



House Of Hope Recovery Center Resident Application
1309 Michigan Ave **Business Phone: 575-439-6585**
Alamogordo NM 88310 **Fax: 575-439-9880**
Email: hohrecovery@qwestoffice.net **Website: alamohouseofhope.com**

Personal History

Name _____ Today's Date _____ Date Of Birth _____

SSAN _____ **Circle One** Single Married Divorced Separated Veteran Yes No

Current Living Situation (**Circle All That Apply**) Streets Homeless Jail/Prison Hospital DAV Shelter Family

Other _____ **CAN YOU PASS A SOBERIETY TEST TODAY?** Yes No

Date Of Last Drink _____ Phone number where you can be reached _____

Health History

Are you currently under a physicians care? Yes No For what reason. _____

Are you under the care of a behavior health facility? Yes No For what reason? _____

List any prescribed medications you take _____

Have you ever attempted suicide? Yes No Explain _____

Do you have now or have you had any communicable diseases? Yes No List _____

Any health problems the house should know about? Yes No List _____

What is your own rating of your health? Excellent Good Average Fair Poor Why do you think so? _____

Legal Issues

IF INCARCERATED, WE NEED A CONTACT NAME AND NUMBER IN THE FACILITY WHERE YOU ARE HOUSED

Name _____ Phone # _____ Facility Name _____

Do you have charges pending or a court date? Yes No What are the charges or when is the court date? _____

When is your anticipated release date? _____ Will you be on parole or probation when you are released? Yes No

Will you have court fines? Yes No How much? _____ Will you have community service? Yes No

How much? _____ Have you ever been required to register as a sex offender? Yes No



House Of Hope Recovery Center Resident Application

You are required to write a brief bio letter with this application. We want to know who you are, where you came from, and where you want to go in life. This letter is required to process this application. If you have some trouble writing let us know.

Occupation

What is your occupation? _____ Are you willing and able to work a 40 hr week? Yes No

If no can you explain? _____ Do you have any job prospects? Yes No

What are they? _____ Are you registered with NMDOL? Yes No

What are your job interests? _____

House Issues

Why do you want to live at The House Of Hope? _____

Have you read the house rules and the letter of agreement? Yes No Do you understand what will be expected of you while living

In the house? Yes No Have you ever attended 12 step meetings? Yes No Are you willing to attend a meeting every day?

Yes No Are you willing to work with a sponsor each week? Yes No How many times have you tried to sober up? _____

What was the maximum amount of time? _____ Can you read and write? Yes No

Is there a chance of family reunification? Yes No Do you have children? Yes No How many? _____ Ages _____

Sex _____ Are you paying child support? Yes No Are you in arrears? Yes No

What are your goals in life? _____

ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY BELIEF. DATE _____

PRINT NAME _____

SIGNATURE _____

WITNESS OF SIGNATURE _____