



## Lydia's House of Hope –Transitional Housing Program

### APPLICATION FOR RESIDENCY

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Length of Time at Address \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Is it OK to call? Please circle: **YES NO** Is it OK to leave message? Please circle: **YES NO**

Are you a US Citizen? Please circle: **YES NO** Social Security #: \_\_\_\_\_

Marital Status (Please circle): **Single Married Separated Divorced Widowed**

Are you currently in a romantic relationship? \* **YES NO** \*Please Note: We ask that no romantic relationships be pursued during your time in the program as it is a time for self-improvement and independence.

Total # of Children: \_\_\_\_\_ Total # of Children Living With You: \_\_\_\_\_

Are you currently pregnant? **YES NO** Anticipated Due Date: \_\_\_\_\_

Have you ever resided in a Shelter, Hotel, or Transitional Housing? **YES NO**

If so Where: \_\_\_\_\_

Who referred you? (Agency, friend, online, etc.) \_\_\_\_\_

Month and Year: \_\_\_\_\_



**EMERGENCY CONTACT INFO**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**CHILDREN**

Child Name (First, Last)	Date of Birth:	Age	School status (home, daycare, grade)	Father's Name	DCYF/DSS case worker name & dates of involvement	Who does the Child Currently Live with?

**EMPLOYMENT** (From most recent on):

Employer/Address	Position	Amount per hr.	Start/End Dates	Reason for Leaving



## EDUCATION

Name of School/City (Most Recent first)	Dates Attended	Highest Level of Education Completed (Degree, Grade level, etc.)	Course of Study

## TRANSPORTATION

Do you have a valid driver's license? <b>YES</b> <b>NO</b> What State? _____	Make _____ Color _____ Model _____ Year _____
Do you own a car? <b>YES</b> <b>NO</b> License Plate # _____	<b>Please note:</b> Resident cars are not allowed on property until resident has successfully entered Phase 3 (approximately 6 months) and is subject to executive director approval and the organization's vehicle policy and procedures.

## HOUSING

Please List Last Three Addresses (not including your current address)	Length of Time:	Amount of Rent Paid:	Reason for Leaving

*Notes:*

---



---



---



---



## CRIMINAL HISTORY INFORMATION

Have you ever been arrested/ convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Were the charges dropped? Circle: <b>Yes</b> <b>No</b>
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Where & When did you serve time in jail?
Do you have a parole or probation officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:  *Have release signed if yes	Length of Time Remaining:
Is there currently a restraining order on/against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Do you currently have a restraining order in place on/against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
*Are you or have you ever experienced domestic violence or sexual assault against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When? _____	Describe only if you desire to:

**\* NOTE:** If you are currently involved in a Domestic Violence Dispute, restraining orders are required if accepted into the program, and must be in place before move in. There would be no communication of any kind w/the individual in dispute as well as a signed agreement to attest to this.



**MENTAL HEALTH**

Are you or have you ever received counseling or therapy? **YES** **NO**

Name of Therapist/Counselor/Psychiatrist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you or have you ever been diagnosed with a mental illness? **YES** **NO** What Date? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Have you ever been hospitalized for mental health or been in crisis and had to seek help from a hospital? **YES** **NO**

Date of Hospitalization	Reason	Outcome

**MEDICAL HISTORY**

Do you have medical insurance? **YES** **NO** Insurance Co. Name: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

OB/GYN: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Have you been tested for Hepatitis? **YES** **NO** Was it positive/negative? POS \_\_\_\_ NEG \_\_\_\_

Have you completed treatment for it? **YES** **NO** Are you currently undergoing treatment? **YES** **NO**

Please list any present health concerns: \_\_\_\_\_



## MEDICATIONS:

**Please list any prescription and non-prescription (medicines, vitamins, home remedies, birth control pills, herbs)**  
 Please make sure to include all current medications and be clear about dosage/frequency. You can also attach current medication list to the application.

Medication/Other	Dosage as Prescribed	Start Date	Reason for Medication

*Notes:*

---



---

## SUBSTANCE/ALCOHOL HISTORY

Are you or have you ever used any narcotic or illegal drugs including marijuana?      **YES**      **NO**

If yes, list of drugs used and choice of drug and last time used: \_\_\_\_\_

Have you ever been treated for substance abuse or alcohol abuse?      **YES**      **NO**

Date of Treatment: \_\_\_\_\_ Did you successfully graduate?      **YES**      **NO**

Are you in recovery?      **YES**      **NO**      If so, how long have you been in recovery? \_\_\_\_\_

What do you do to maintain your sobriety? \_\_\_\_\_

Have you or Do you currently have a sponsor?      **YES**      **NO**      Name Sponsor: \_\_\_\_\_

Do you drink alcohol and if so when was your last drink?      **YES**      **NO**

If yes, how often do you drink in a week?      \_\_\_\_\_ 1-4 drinks      \_\_\_\_\_ 5-8      \_\_\_\_\_ 9-12      \_\_\_\_\_ over 12/week



Do you currently smoke tobacco? **YES** **NO** (We allow limited smoking in designated areas outside from 6am-6pm)

Are you currently taking Suboxone, Methadone, or any medication used to help with maintenance? **YES** **NO**

If Yes, which one? \_\_\_\_\_ When did you start on this? \_\_\_\_\_ What is your current dosage? \_\_\_\_\_

Who do you see for a provider? \_\_\_\_\_

### **Spirituality:**

Do you have a current spiritual practice and/or church you attend? **YES** **NO**

Please list: \_\_\_\_\_

**\*Please Note:** Lydia's House of Hope is a Christian based Transitional Housing Program; therefore, we do not allow the teachings or meditations of other religions here. We reserve all rights to our religious position.

### **Financial Responsibility:**

Lydia's House of Hope has a monthly room fee of \$300.00 due at the beginning of each month. A \$300.00 damage deposit is also required. The damage deposit will be returned upon successful completion of program minus any damages found during final inspection of the room. **The damage deposit will not be returned if program is not completed in its entirety\***. While the first month's room and damage fees, totaling \$600.00, are required to move in, LHOH is aware that some individuals and families may have little or no income upon entry. If accepted into the program and you are experiencing a financial hardship, our case managers will work alongside you to create a financial plan and obtain financial assistance to secure your stay at Lydia's House of Hope.

**\*Please Note:** Program completion is determined by successfully completing the 4 phases of the program and meeting graduation requirements defined by the Executive Director and Case Manager.

Do you have the ability to pay a monthly resident room fee and damage fee upon entry? **YES** **NO**

Reason \_\_\_\_\_

Current Income and Sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Expenses and Sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Our Program:

Lydia's House of Hope in Somersworth, NH is a residential life skills program for homeless women and their children. **We do not allow adult men in our program.** The program requires a 12-month commitment, helping to empower women to be self-sufficient and accomplish tasks such as finding a job, enrolling in school, and/or learn life skills such as cooking, parenting, and financial budgeting. There is mandatory daily morning devotionals at 6:30am, weekly programming on Mondays and Wednesdays from 8:30am-3pm, house meeting with light programming on Fridays and light programming from 10am – 2pm on Saturdays. Our residents receive weekly counseling and work directly with a case manager during their stay to create goals as well as plan for life after the program. We create individualized plans based on the needs of the woman. This could include one on one meetings outside of the program as needed. We are a substance-free facility and perform random drug screens. If someone is currently struggling with substance use issues, **we do require that they fully complete a 28-day program before applying** for our program and proof of successful completion. Program applicants must be willing to work with us to achieve their goals, highly motivated to live an independent life and be an active participant in their care plan while residents here.

### **Additional Information:**

- There is a \$300/monthly rent fee upon acceptance and admission; there is also a \$300/damage deposit for the room, which results in \$600/move-in cost. Lydia's will not automatically decline an applicant if they are unable to provide this move-in cost, but it will be expected that the applicant will reach out to community resources to help them (ex. City welfare, Community Action Partnership, etc.).
- Applicants **do not** need to have substance use issues in order to apply to our program, **we are not a clinical treatment facility.**
- We require that residents are at least 18 years of age.
- Every Sunday, all residents attend church, your choice of service.
- Curfew is 4:30 pm to support a positive life style routine, and learn to work together in a family based atmosphere. Dinner time meals will be shared.
- We do not provide transportation, typically CTS and public transportation is utilized.
- Women share a room with their children, limiting the amount of belongings and storage available. Women who are single, without children in their custody, may share a room with another single resident.
- **Domestic Violence situations:** Current domestic disputes between the applicant and their spouse/partner, active restraining orders, or otherwise unsafe relationships that they may or may not be fleeing, does not necessarily disqualify them from the program, but it will be a thorough discussion before a decision on their acceptance is made to ensure that our home for the other women remains a safe and secure place. The number one priority is always to keep our residents, children, and staff safe. If abuse has recently taken place, we will require that the applicant attain a protective order **before** they would be admitted into the home and we would require proof of this in writing, we would also expect that there was no contact with the abuser and require a written and signed agreement.
- In order for residents to fully take advantage of their time and opportunities while in the program, we ask that residents are not involved in a romantic relationship outside of the house while they live in the home. We try to limit all outside distractions as we believe the 12-months spent here should be focused on self-improvement and independence.
- **Please be aware that** barbiturates, benzodiazepines, amphetamines, opioids, and narcotics, prescribed or not, are not allowed in the home. If you are on a medication that we have determined will hinder your participation in the program, we may ask that you discuss how to safely taper off of it with your doctor prior to admission. If an applicant is on a maintenance substance, this will be discussed during the interview process. An applicant must be fully tapered off of Methadone prior to entry into the home as it hinders an applicant's ability to participate in our mandatory programming due to the time/transportation needed for dosing at the local Methadone clinic.





## **Application Process**

### **1. Complete the application.**

This can be completed and submitted online on our website. The application can also be printed/completed and scanned/emailed to our case manager, faxed to 833-801-1116, or mailed to: Lydia's House of Hope, 21 Grand Street, Somersworth, NH 03878. Lydia's staff will attempt to reach out to you within 48 business hours of receipt of your application. If staff is unable to connect with you after multiple attempts, and/or after 30 days from receipt of application, your application will be destroyed and you will need to re-apply if you are still interested in our program.

### **2. Phone Screen.**

Every applicant will receive a phone call from a case manager to schedule and conduct a phone screen. From there it will be decided between staff if the applicant will be asked to come in for an in-person face to face interview. In either case, a case manager will call the applicant within 48 business hours of phone screen to let them know what the next step is.

### **3. Face to Face Interview.**

The last step of the application process is a face to face interview. If the applicant lives far away and is unable to make it in person, we require them to do a video call (Skype, Google Hangout, etc.) with us. When meeting in person, a monitored urine drug screen will be expected to be completed prior to the interview. If rejected or not performed for any reason, this results in an immediate denial of entry into the program.

### **4. Acceptance :**

The case managers and executive director discuss the applicant to make a decision on whether or not the applicant would be a good fit for the program. Unless otherwise discussed, the case managers will be in touch with the applicant within 48 business hours to let them know of decision and admission process will be discussed from there.

**Note:** We will attempt to reach out to you *within 48 hours* of receipt of your application so that we may conduct a phone screen. (M-F business week). If we are unable to connect with you after multiple attempts, and/or after 30 days from receipt of application, your application will be destroyed and you will need to re-apply if you are still interested in our program. If you have not heard from us within 48 business hours, please call 603-507-1454 to speak with a case manager.

If an applicant is accepted into the program and have been given a move-in date, they will be required to provide a urine drug screen on day of admission upon arrival to the home. If they are unable to provide a urine drug screen on the spot, or the drug screen is positive for non-prescribed or non-allowed substances, they will immediately be asked to leave the property and admission will not take place.

### **Applicant Signature:**

The information I, \_\_\_\_\_ provided on this application to LHOH is true, accurate and honest. If any information that I have provided on this application is untrue then LHOH may ask me to leave the program immediately and or deny my eligibility into Lydia's House of Hope. I also absolve LHOH from any liability of any actions that I may take based on this information that I have provided as truth. Applicant's signature is confirmation of agreement and understanding to the terms and conditions set forth in this application.

Applicant Signature

Date: \_\_\_\_\_

