



326 Ty Lane
Trenton, Ga. 30752
HUapplication12@gmail.com
423-635-9899

Date of Application: _____

Name: _____ Date of birth: _____ Sex: M / F

Address: _____

Relationship Status: (Circle one) Single, Married, Separated, Divorced

Emergency Contact: _____ Relationship: _____

Contact Information: _____

Do you have children? ____ If yes, ages and gender _____

Who do your children live with? _____

Do you have a court order to pay child support? _____

Allergies: _____

Are you currently taking any medications (prescription/OTC)? _____

Are you currently being treated for any medical problems? _____

If yes, provide detailed information including treating physician contact information. _____

Are you being treated for any of the following: Anxiety, depression, Bi-polar disorder, Schizophrenia, PTSD _____ or any other Mental Health related diagnosis not listed? _____

Have you had any recent Suicidal Ideations (thoughts of harming yourself)? _____

Have you had any recent Homicidal Ideations (thoughts of harming others)? _____

Have you been diagnosed with any of the following? HIV/AIDS, Hepatitis, Tuberculosis _____

If yes, please provide details. _____

If no, please provide dates of most recent TB skin test _____ Hepatitis Test _____

HIV/AIDS Test _____

Are you suffering from any emotional or physical problem that would prevent your full participation in the treatment program? _____

Are you able to work a full-time job? _____



Do you currently receive any government assistance / SSI / Disability? If yes, please provide details

History of legal charges: _____

Are you currently on probation or parole? _____ Name of probation/parole officer: _____

Pending Charges/ Outstanding Warrants: _____

Please provide a summary of why you want to be a participant in A Hand Up / Hope House Program:

I realize that A Hand-Up/The Hope house is a 12- month program. I am committed to do whatever I need to do for my life to change. I agree to fully participate in Celebrate Recovery, as well as all other course material/life skill classes provided at A Hand-Up/The Hope House. I agree to maintain a positive attitude and respect all other residents and staff. I understand that failure to comply with policies and procedures at A HAND-UP/ The Hope House can result in immediate dismissal from our program.

Yes or No _____

I am a believer in Jesus Christ. Yes or No _____

Applicants Printed name: _____ Applicants Signature: _____

Received by Staff Date: _____ Staff Signature: _____