DISCOVER HOPE 517
RECOVERY AND TRANSITIONAL RESIDENCY

733 1st Ave Newton, IA 50208
641-841-0598

Personal Information

Date: _____

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *City* *State* *Zip Code*

Phone: ( ) _____ Email: _____

Date of Birth: _____ SSN: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *Zip Code*

Phone: ( ) _____ Email: _____

Marital/ Family Information

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Common Law
- ☐ Engaged or Significant Other

Spouse's Name: _____

Number of Children: _____ Ages of Children: _____

Where /with Whom children are living? _____

Employment Information

Are you employed? ☐ Yes ☐ No Company Name: _____

Employer Contact: _____ ( ) _____

Name *Phone Number* *Current Weekly Take Home Pay*

Legal Information

Are you currently incarcerated? ☐ Yes ☐ No _____

Name of Facility *Inmate Number*

Facility Address: _____

Street Address *City* *State* *Zip Code*

Do you currently have any charges pending? *(Explain below)* ☐ Yes ☐ No

_____

_____

Attorney's Name: _____

Address: _____

Street Address *City* *State* *Zip Code*

Phone: ( ) _____ Email: _____

Do you have any outstanding warrants? *(Explain below)* ☐ Yes ☐ No

_____

_____

Have you ever been charged with a violent offense? *(Explain below)* ☐ Yes ☐ No

_____

_____

Are you currently on probation or parole? ☐ Probation ☐ Parole ☐ No
Date you will be off supervision: _____

Probation/Parole Officer's Name _____

Address: _____

Street Address *City* *State* *Zip Code*

Phone: ( ) _____ Email: _____

Previous Felony Convictions: *(Please explain)*

Have you ever been charged or convicted of a sexual offense? *(Explain below)* ☐ Yes ☐ No

Are you required to register as a sexual offender? *(Explain below)* ☐ Yes ☐ No

Have you ever been evicted f a place of residence? ☐ Yes ☐ No

Medical Information

Do you have medical insurance? (If so, please provide a copy of insurance) ☐ Yes ☐ No
Are you a nicotine user (cigarettes, vape, chew, etc.)? ☐ Yes ☐ No
Do you have any allergies (food, medication, etc.)? *(Explain below)* ☐ Yes ☐ No

Do you currently take any medications? *(List below)* ☐ Yes ☐ No

Medication	*Dosage*	*Purpose*

Do you have any restrictions due to medical conditions? *(Explain below)* ☐ Yes ☐ No

Do you have any history of mental illness? *(Explain below)* ☐ Yes ☐ No

Have you ever had suicidal thoughts? ☐ Yes ☐ No
Are you currently having suicidal thoughts? ☐ Yes ☐ No

Substance Abuse History

Have you ever been addicted to drugs or alcohol? ☐ Yes ☐ No
What substances have affected your life the most _____

Have you ever been through rehab or treatment? ☐ Yes ☐ No
If yes, where and when did you go through treatment? _____

What was the date of your last drink? _____ What was the date of your last drug? _____

Recovery Information

What type of recovery meetings do you attend?

DH517 Support Services ☐
Alcoholics Anonymous ☐
Narcotics Anonymous ☐
Other ☐

Do you have a mentor? ☐ Yes ☐ No

Mentor's name: _____ Mentor's phone number: ( ) _____

Criminal Background Check Authorization

As part of the application process for residency, Discover Hope 517 will obtain a criminal background report. Criminal charges, including felonies, will not necessarily preclude an applicant from entering our residency.

During the application process for residency at Discover Hope 517 Recovery and Transitional Residency I authorize Discover Hope 517 to procure a full criminal background report.

I understand that applicants with certain convictions such as sexual offenses will not be considered for Discover Hope 517 Recovery and Transitional Residency.

Printed Name: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____