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**APPLICATION FOR ADMISSION**

**HAVEN OF HOPE, INC.**

ARTESIA, NM

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| **Please answer all questions completely. All information is kept confidential. An area is provided for additional information as needed. Incomplete applications will not be processed.** |
| **Applicant Information** |
| Last Name:  | First Name:  | Middle Name:  |
| Maiden Name:  | Other Names Used:  |
| Date of Birth:  | Age:  |
| Address (Street/P.O. Box, City, State, Zip):  |
| Home Phone:  | Work Phone:  | Cell Phone:  |
| Can we leave a message? [ ] Yes [ ] No | Can we leave a message? [ ] Yes [ ] No | Can we leave a message? [ ] Yes [ ] No |
| Email:  | Driver’s License or ID#/State:  |
| Is your license suspended? [ ] Yes [ ] No | Are you a U.S. Citizen? [ ] Yes [ ] No | Are you eligible to work/go to school in the U.S.? [ ] Yes [ ] No |
| Are you able to work/go to school at least 30 hours a week? [ ] Yes [ ] No If No, why?  |
| Race: [ ]  African American [ ]  American Indian/Alaskan [ ]  Asian/Pacific Islander Native [ ]  Hispanic [ ]  White [ ]  Other |
| Current Relationship Status: [ ]  Divorced [ ]  Married [ ]  Never Married [ ]  Reconciling – please explain [ ]  Separated [ ]  Widowed [ ]  Other – Please explain  |
| **Background Information** |
| Have you used drugs in the past? [ ] Yes [ ] No If yes, what substances? |
| If yes, within the last 90 days? [ ] Yes [ ] No If yes, what substances and how often? |
| Have you had any alcohol in the past? [ ] Yes [ ] No Comments: |
| If yes, within the last 90 days? [ ] Yes [ ] No If yes, how often? |
| Do you use tobacco products? [ ] Yes [ ] No Comments: |
| Have you ever been convicted of a crime (Felony/Misdemeanor)? [ ] Yes [ ] No If yes, explain:  |
| Are there any outstanding warrants, tickets, or pending criminal charges against you? [ ] Yes [ ] No If yes, explain:  |
| Are you on probation? [ ] Yes [ ] No If yes, explain:  |
| **Children’s Information****Child A** |
| Last Name:  | First Name:  | Middle Name:  |
| Date of Birth:  | Age:  | Sex:  |
| Custody: [ ]  Joint [ ]  Sole (Mother) [ ]  Sole (Father)  |
| **Child B** |
| Last Name:  | First Name:  | Middle Name:  |
| Date of Birth:  | Age:  | Sex:  |
| Custody: [ ]  Joint [ ]  Sole (Mother) [ ]  Sole (Father) |
| **Child C** |
| Last Name:  | First Name:  | Middle Name:  |
| Date of Birth:  | Age:  | Sex:  |
| Custody: [ ]  Joint [ ]  Sole (Mother) [ ]  Sole (Father) |
| **Child D** |
| Last Name:  | First Name:  | Middle Name:  |
| Date of Birth:  | Age:  | Sex:  |
| Custody: [ ]  Joint [ ]  Sole (Mother) [ ]  Sole (Father) |
| **Parent and Child Status**  |
| Are you pregnant? [ ]  Yes [ ]  No If Yes, due date:  |
| Do you have children not listed? [ ]  Yes [ ]  No If Yes, explain:  |
| Does CYFD have custody of any of your children? [ ]  Yes [ ]  No If Yes, explain:  |
| **List Previous Addresses** (beginning with the most recent for the past 7 years) |
| Complete Address:1.  | Dates:  | Reason for moving:  |
| Complete Address:2.  | Dates:  | Reason for moving:  |
| Complete Address:3.  | Dates:  | Reason for moving:  |
| **List 4-6 Character References** (only use one family member) |
| 1.Name:  | Relationship:  | Phone:  |
| 2.Name:  | Relationship:  | Phone:  |
| 3.Name:  | Relationship:  | Phone:  |
| 4.Name:  | Relationship:  | Phone:  |
| 5.Name:  | Relationship:  | Phone:  |
| 6.Name:  | Relationship:  | Phone:  |
| **Education** |
| Highest level of education completed:  | Do you have a H.S. Diploma or GED? [ ]  Yes [ ]  No  |
| Do you have a college degree? [ ]  Yes [ ]  No If Yes, degree type:  |
| Are you currently enrolled in an education program? ☐ Yes ☐ No If Yes, where?  |
| Have you ever received a loan for educational purposes? [ ]  Yes [ ]  No If Yes, please list:  |
| Are you in default on any of these loans listed? ☐ Yes ☐ No If Yes, explain:  |
| Describe any job training or education you have completed: |
| **Work History** (List employment beginning with most recent.) |
| 1.Business Name:  | Address:  | Phone:  |
| Supervisor:  | Dates Employed:  | Position(s) Held:  |
| Hourly Wage:  | Monthly Pay:  | Reason for Leaving:  |
| 2.Business Name:  | Address:  | Phone:  |
| Supervisor:  | Dates Employed:  | Position(s) Held:  |
| Hourly Wage:  | Monthly Pay:  | Reason for Leaving:  |
| 3.Business Name:  | Address:  | Phone:   |
| Supervisor:  | Dates Employed:  | Position(s) Held:  |
| Hourly Wage:  | Monthly Pay:  | Reason for Leaving:  |
| 4.Business Name:  | Address:  | Phone:  |
| Supervisor:  | Dates Employed:  | Position(s) Held:  |
| Hourly Wage:  | Monthly Pay:  | Reason for Leaving:  |
| **Transportation** |
| Do you have a vehicle? [ ]  Yes [ ]  No  |
| **Additional Questions** |
| Explain your family’s current circumstance and your needs: |
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| What do you want to accomplish by moving to Haven of Hope? |
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| **Provide Additional Information** (indicate section name from above as needed): |
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| The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of agency services. |
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| Applicant Signature Date |
| Once this application is submitted, a Haven of Hope staff person will be contacting you and working through the admission process. Through that process, it will be determined if residence is appropriate for you and your family.  |