



**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

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<i>Medication</i>	<i>Dosage</i>	<i>Purpose</i>

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: () _____

Social

Share four words that best describe your experience growing up. _____

Briefly describe your relationship with your mom and dad. (if no relationship with birth parents, then step-parents, and/or primary caregivers)

Briefly describe the earliest life altering event you can remember that had a profound impact on you.

Please share a significant failure in your life and why you think that may have happened.

Have you ever been gang affiliated? Yes or No

Explain _____

Please describe any past experience you have with faith, church, or religion of any kind. (being or becoming a Christian is not required to participate in this program)

What are two or three hobbies, areas of interest and/or passions that you have? (for example: Music/Arts, Sports/Exercising, Collecting Items, Outdoor Activities, Cooking, Gardening, etc)

(1) _____

(2) _____

(3) _____

What are two life skills you would most like to receive or improve? (for example: conflict resolution, parenting, grammar/language, vocational training, etc)

(1) _____

(2) _____

Long-term Goals

What is in this for you, what do you want your life to look like when you complete the program? (please share in our 5 wholistic areas of life, in your own words, and be honest and specific)

SPIRITUAL (your relationship with God and/or a home church)

RELATIONAL (your significant personal relationships)

PERSONAL (your residence, legal situation, medical status, etc)

VOCATIONAL (your job and/or future vocational plan) _____

FINANCIAL (your personal savings, credit score, budgeting skills, etc)

What are you willing to give up and what lengths are you willing to go to reach all of those goals? (cannot be 'anything' or 'everything', be very specific and honest, and list as many as you can)

- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

What would you consider to be the greatest barriers or roadblocks to reaching all of those goals? (again be very specific and honest, and list as many as you can)

- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

General Have you previously stayed at and/or barred-suspended from Victory Mission? Yes No Explain

Please describe any questions or concerns you have about the program.



Media Relations Policy & Release Form

Release of Information Form I, _____, give permission for Discover Hope 517 staff to share and exchange information with other staff at Discover Hope 517 for the purpose of providing assistance to me. This may include sharing information about a disability. ____ (Initial)

I, _____, give permission for Discover Hope 517 staff to share information with the following service agencies for the purpose of providing assistance to me. This may include sharing information about a disability. (Agencies may include DMH, DHS, DOC, P & P, etc.) ____ (Initial)

Discover Hope 517 Ministry is required to share information when there is:

- Evidence of child or elder abuse or neglect
- Guest presents a danger to themselves or others
- Court order requires disclosing of information I understand that my consent is valid for 180 days after I check out as a resident of Discover Hope 517 or after any related follow ups.

____ (Initial) I understand that I may revoke this consent at any time.

____ (Initial) I confirm that Robbie Robinson has explained the purpose of this form to me, and that I understand the content contained. My signature below indicates my consent:

Printed Name: _____ Signature: _____

Date: _____ Time: _____



Media Relations Policy & Release Form

I _____ do hereby authorize Discover Hope 517, and those acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, testimony, likeness, voice and biographical material in connection with any media (website, social media, and printed publications, as well as, educational or promotional material).
3. Exhibit or distribute such materials in whole or in part without restrictions or limitation for any promotional purpose which Discover Hope 517 and those acting pursuant to its authority, deem appropriate.

Printed Name: _____

Signature: _____ Date: _____

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: _____