

Date: _____

Office Address: 11 2nd St. NW
Mason City IA. 50401
641-423-6793



LIVING FREE RESIDENT APPLICATION
“Megan’s Hope House”

Living Free residential housing is for women who passionately desire to do the hard work of bringing change to their life, in order to have a productive, stable, life-giving future. Applicants will be accepted to the house and remain there, when they have genuinely shown and proven this commitment.

Living Free is a supportive environment for residents who are taking responsibility for their choices and are ready, or at least open to considering, how the Bible and being a Christ-follower can be a key in accomplishing that goal. Before applying, please read through the Residential Expectations.

If this is the kind of accountability and path you are seeking, we welcome you to apply.

An interview will be scheduled dependent upon your effectiveness in showing us through the application how you are a good match for what we are offering.

First Name _____ Nickname _____ Last Name _____

D.O.B. _____ Phone Number _____ Who's Number? _____

Current Mailing Address _____

Emergency Contact Name & Relation _____ Phone # _____

City/State of Contact _____

1. Do you have any relatives or friends in our program? YES NO Who? _____
2. Marital Status: _____ Are you pregnant? YES NO
3. Are you a mother? YES NO If yes, please explain current status of the children.

4. Are you prepared to be employed? YES NO Reason: _____
5. Do you have: Photo Id? YES NO Social Security Card? YES NO
6. Are you currently employed? YES NO If so, where: _____
7. Do you have unresolved legal issues? YES NO If so, explain: _____

8. Are you on probation/parole? YES NO If so, county/state: _____
9. Have you had an addiction to alcohol or drugs? YES NO If yes, what and how long? _____ Date of last use: _____
10. Most recent treatment program you have been in: _____
Dates of Treatment: ____/____/____ to ____/____/____. Reason for Treatment: _____
Did you complete the program? YES NO IN PROCESS

11. Current Medical Conditions - Please list all diagnosed health issues which affect your quality of life, require medication, and/or require regular medical care: _____

12. How many prescribed medications are you currently taking? _____
13. Have you been diagnosed with any mental health illnesses? YES NO If so, please explain: _____

14. What top three priorities/goals would you be pursuing as a new resident of Living Free?

- 1) _____
- 2) _____
- 3) _____

15. How would being a resident of Living Free help you to accomplish these priorities/goals?

16. What has inspired you to want to make changes in your life?

17. What are the key relationships you have in your life that are most beneficial for you?

18. What things have you had to let go of so you can move forward towards a new future?

19. What strengths do you bring to a residential house that would benefit the other women who will be sharing it with you? _____

20. How will the Residential Expectations benefit you in reaching your goals?

21. Working 30-40 hours a week is a requirement and obvious necessity for building stability. What is your plan for quickly securing a job?

22. If you had this opportunity to pursue your goals and priorities, what would you anticipate your life looking like in one year?

23. What internal and/or external things will you need to avoid, which otherwise will interfere with you successfully pursuing your goals and commitments?

I am serious about making ongoing changes in my life, ready to abide by the "Residential Expectations", which I have read, and would be an engaged contributor for myself and others as I am able, if I were to be accepted as a Living Free resident.

Signed: _____

Dated: _____