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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. | | | |