



HIA RESIDENT APPLICATION

Full Name: _____ DOB: _____ Sobriety Date: _____

Phone Number: _____

T-shirt size: S M L XL XXL XXXL

What program (CITY) are you applying to? _____

Do you have the ability to pay the first month's rent(\$750) on the day you check in? Yes or No

Do you have transportation? Yes or No _____

Do you have a job? Yes or No

Are you a parent? Yes or No

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? Yes or No

Are you willing to have a criminal background check performed? Yes or No

Are you willing to be regularly drug tested? Yes or No

Are you a registered sex offender? Yes or No_

When do you expect to be ready to move in? _____

Emergency Contact & Phone #: _____

Parents Names:

Parents Address:

Parents Phone #:

Answer these questions honestly:

1. Why do you want to move into the HIA Program?

2. What are 3 short term goals you want to accomplish?
3. What are 2 long term goals you want to accomplish?
4. What's one area of your life that needs improvement?
5. Where, who or what is your biggest trigger?
6. How did you hear about Hope is Alive Ministries?
7. What are your three best qualities
8. How long are you willing to commit to the HIA mentoring homes and program?
9. What is one fear or apprehension you have when it comes to living in our homes?
10. What are you most excited about in this new life of sobriety?
11. We want to know more about you, tell us your story. Briefly, describe who you are, what has happened and where you are now?