

# HOPE HOUSE FOUNDATION APPLICATION FOR ADMISSION

*Please fill out form and email directly to Susan  
Henderson at [shenderson@hope-house.org](mailto:shenderson@hope-house.org)*



Date of application: \_\_\_\_

Referral made by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Disability: \_\_\_\_\_

Address: \_\_\_\_\_

(Include current living situation, i.e., with parents, institutionalized, foster home, etc.)

Reason for requesting admission: \_\_\_\_

Does the individual have the funding needed to pay for services?

Yes  Source of funding:

No  Reason:

Does the individual have significant medical or behavioral support needs? Yes  No

If so, please describe:

Please attach the following information:

- Part I-IV of current plan for support (if applicable)
- Most recent psychological exam
- VIDES (if applicable)
- SIS (if applicable)

Please list why any of the above information is not attached:

Please list the best days of the week and timeframes for scheduling an assessment:

Comments:

### **OFFICE USE ONLY** (*Applicants do NOT fill out this section*)

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*Date Application was received:*

*Name of screening employee:*

*Screening Recommendation:*

*Date set for Initial Tour/Assessment:*

*Outcome of screening process: Admitted? Yes  No  Which Service?*

**THIS FORM MUST BE RETAINED FOR 6 MONTHS AND THEN DISCARDED, UNLESS THE PERSON IS ADMITTED FOR SERVICE(S) OFFERED BY THE AGENCY. IF ADMITTED, THEN A COPY OF THIS FORM MUST BE FILED IN THE INDIVIDUAL'S PERMANENT RECORD.**