



APPLICATION

This is an application for acceptance into Hope Center for Women, Inc. Please read all of the information including the rules and the required 12 month commitment. If the applicant has a true desire for help in a Christian atmosphere and is willing to submit to those in authority at Hope Center for Women, Inc., she can complete the application.

Please understand that no girl can be sent here against her will or without showing a desire to change.

Please use the following steps to complete your application:

1. Read all information and review the 12 month commitment.

If you agree, sign the commitment and proceed.

2. Complete the application. The entire application must be completed by the applicant in her own handwriting.

Be sure to completely fill out all of the information requested in this application packet. Should the application be returned to us lacking any of the requested information, we will not process it.

3. Submit the application (including the commitment forms).

Once the completed application is sent, it is the applicant's responsibility to call the Intake Coordinator at (270-618-4673) to receive further instructions. If you mail the application, please wait five days to be sure we have received the forms before making this call; if you fax the application, you may call the following business day for further instructions. Applications should be submitted online via our website or mailed to:

Hope Center for Women Inc. P.O. Box 763 Scottsville, Kentucky, 42164, Attn: Intake Dept.

4. Submit any special medical reports, psychological reports and educational information.

Please sign and return the enclosed release form with your application. You should also make any copies needed in order to request your most recent psychological and/or medical reports.

APPLICATION FOR ACCEPTANCE

PART ONE

*This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hope Center for Women, Inc. is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hope Center for Women, Inc. cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you, please put **NONE** or **N/A** next to it.*

Name: _____ **Date:** _____ **Name you go by:** _____

<p style="text-align: center;">Present Address (please include street address, city, state, zip):</p> <hr/> <hr/> <hr/>
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<p style="text-align: center;">Telephone Number (please include area code):</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Work: _____</p>
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Parent/Guardian Name(s) _____

<p style="text-align: center;">Parent/Guardian Current Address (please include street address, city, state, zip):</p> <hr/> <hr/> <hr/>
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<p style="text-align: center;">Parent/Gaudian Telephone Number (please include area code):</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Work: _____</p>

Referred by: DHS _____ Court _____ Parents _____ Church _____ Radio _____ Other (specify) _____

Have you ever applied to Hope Center for Women, Inc. in the past? YES _____ NO _____

→ If YES, please give approximate date that you previously applied:

PERSONAL INFORMATION

Date of Birth (month/date/year): _____ Age: _____ Race: _____

Birthplace (city/state): _____

Social Security Number: _____ - _____ - _____

Driver's License number/expiration date:

Physical Characteristics:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Widowed _____

Children: Do you have any children (yes/no)? _____ If YES, how many?

Please list the names/ages of your children:

1. _____ Age: _____ 4. _____

Age: _____

2. _____ Age: _____ 5. _____

Age: _____

3. _____ Age: _____ 6. _____

Age: _____

Who has custody of your children?

What arrangements are being made for your children while you are at the Hope Center for Women, Inc.?

Are you on any type of government or financial assistance? _____

If you are accepted into the Hope Center for Women, Inc., will that have any effect on this assistance (yes/no)? _____

Educational:

Name of last school attended (name/city/state):

Dates of Attendance: _____

Did you graduate? _____ If not, last grade completed? _____

Have you ever been in any special education classes? _____ If so, please list:

Do you plan on obtaining a GED while at Hope Center (yes or no)? _____

Financial:

Do you have any outstanding debts (yes/no)? _____

→ If YES, please explain:

What arrangements will you make for their payment while you are at the home?:

Where would the finances for your personal needs while at Hope Center for Women, Inc. be sponsored by?:

Church/Ministry (please include name) _____ Family

Individual (please include name) _____ Self

Legal Background:

Have you ever been arrested (yes/no)? _____ If YES, how many times? _____

Please list arrest dates/charges, etc.:

Do you have any pending court dates (yes/no)? _____ If YES, please explain:

Is the Applicant currently incarcerated (yes/no)? _____ If YES, for how long?

Length of time remaining of Incarceration? _____

Name & Phone Number of Attorney/Legal Representative:

Telephone Number of Attorney/Legal Representative (please include area code):

Have you ever been on probation or parole (yes/no)? _____ Are you currently (yes/no)?

If YES, for how long? _____ Length of time remaining:

How often do you report to Probation & Parole? _____ Do you report in person or via mail?

Name of Probation or Parole officer: _____

County of Supervision: _____

Address(city/state/zip): _____

Telephone Number (please include area code): _____

Substance Abuse:

Have you ever used and/or experimented with the following substances (yes/no)?

Alcohol _____ Hallucinogenic (Acid/LSD, etc.) _____ Morphine _____

Amphetamines (uppers) _____ Crank _____ Opium _____

Barbiturates (downers) _____ Crystal Meth _____ Heroin _____ Cocaine

Marijuana _____ Ecstasy _____ Crack _____ Methamphetamines

Tobacco _____ Inhalants (Glue/Paint Thinner, etc.) _____ Other (Please

list): _____

Drug(s) of Choice:

1) Name: _____ Length of Use: _____

2) Name: _____ Length of Use: _____

3) Name: _____ Length of Use: _____

4) Name: _____ Length of Use: _____

Have you ever been in a substance abuse detoxification and/or rehabilitation program before (yes/no)? _____

If YES, was it a faith-based or non faith-based program?

If YES, please list the name of facility, address of facility (please include city/state/zip), name of program, state whether you completed the program, or your reasons for leaving/getting discharged:

Mental Health:

Have you ever been diagnosed or treated for the following (please indicate yes/no for each)?

DID/Dissociative Disorder _____ ADD _____ ADHD _____
Schizophrenia _____

Bi-Polar Disorder _____ Borderline Personality Disorder _____

Have you ever been to counseling (yes/no)? _____ Have you ever been in a psychiatric hospital (yes/no)? _____

Please list names/phone numbers of Physicians who have treated you and/or Facilities where you have received mental health care:

Please sign release forms with the above facilities/programs/counselors and have your mental health/psychiatric care records sent to Hope Center for Women, Inc., P.O. Box 763, Scottsville, Kentucky, 42164.

Have you ever been a victim of rape (yes/no) _____ or incest (yes/no) _____? If YES, how old were you? _____

Have you ever been the victim of sexual abuse (yes/no) _____ physical abuse (yes/no) _____ or ritual abuse (yes/no) _____?

Have you ever been involved in prostitution? (yes/no) _____ Lesbianism? (yes/no) _____

Have you ever tried to commit suicide? (yes/no) _____ If YES, when?

Why?

Have you ever self-mutilated? (yes/no) _____ How? _____

Family:

Do you and your parents get along? (yes/no) _____

Do you live with them? (yes/no) _____

Are they Christians? (yes/no) _____ If YES, for how long? _____

Denomination and name of church:

Spiritual:

Have you ever been involved in any of the following groups? (please indicate yes/no)

Christian Science _____ Mormonism _____ Eastern Religions _____

Scientology _____ Jehovah's Witnesses _____ Transcendental Meditation _____

Brotherhood _____ New Age Movement _____

Please write a brief explanation of your involvement with each:

Have you ever committed your life to God? (yes/no)

If YES, on which date and place?:

What is your Denominational background:

Are you currently a member of any church or religious group? (yes/no)

If YES, which one? (name/city/state)

Do you feel that you have a need for God? (yes/no)

Please explain:

What is your present relationship with God?

RELEASE OF INFORMATION FORM

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Hope Center for Women, Inc. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.

Name of Applicant: _____

Date: _____

I, (please write your full name) _____, do hereby give permission for Hope Center for Women, Inc. to share information related to my application to the program with:

1. _____
2. _____
3. _____

I also give the following person(s) and/or facility(ies) permission to exchange the following information with Hope Center for Women for the purpose of application to the program.

1. _____
2. _____
3. _____

Medical records and information personal history information educational information and records

Psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records

This release will expire on (date) _____ unless written notification by the applicant or parent/guardian (if applicable) indicates otherwise.

Signature of Applicant

Date

Signature of Witness

Date

Daily Schedule for the Hope Center for Women, Inc.

**Please note: This daily schedule is only a guideline. Schedule is subject to change at any time at the Director's discretion, depending on events and activities happening at the home.*

Monday - Friday

6:00am to 8:00am – Get showers and completely dressed for the day. Eat breakfast and ready for devotion.

8:00am to ? – Personal Devotion time with Sue and April. Length of Devotion depends on how God is moving.

10:00am to 11:00am – Personal time with God

11:30am to 12:30pm - Lunch

12:30pm to 2:00pm – Daily chores

2:00pm to 4:00pm - Free time to study/read/watch a Christian show

4:00pm to 6:00pm - prepare dinner

6:00pm to 7:00pm - Dinner

9:00 to 10:00pm - Bedtime, lights off at 10:00

Saturday

9:00am to 11:00am – Get showers and completely dressed for the day. Eat brunch.

11:00am to 12:00am – Personal time with God

12:00am to 1:00pm – Clean your rooms and the area of the house that you have assigned to clean

1:00pm to 11:00pm – Free time

11:00pm – Bedtime, lights and TV off

Sunday

7:00am to 9:30am - Wake up, eat breakfast, and get ready for church.

9:30am - Leave for church. After church: the rest of the day is free time until church that night.

6:30pm - Leave for church

10:00pm – Bedtime, lights and TV off

Please note: You will be expected to work in all aspects of the daily routine when the daily schedule has changed due to circumstances with the girls or in the home.

House Rules and Guidelines

Hope Center for Women, Inc. is a one year program for women who have a desire and willingness to do what it takes for their lives to be changed and transformed through a born again experience with Jesus Christ. They will have a safe and structured home in which to live. They will be taught to have a personal relationship with Jesus and to learn to live life as a disciple of His Word through Biblical teaching and counseling. They will be taught how to live and deal with life issues while remaining sober and drug free through the Christ centered program. Other programs will be offered either through the Hope Center for Women, Inc. or other community resources. These classes will include financial, GED, and parenting classes, etc. Upon graduation, The Hope Center for Women, Inc. will aid each woman in her search for employment as well as transitioning back into her community.

****Please note: All girls are individuals and are treated as such at Hope Center for Women, Inc. Therefore, all rules/guidelines are subject to change at the Director's discretion given the needs and circumstances of the individual girls, as well as the circumstances in the home at a given time.***

Check-In:

- When residents arrive, all of their belongings will be checked in by a staff member and recorded for their protection.
- **Keep in mind that we have very limited space**, so please plan accordingly. Excess items will be returned to your home/family at your expense. **If you are unsure about bringing an item, please call with questions.**
- Upon arrival, you will be furnished with the following items:
Bible Journal Pen/Pencil An iron is provided for use in the home
An alarm clock, bedding, pillows are provided in each bedroom
- Hope Center charges no fees for housing or food, but will not be responsible for providing for any personal needs. Please bring items such as shampoo, deodorant, feminine hygiene items, make-up, razors, pantyhose, hair dryer, curling iron, etc. (you need not bring 12 months' supply)
- Please do not bring cell phones or other electronic devices.

Children:

- Hope Center for Women, Inc. is not equipped to house children. You will need to make other arrangements while enrolled in the program.
- Hope Center for Women, Inc. will allow your children to have visitation with you if approved by the court system. This visitation will not start until the staff feel the resident is ready

Smoking

- Hope Center for Women, Inc. is a tobacco free home and you will not be allowed to smoke or dip on or off the property. If you are caught, disciplinary action will be taken. (See disciplinary action)
- You will be subject to random drug testing apart from the drug testing conducted by parole or drug court. You will also be tested for nicotine.

Relationships:

- You will not be permitted to date or have a personal relationship until you have graduated the program.
- In isolated cases, a married girl will be allowed to enter the program. We will allow the Spirit of God to guide us in each situation, according to what is needed.

Clothes:

- Please remember that the home has other residents; therefore, we have limited closet space. Due to such limited space, please only bring the clothing you know you will need (seasonal, modest, etc.); otherwise, the excess will need to be returned. Please review the dress code section. Do not worry if you do not have many clothes. God has always provided. Please contact us with any questions.

Dress Code:

- Clothing must be clean and modest at all times.
- Bathing suits must be modest.
- Some type of clothing (in addition to underclothing) must be worn at all times, including to and from the bathroom.

Expectations:

- Unless it is court ordered, you will be in the program for a minimum of six months before attaining work.
- You will be expected to abide by the rules of our home while living with us or in an apartment on our land.
- Hope Center for Women, Inc. will not be responsible for any medical, dental, or vision expenses. We will work with providers to get expenses lowered or donated as the need arises.
- Residents are assigned and responsible for household duties that will be supervised by the staff in charge. The same person who does a job incorrectly must correct it.
- When a special need arises, every resident's cooperation in doing extra duties will be required.
- You will be expected to keep yourself clean (which includes a daily bath/shower, hair washed either daily or every other day). See daily schedule for allotted times.
- You will be required to have your hair fixed and makeup applied daily as if going to a job. (See daily schedule for allotted times)
- You will be expected to keep your room clean and the bed made daily.
- You will be expected to keep your laundry (including bed linens) washed and put away weekly.
- You will be expected to clean and straighten closets and drawers monthly.

Activities:

- Everyone participates in all activities unless given special permission to be excused by staff member in charge.
- Girls are to stay together as a group under the supervision of a staff member during activities.
- Residents will have a curfew apart from those assigned through drug court. You will be expected to let staff know where you are at all times. This will vary depending on circumstance and trust.
- Residents will not be allowed to go anywhere without the director or another senior staff member for the first three months at the home or until the staff feels they are ready.
- Residents will be allowed weekend passes after the first six months to visit immediate family if they are passing their test and following all house rules are not in active addiction. (Immediate family includes: mother, father, daughter, son, sister, or brother)
- If resident is in the court system, resident will be required to attend all meetings and classes as ordered. These are separate from those required in the home.
- There will be no use of a computer unless director has authorized use. Even when authorized, computer use will be monitored.
- Resident will not be allowed to view or listen to any TV shows or music in the home that may be a trigger for resident or any other resident to want to use drugs or return to ways of old lifestyle.
- Resident will not be allowed to watch TV shows or listen to music that has profanity in them. This is a Christian home and should be respected as one.

Counseling:

- Each resident will have private, individual counseling sessions as seen as needed by staff. Girls are to notify staff on duty if they need immediate help or counsel.

Church:

- Girls are to attend church services with us three times a week, Sunday morning 10:00am - 12:00pm, Sunday night 7:00pm – 9:00pm, and Wednesday night 7:00pm – 9:00pm. Family is welcome to attend church anytime.
- Girls are to be on time and take their Bible and a notebook.
- Girls are to attend to all restroom needs before service begins.
- Girls are to stay in the church building until the staff member in charge is ready to leave.

Mail:

- All mail will be opened in front of staff.
- Inappropriate correspondence will be denied.
- Residents may be asked not to correspond with individuals who have proven to be a negative influence, or are connected to past problems

Telephone Calls:

- No phone calls for the first three months
- Phone calls will be limited to specific days and times and only family members will be allowed to call or be called.
- We reserve the right to monitor all calls. This will vary according to circumstance and trust.
- No cell phones are permitted until the program is completed.
- Staff members will answer the telephones.

Visitation:

- No visitation for the first three months in the home
- Only immediate family will be allowed to visit resident while enrolled in Hope Center for Women, Inc.
- Visitors will only be allowed when staff members are present and previous arrangements have been made and approved.
- All visitations must be arranged one week in advance.

Prescription Medications:

- If you are on any prescription strength medications please bring a 30 day supply with you upon entry into the program.
- This does not apply for prescriptions which are short term or temporary such as antibiotics, but rather those that is taken on a regular basis.
- Over the counter medications will be provided and available for you on an as needed basis.

All medications should be packed together in one or two large ziplock bags to be handed over to staff immediately upon arrival so that our staff may process them quickly for you.

Money and Identification:

- Any cash, checks, credit cards, and bank cards will be held in an account under your name for the duration of your stay at the Hope Center for Women, Inc. and available for you when needed to be used with staff supervision.
- You are not allowed to keep any money on you. If someone sends you money, it will be put into your account.
- Residents will not be permitted to borrow money from other residents.
- Once the resident attains work and receives a paycheck, staff members will begin to counsel resident on finances so that resident will learn to use money wisely.
- Please ensure that you have a current photo ID and Social Security card regardless of your age.

Please have all of these items together in an envelope or ziplock bag separate from your medications. These will need to be handed over to our staff immediately upon arrival in order to ensure they are processed quickly into our system.

Dismissal:

You may be subject to dismissal from the program for the following behavior:

- Using drugs, alcohol, or cigarettes or for having them in your possession.
- Leaving the property without permission.
- Being continually uncooperative.
- Breaking any laws or failing any drug tests.
- Being rebellious, not abiding by our rules, and/or causing problems for other residents.
- **Not showing a sincere desire for help.** *Girls must be willing to change and have a sincere desire for help.*

Once a resident has been dismissed from the program, she will be expected to pack your bags and make housing arrangements immediately.

Check Out:

- When leaving the program, girls will be checked out by a staff member on duty to ensure all belongings are returned and accounted for.

Disciplinary Action:

- If resident fails nicotine testing three times in one month and/or five times total, resident will be dismissed from the program.
- Residents are not allowed to wear patches or chew “nicotine” gum as it will alter test results.
- Individual counseling sessions will be held after each failed test in attempt to help resident overcome this addiction.
- We don’t label smoking as a sin. It is, however, still an addiction.
- Although fighting any addiction is hard, it is possible through Jesus Christ.

COMMITMENT TO HOUSE RULES & DAILY SCHEDULE

I have read the rules of this program and agree to submit to the rules and the staff of Hope Center for Women Inc.. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal to or dismissal from the program. I am signing this of my own free will and being of a sober mind without persuasion from anyone else.

Signature of Applicant

Date

Signature of Director

Date

Signature of Witness

Date

LEGAL WAIVER & MEDIA DISCLOSURE

****If you have any questions concerning the information below,
please contact us at 270-618-4673.****

Please read and sign the following:

I, _____ (print name), have read and understand that under any circumstances that I may not sue or bring a lawsuit against the Hope Center for Women, Inc. or Scott or Sue Cline, any Hope Center for Women, Inc. staff, any Hope Center for Women, Inc. volunteers, or the Hope Center for Women, Inc. Board of Directors for any illness or injury that may occur on or off the property or for any other reason while I am a resident in the program or after I have left the program.

Furthermore, I hereby grant full permission to use my name, testimony, and likeness, as well as any photographs and any record of my time at the Hope Center for Women, Inc. in which I may appear for any legitimate purpose, including advertising and promotion. I also hereby grant full permission to use my name, testimony, and likeness, as well as any photographs and any record of my time at the Hope Center for Women, Inc. on any social media and internet platform of their choosing. I waive my right to bring a lawsuit against the Hope Center for Women, Inc., Scott or Sue Cline, any Hope Center for Women, Inc. staff, any Hope Center for Women, Inc. volunteers, or the Hope Center for Women Board of Directors for any promotional, marketing, advertising, media, or social media related issues, circumstances, or situations.

I agree fully with these policies of the Hope Center for Women, Inc. I am signing this of my own free will and in the witness of a Notary Public.

Date: _____
New Resident's Signature

Date: _____
Director's Signature

Date: _____
Notary Public's Signature