

Date: _____



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

LIVING FREE RESIDENT APPLICATION "Megan's Hope House"

Before applying, please read through the Residential Expectations so you can be sure we would be a good match for what you are looking for. Our residential house is a transitional place of support, guided by a Christian value system and worldview. Our programming is minimal and your level of responsibility for yourself is significant. If you are just at the beginning of your journey towards sobriety and establishing a healthier life, you probably are not ready for this type of transitional living and would need treatment and/or a second phase of programming and structure. If you have already made good progress in establishing a good foundation for sobriety and a healthier life, then perhaps we might be a good next step.

First Name _____ Nickname _____ Last Name _____

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

Current Mailing Address _____

Emergency Contact Name & Relation _____ Phone # _____

City/State of Conact _____

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.

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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: _____

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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. How do you see coming to our residential house helping you with the goals you have for your life? _____

15. What things have you learned in the past year that is helping you move forward in growing and changing in areas you most need to see change? _____

16. What are the key relationships you have in your life that are most beneficial for you?
17. What things have you had to let go of so you can move forward towards a healthy future?

18. What strengths do you bring to a residential house that would benefit the other women who will be sharing it with you? _____
19. How do you feel about the Residential Expectations we have laid out and do you have any questions or concerns about any of them? _____
20. Working 30-40 hours a week is an important part of being a resident. If you don't already have a job, what type of job are you willing to do and what value do you see working full time will bring to your life and your goals? _____
21. We offer a six month time period for living in the house. What would be your next step after you finish that time period? _____
22. What additional services from additional sources would you plan to take advantage of while living at the house? _____

I am serious about making ongoing changes in my life and am ready to work hard with the encouragement and accountability of Living Free in seeing that happen if I am given the opportunity to do so. Signed: _____