agreements, and Responsibilities  
**Keep this section for future reference**

**1. SECTION A: RULES**

Violation of any of the following rules could result in discharge from the program and/or disciplinary actions.

- a. NO physical violence, threats of physical violence or intimidation
- b. NO stealing
- c. NO drugs, alcohol beverages or drug/alcohol paraphernalia
  - 1) Visitors who bring in alcohol, mood altering drugs or chemicals to HR will be banned.
  - 2) Drug and/or alcohol screens may be taken at any time. Cost for test is the resident's responsibility.
  - 3) Random house searches will be done to eliminate contraband. Residents are not always present for the searches
  - 4) Residents should not enable negative behavior. If a resident believes another resident is under the influence of mood altering substances, a staff person must be contacted immediately. It is everyone's responsibility to keep the house safe. Failure to notify staff of another resident's use of substances can result in immediate discharge.
- d. NO cell phone usage during electronic-free hours
- e. NO sexual acting out, including romantic or sexual physical contact
- f. NO weapons of any kind
- g. NO destruction of property.
- h. NO refusal to participate in any assigned chore or activity
- i. NO disrespect to housemates, staff or volunteers
- j. NO violation of any act defined as a felony or misdemeanor by the laws of the State of AR or the United States of America
- k. NO gang representations
- l. NO walking out of group sessions, individual sessions, classes, or group activities
- m. NO avoiding confrontation when done in the safety of group sessions or during individual sessions with staff
- n. NO racial, ethnic, or sexual slurs. Or, any slur degrading another person
- o. NO gambling
- p. FULL and sincere participation in all community activities is required
- q. NO LEAVING facility during program hours without the permission of a staff member
- r. NO SLEEPING during program hours or activities
- s. Attendance to scheduled activities is required unless prior authorization to not attend is granted by a staff member

**2. SECTION B. RULES**

Any violation of these will result in verbal and/or written reprimand and possible disciplinary actions

- a. NO lying to housemates or staff members
- b. NO horseplay
- c. BE on time to all activities or curfew

- d. NO profanity or profane gestures directed at other individuals
- e. NO disrespecting or belittling of others
- f. NO sharing of personal items of value allowed
- g. Do not go in the bedroom of others. Use the common space
- h. Removing or destroying any posters or signs
- i. Being late for a scheduled activity.

### **3. SECTION C. RULES FOR GROUP SESSIONS AND CLASSES**

Any violation of these will result in verbal and/or written reprimand and possible disciplinary actions

- a. NO profanity or profane gestures directed at other individuals
- b. No eating
- c. No sleeping
- d. No cross talking
- e. No sub grouping
- f. No walking out of group
- g. Ask permission to enter or leave group
- h. Respect your facilitator at all times
- i. No phones

## **COMMUNITY LIVING AGREEMENTS AND RESPONSIBILITIES**

Belonging to a transitional living program requires that each member do her part to keep the environment clean, healthy, peaceful, safe and positive. You are responsible for:

### **1. Communication**

- a. Communicate directly with others.
- b. Unresolved issues in the house need to be brought up at the House Meeting.
- c. Complaints, inability to resolve conflict, or grievances with other residents should first be addressed with the parties directly involved. If residents are unable to solve conflict, please refer to staff for assistance and/or mediation.
- d. If a resident wishes to file a formal complaint, the Grievance policy and forms are available from the staff office as needed.
- e. Check-ins during House Meeting is a time to share highlights of the week, both positive and negative, and to get feedback and support.
- f. Residents are expected to participate in creating a positive, recovery-focused atmosphere, while fostering a sense of community within the program.
- g. Residents' ideas and suggestions are valued. We encourage residents to make suggestions in writing

### **2. Confidentiality**

- a. Residents must observe confidentiality of names or stories related to other residents.

### **3. Considerations of Self and Others**

- a. Keeping your living environment clean and organized. This requires: cleaning the bedroom daily; keeping all items, except for shoes, off the floor; completing all laundry weekly; cleaning the common areas daily; and, completing all assigned job responsibilities in the house.

- b. Being a member of the community. This requires members to keep in mind both their personal needs and the needs of others.
- c. Avoid drama. (Not initiating, engaging in, encouraging, and/or supporting the unhealthy/dysfunctional behavior of yourself or others)
- d. Tell the truth and do the right thing.
- e. Treating others the way you want to be treated
- f. Each member is also responsible for reporting immediately to a staff person if they have any information that another resident plans to do something to harm her or others. It is important that individuals understand that this should not be viewed as "snitching" but instead protects their housemates and represents an act of responsible care and concern for others.
- g. Treating housemates, staff and volunteers with respect. This includes helping housemates whenever possible.
- h. Being on time and ready to participate at all meetings and other scheduled events.
- i. Helping others achieve their goals, if possible
- j. Getting individual needs met by: asking for help when needed; and, respectfully sharing feelings with staff and housemates
- k. No food or drinks are allowed in the bedrooms except water
- l. Dress appropriately. Clothing with violent, drug, or sexual themes is not permitted.
- m. Residents are expected to shower daily and wear clean clothes.
- n. Feelings should be expressed appropriately; fighting, wrestling, throwing objects, yelling, slamming doors, etc. will not be tolerated.
- o. Be respectful of the house and HR property. Negligent, deliberate and/or wasteful use or damage of property and supplies WILL result in being charged the replacement value of the property
- p. Be respectful of all neighbors and their property.

#### **4. Curfew**

- a. The curfew for each resident will be stated in her treatment program. Curfews are based on numerous factors to include: time at facility; results of assessment; work schedule; and, goal and treatment program progression. The curfew of each resident will be posted to the Resident Bulletin Board.

#### **5. Employment**

- a. Most residents will start the HR program in the Goodwill TEO program. If ineligible or waived from TEO, residents are required to make a consistent effort to find and maintain employment, showing proof of applying to a minimum of 3 jobs a day.
- b. Residents may be discharged if they are not employed following 30 days of admission.
- c. Employment at bars, clubs or alcohol retail stores is not permitted.
- d. Residents are prohibited from selling blood or plasma.
- e. Residents will remain in the Orientation Phase until having completed a 28 hour-week of employment and a payment plan
- f. Residents may not quit a job until they have obtained another one.
- g. If a resident is on disability, she/he is expected to obtain volunteer work of at least 28 hours/week or comparable rehabilitation activity. Resident will remain in the Orientation Phase until this is arranged.

- h. Employment schedules must coordinate with scheduled treatment sessions and required house activities, and curfew hours.
- i. Residents are required to have full time employment 32 to 50 hours a week following the TEO program.

#### **6. General Safety**

- a. Weapons of any kind are prohibited. This includes knives, guns, bows, martial arts equipment, etc.
- b. Hot plates, toaster ovens, etc. are strictly prohibited.
- c. The burning of candles or incense is strictly prohibited. This is held to the same zero-tolerance standard as the smoking policy. Violations of this can result in immediate dismissal
- d. No furniture, clothing, blankets, or other flammable items allowed near the heaters
- e. All residents are required to adhere to safety/evacuation drills or procedures.

#### **7. House Keeping**

- a. Each resident is responsible for cleaning up after themselves
- b. Beds should be made daily and bedding changed once a week.
- c. Residents should not leave personal electrical appliances (curling irons, etc.) turned on or plugged in.
- d. Toiletries, towels, or personal items are not to be left in the bathrooms or general living area.
- e. Chores are assigned weekly and are done daily. Each resident is expected to rotate through all chore assignments.
- f. Residents must clean their bedroom area and take personal possessions upon leaving the program; items left in the house for more than 48 hours may be disposed.
- g. The kitchen is closed from 9pm to 5 am. Use of kitchen appliances and any food preparation is prohibited during these times.

#### **8. Mail**

- a. Residents will not collect mail from the mailman or the mailbox.
- b. Staff will sort and distribute mail to each resident.
- c. Residents are advised to have mail forwarded starting 10 days prior to discharge.
- d. Staff will forward all mail received by HR for past residents for up to 60 days if a forwarding address has been provided. If no forwarding address is available, all mail received will be returned to the sender.

#### **9. Medication**

- a. All medications (prescribed and over-the-counter) are kept in a locked cabinet behind a locked door. HR staff will provide access to individual medications, however all medications are self-dispensed.
- b. Over-the-counter medications, such as Tylenol, Ibuprofen, Melatonin, etc., purchased by residents must be turned over to staff to be stored in the locked cabinet. Residents must dispense the medication according to the labeled instructions. Any unauthorized use of medication may result in discharge from the program.

#### **10. Noise**

- a. Residents will keep TV, music, voices, and cell phone ring tones at reasonable volumes.



- b. Residents should respect roommates who are sleeping. Quiet Hours are from 9 pm to 7 am daily.
- c. Music and cell phones are not permitted in bedrooms during quiet hours.

#### **11. Personal Property Liability**

- a. All personal property is the responsibility of the residents. Items such as phones and mp3 players, etc. are permitted. However, HR is not liable for any items that are lost, stolen, or damaged.

#### **12. Phone**

- a. Cell phones are allowed but may not be used during electronic-free hours (see bulletin board).
- b. Cell phone use is a privilege; staff reserves the right to restrict cell phone.
- c. Cell phones are not allowed during case management, treatment sessions, and the house meeting.

#### **13. Physical Boundaries**

- a. New residents remain on HR property for the first 24 hours, and following that they abide by Orientation Phase restrictions (see Orientation Policy).
- b. Residents are not permitted to change beds or rooms without staff permission.
- c. Residents must always use the sign-out / sign-in sheet when leaving/ returning to the property.
- d. Be respectful of HR property including furniture, appliances, etc.
- e. Residents are prohibited from entering bedrooms other than their own
- f. Bars, lounges, liquor stores, and nightclubs are off limits for any reason.

#### **14. Program Fees**

- a. Residents are expected to maintain financial responsibility; residents will prioritize program fees above personal expenses.
- b. Residents will complete a budget and payment plan upon orientation. Failure to comply with the payment plan will result in a payment contract. Failure to comply with the payment contract can result in discharge.

#### **15. Program Participation**

- a. Residents are required to attend all evening and weekend programming and weekly House Meetings
- b. Residents are required to attend an AA and/or NA meeting daily while unemployed, and 3 meetings each week after employment has started; a completed Meeting Log should be turned in at the weekly Case Management session.
- c. All residents are required to obtain a sponsor within a month of admission and maintain a relationship with a sponsor during residency at HR. The sponsor must have minimum of 3 years continuous sobriety.
- d. Resident and staff will develop an Individualized Case Plan (ICP).
- e. Resident and Director will review the ICP and progress notes at the end of 30 days to determine if the program is a "good fit" for the resident. Failure to participate in programming and failure to make progress in recovery goals could result in discharge.

#### **16. Relationships**

- a. While at HR, residents are expected to focus on their recovery.
- b. Residents are discouraged from engaging in intimate relationships.
- c. Residents that are dishonest about their relationships are subject to discharge. Staff will be addressing

- d. Intimate, physical and/or sexual behavior is not permitted in the HR house or premises; this applies to
- e. Romantic or sexual involvement with other residents of HR is not permitted.

### **17. Smoking**

- a. Violation of the smoking policy is grounds for immediate termination
- b. Smoking, including smokeless tobacco and electronic cigarettes, is not permitted
- c. Smoking is not permitted on the property of HR; this includes any vehicles parked on the property.
- d. Persons caught smoking on the property will be subject to consequences and/or fines.
- e. Walking the neighborhood to smoke is not permitted after dark

### **18. TV**

- a. The TV and DVD player operate by "majority rule" of residents present and available to watch.
- b. The TV will remain off from: 8:00AM to 4PM Monday –Friday except during inclement weather.
- c. Sexually explicit movies and TV shows are not permitted. All videos and TV programming are subject to staff approval.
- d. Bootleg or illegally downloaded material is not permitted.

### **19. Therapeutic Passes**

- a. All pass (including child visitation) requests are subject to AR Community Correction and Team approval and should be
- b. Residents must request a pass in order to leave Pulaski County for any reason.
- c. 24-hour passes may be requested after 30 days of residency. 48-hour passes may be requested after 60 days of residency.
- d. Residents' rooms must be clean and housekeeping chores completed before leaving on pass.
- e. Residents must be employed before being granted an overnight passes

### **20. Vehicle**

- a. Residents must have prior staff approval before having a vehicle at HR.
- b. Residents must provide a valid driver's license, vehicle registration, and proof of insurance.
- c. Non-operational cars must be removed from the premises within 72 hours.
- d. Any vehicles left on the property will be towed at the owner's expense.
- e. Residents who are found driving a vehicle without a valid driver's license, registration, or insurance can be terminated immediately from the program.
- f. Vehicles are subject to random searches by staff.

### **21. Visitors**

- a. Residents are encouraged to rebuild their relationships with their children, family, and friends.
- b. HR staff will work closely with each resident to create an individualized visitation plan to ensure the best time and space for visitation based on their particular factors (i.e., marital status, number of children, ages, custody and guardianship).
- c. Visitors must sign in and out.

## Hope Rises Wellness and Recovery House Orientation Phase Guidelines ***Keep this section for future reference***

Orientation is the time to learn about the house, the rules, the schedule, and staff and other resident's names. The completion of orientation is based on the Program Checklist and must be approved by the Director. Inability to follow these guidelines, rules, chore lists, and employment requirements could result in an extension of the orientation phase or discharge. Plan to remain on the HR property for the first 24 hours. You may go to a 12-step meeting, with staff approval, if you are with another resident and you return immediately after the meeting. While on orientation you may leave the property only if you are:

- a. Looking for work or working
- b. Attending to medical needs, obtaining identification, or legal obligations
- c. Going to meetings or treatment
- d. Attending religious services
- e. Attending HR programming activities
- f. Approved family visitation

\*ANY and ALL other activities must be submitted for staff approval.

Each resident's chart will have a Programming Checklist. Phases 1-3a of the checklist must be completed before you can complete orientation phase. Residents that have not obtained employment will not be able to advance from the orientation phase.



## Hope Rises Wellness and Recovery House Admission Requirements Checklist

*Please fill out and return with application*

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

Social Security Number: \_\_\_\_\_

PE/TE Date: \_\_\_\_\_ Risk Assessment Level \_\_\_\_\_

Admission to the program is dependent on the following criteria. Please **initial** each box with the first letter of your first and last name.

You must be:

- Woman, age 18 years or older
- Pulaski County Resident (prior to incarceration)
- Presently free from alcohol and all non-prescribed mood-altering or addictive substances for a minimum of two weeks
- Medically stable and able to comply with programming requirements
- Voluntarily seeking services with an expressed desire for recovery
- Free of indications or desire of possible harmful behavior towards self or others
- Able to comply with house requirements and manage daily living (example: dress self, take care of personal grooming, work etc.)
- Mental/emotional state is sufficiently stable for participation in a transitional house setting
- Meets criteria for diagnosis of substance abuse or stable mental health condition
- Make at least a six month commitment to Hope Rises
- Has reviewed and agrees to comply with Community Living Rules, Agreements, and Responsibilities
- Agree to random urine drug screens and breathalyzer testing
- Agree to financial responsibility
- Respect the confidentiality of all other residents
- By initialing the boxes above, I have read the Admission Requirements and fully understand each item. I am signing this document knowingly and voluntarily, and intend for it to be a complete acknowledgement of my understanding of the obligations and my agreement to comply with specific requirements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**1. Name:**

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Social Security Number \_\_\_\_\_  SSN unknown/not available

Resident Alternative Names (AKA):

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

**2. Essential Demographics:**

Gender: Women-Only Program

What is your marital status?  Single/ Never Married  In a committed relationship (but not married)  Married  Separated  Divorced  Widowed  Unknown

Declined to Answer

What is your ethnicity/race?

White  Hispanic  African American  Native American/Alaskan Native  Asian

Pacific Islander/Hawaiian  Bi-Racial  Other: \_\_\_\_\_

What is your primary language? \_\_\_\_\_

Do you speak a second language? \_\_\_\_\_

Are you a U.S. Veteran?  Yes\*  No  Unknown

\*If yes: Service Era(s): \_\_\_\_\_ Discharge status: \_\_\_\_\_

What is the highest level of education you've completed?

Elementary school  Middle/Jr high school  Some high school (no GED)\* Some high school +GED\*  High school diploma \*If less than high school diploma: Highest grade completed \_\_\_\_\_

Some college  Technical or trade school  Associate degree (A.A.)

Bachelor degree (B.A., B.S.)  Master degree (M.A./M.S. etc.)

Doctorate (Ph.D./M.D. etc.)

**3. Contact Information:**

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you staying outdoors or in a place not meant for human habitation?  Yes\*  No

Unknown \*If yes, you may enter just the city name as your current address.

What are the best phone numbers for us to reach you?

Primary Phone: \_\_\_\_\_ Description: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Description: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Description: \_\_\_\_\_

Email: \_\_\_\_\_  None

**4. Related Contacts:**

Who is the best person we should call if you have an emergency?

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Description: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Description: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to you \_\_\_\_\_

**5. Referrals:** If someone referred you to Hope Rises, check all that apply (specify name and agency): \_\_\_\_\_

**6. Conditions:**

Do you have any disabling conditions (that is, conditions that are of long or indefinite duration, and limiting ability to work or live independently)?  Yes\*  No  I don't know

\*If yes, tell us which types of disability affect your ability to work or live independently. If required (by program), indicate whether disability verification has been submitted to file, with Date/Type.

<b>Mental health disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify:
<b>Substance abuse</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	Specify:
<b>Physical disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
<b>Developmental disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify:
<b>HIV/AIDS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify:
<b>Other medical condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify:

**7. Criminal Justice History**

List additional information about your criminal justice history (types of crime, dates, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8. Employment

Do you currently have a job?  Yes  No If no, are you currently looking for a job?  
 Yes  No

If you're not seeking employment, can you tell us why?  Disabled  Retired  Other,  
 Please specify: \_\_\_\_\_

Recent Work History

Out of last 26 weeks (six months or prior to incarceration), how many weeks do you think  
 you worked at least 20 hours in a single week? \_\_\_\_\_

Did your most recent job end within last six months?  Yes  No  Unknown

If unemployed, reason for leaving last job:

Left voluntarily, to look for a better position  Temporary/seasonal position ended  Left  
 job for other (personal) reasons  Laid off (business reasons)  Unable to adequately  
 perform job duties  Unable to maintain job schedule

Terminated for cause (disciplinary or performance reasons)  Unknown

Current or Last Employer: \_\_\_\_\_

Position or title \_\_\_\_\_ Job start date \_\_\_/\_\_\_/\_\_\_

Job tenure:  Permanent/regular (no time limit)  Temporary/seasonal

Weekly hours \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_

Employer-sponsored health benefit:  Yes  No  Unknown

## 9. Income and Benefits

Total household monthly income: Total household monthly income is the total amount of  
 money that you, your dependent children and all other adults in the household receive  
 each month through earnings (report gross ['pre-tax'] amount), workers comp,  
 unemployment, any form of public assistance, or other sources.

Household income:  \$ \_\_\_\_\_  No income at all  I don't know

Personal monthly income:

Employment \$ _____	Food Stamps (SNAP) \$ _____	Social Security Disability Income (SSDI) \$ _____
Unemployment Insurance (UI) \$ _____	Other government assist. \$ _____	Veteran's Pension \$ _____
Workers Compensation (WC) \$ _____	Supplemental Security Income (SSI) \$ _____	Child Support \$ _____
Other: (specify) _____ \$ _____		

## 10. Housing

Living Situation (Choose the best description of where you're living right now. Where did  
 you spend last night?)

House, condo or other unit that I own—**my name is on the deed to the house.**

A house, apartment, room or other living unit that I rent—**my name is on the  
 lease.**



- Staying with family (paying no rent)
- Staying with family (to whom I pay rent)
- Staying with friend (paying no rent)
- Staying with friend (to whom I pay rent)
- Supported Housing Program\*
- Emergency Shelter (or motel with voucher)\*
- Psychiatric hospital or facility\*
- Correctional facility (jail or prison)\*
- Hospital (non-psychiatric)\*
- Chem-Free or Transition Housing\*
- Treatment or detox facility\*
- Any place not meant for habitation (vehicle, garage, abandoned building, transit station, outside...)
- Other, specify: \_\_\_\_\_

\*Please list housing program, shelter or facility name:

\_\_\_\_\_

\_\_\_\_\_

Are you facing discharge, eviction or required to leave? Yes No

Unknown If yes, date: \_\_\_\_\_

Last Permanent Residence

Enter the City, State and ZIP code of the last place where you lived for 90 days (3 months) or more.

\_\_\_\_\_

\_\_\_\_\_

## 11. Family/Household

Do you have any dependent children? *Dependent children are children 17 years old or younger who are currently living with you full time AND can be claimed as dependents on your tax return or you receive some form of public assistance (TANF, SSI, Foster Care payments, etc.) for their support.*

Yes No Unknown

If yes, how many dependent children? \_\_\_\_\_

Single parent Yes No Unknown

Do you have any non-dependent children? *Non-dependent children are children 17 years old or younger who are not currently living with participant (even if you provide some kind of financial support).*

Yes No Unknown

If yes, how many non-dependent children? \_\_\_\_\_

Are there any other adults in your household? (These are other adults whose income, combined with yours, supports the household AND with whom you share and intend to continue to share resources. This includes a spouse or partner who is not disabled and, if you are under 18, your parent(s)/guardian(s).

Yes No Unknown

If yes, how many adults? \_\_\_\_\_

Please list:

1) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Relation:  Spouse/partner  Parent  Sister/brother  Adult child  Other  
 (specify): \_\_\_\_\_

2) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Relation:  Spouse/partner  Parent  Sister/brother  Adult child  Other  
 (specify): \_\_\_\_\_

3) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Relation:  Spouse/partner  Parent  Sister/brother  Adult child  Other  
 (specify): \_\_\_\_\_

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## 12. Parenting/Child Engagement

Have you ever given birth to a child? Yes No If yes, how many? \_\_\_\_\_  
 Do you live with all of the children? Yes No If no, did you live with them prior to  
 incarceration? Yes No

1) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Child's current living situation: \_\_\_\_\_

2) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Child's current living situation: \_\_\_\_\_

3) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Child's current living situation: \_\_\_\_\_

4) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Child's current living situation: \_\_\_\_\_

5) Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_ (mo/day/year)  
 Child's current living situation: \_\_\_\_\_

At what age did you first become a parent?  
Under 21 years old 21 years or over

Think about the last month. About how much time did you spend with your child or  
 children per week? If you do not live with your child but you speak with him/her on the  
 phone, please estimate the amount of time you spent talking with them on the phone.  
0 Hours Less than 5 Hours Between 5-10 Hours  
Between 10-15 Hours Between 15-20 Hours Between 20-25 Hours  
More than 25 Hours

## Resident Bio-Letter

Use additional paper if needed

Please tell us about yourself (your likes & dislikes, etc.):

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Please tell us why you desire to live at the Hope Rises Wellness and Recovery House:

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What abilities do you think you possess that will help you be successful at Hope Rises Wellness and Recovery House:

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What are some of the goals you would like to work on while living at the Hope Rises Wellness and Recovery House:

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List any additional information you think would be helpful for us to know:

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Please use the space below to write an essay answering the following question:

“How will it be different this time?”





AUTHORIZATION TO RELEASE/OBTAIN/EXCHANGE CONFIDENTIAL HEALTH INFORMATION

Client Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I, \_\_\_\_\_, authorize Hope Rises to:  
\_\_\_ release \_\_\_ obtain \_\_\_ exchange (check all that apply) information with:

Agency or Provider Name and Address:

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

Information to be released:

- \_\_\_ reports
- \_\_\_ treatment summary
- \_\_\_ history/intake
- \_\_\_ diagnosis
- \_\_\_ psychological test results
- \_\_\_ psychiatric evaluation/medication history
- \_\_\_ dates of treatment attendance
- \_\_\_ other (specify) \_\_\_\_\_

to:

Hope Rises  
P.O. Box 166424  
Little Rock, AR 72216

for the purpose of:

- \_\_\_ evaluation/assessment and/or coordinating treatment efforts
- \_\_\_ other (specify) \_\_\_\_\_

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event

\_\_\_\_\_. I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

(1/16)





**AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

Client Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

I, \_\_\_\_\_, authorize Hope Rises to:  
\_\_\_ exchange information with:

Goodwill Industries/TEO  
c/o Rick Watson  
7400 Scott Hamilton Drive  
Little Rock, AR

Information to be released:  
\_\_\_ reports  
\_\_\_ history/intake (criminal history)  
\_\_\_ other (specify) \_\_\_\_\_

for the purpose of:  
Applying for the TEO program at Goodwill Industries

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event  
\_\_\_\_\_. I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

**MUST BE WITNESSED WHEN SIGNED**

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
(1/16)