



**DISCOVER HOPE 517
RESTORATION HOUSE**

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 Widowed
 Married Common Law
 Divorced Engaged or Significant Other
 Separated

Spouse's Name: _____

Number of Children: _____ Ages of Children: _____

Where /with Whom children are living? _____

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 from 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

<i>Medication</i>	<i>Dosage</i>	<i>Purpose</i>
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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 Restoration House 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 Restoration House.

Printed Name: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____