

SHAMMAH OUTREACH H.O.P.E. PROGRAM Housing Options Providing Empowerment 805 M L King Ave Flint, MI 48503 (810) 513-2710 <u>shammah.outreach@yahoo.com</u> <u>http://socs.yolasite.com</u>



## H.O.P.E. TRANSITIONAL HOUSING APPLICATION

Date:			Name:														
Address, City, State, Zip:		]															
Social Security #:						Email Address:											
Phone:								tal Status Iarried Single Divorced Widowed									
Emergency Contact Name:				Emergency Contact Phone:			E	Emergency Contact Relationship to You:									
Highest LevelTypes oof Education:and Job			l f Work You've Done o Skills:														
Why are you in need of transitional housing?        Homeless      Addiction(s)        Homeless      Addiction(s)																	
Describe below what led	l you	to t	he iss	sue c	heck	ed above:											
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Are you currently taking any prescription r	nedication?YesN	lo If "Yes", an	swer the follov	ving:
Name:	Dosage and Times:	F	Purpose for takin	g:
Do you currently have health insurance?	YesNo	If "Yes", answe	r the following	
Do you currently have a primary care phys If "Yes", name and phone number:	ician? Yes No	Туре:		Group/Policy #:

On a separate sheet of paper, answer the following:

- 1. What does it mean to have a relationship with Jesus? What are you currently doing to cultivate that relationship? What do plan to continue to do?
- 2. What do program(s) have you already utilized, and what did you learn from it/them? What was missing from it/them?
- 3. What do you believe are your greatest strengths and greatest weaknesses (minimum of 3 each)?
- 4. What do you believe will be the area(s) of greatest difficulty in maintaining stability and "getting back on your feet"?
- 5. What do you believe your life purpose is?
- 6. What are your goals for accomplishing that purpose?
- 7. Why are you applying for housing through Shammah Outreach's H.O.P.E. program (include the date you would like to enroll)?

## REFERENCES

Each applicant must have 3 references. Please make sure your references are from different places.

NAME OF REFERENCE	Phone or Email	Relationship

I \_\_\_\_\_\_\_ (printed name) have read the guidelines and expectations for H.O.P.E. offered through Shammah Outreach. I agree to adhere to the guidelines, house rules, and expectations of the program. I understand that this application does not guarantee admittance into the program, but if accepted, I understand that I can be terminated at any time if I do not follow the goals and objectives designed by me. I also understand that the H.O.P.E. house follows Michigan inn keeper law and runs as a room and board facility, and not as a rental property.

	Signature	Date
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