



**Heather's Hope Housing Application**  
A Ministry of Christian Helping Hands of Comanche, Inc.  
608 Oak Main, P.O. Box 536, Comanche, Ok 73529  
(580) 439-5712 Office chhcares@gmail.com

**Initial application:** Please complete this form completely and accurately. All information you provide is completely confidential and will allow us to determine the best way to help you improve your situation.

Date of Application: \_\_\_\_\_

Date Accepted into Program: \_\_\_\_\_ Expected date of release: \_\_\_\_\_

Full Name including Maiden name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ DOC# if applicable: \_\_\_\_\_

Who referred you to Heather's Hope Housing \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Race/Ethnicity: \_\_\_\_\_

Relationship status:  Single  Married  Civil Union  Separated  Divorced  Widowed

### DOCUMENTATION

Do you have your: Social Security Card Yes  No  Birth Certificate Yes  No

### TRANSPORTATION

Driver's License # \_\_\_\_\_ Valid/Current  Expired  Suspended

Do you have a car? Yes  No  Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ Value \_\_\_\_\_

Is your insurance current? Yes  No  Insurance Company \_\_\_\_\_

### EDUCATION

Grade in school completed \_\_\_\_\_

Do you have a GED  High School Diploma  College Credits/Diploma

Have you served in the military? Yes  No  Branch and dates of service: \_\_\_\_\_

Describe any job training, certificates or education you have completed

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT EMPLOYMENT**

Are you currently employed Yes  No

Business Name \_\_\_\_\_ Complete Address \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone number \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**Business Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone number \_\_\_\_\_

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**FINANCIAL SUPPORT AND RESPONSIBILITIES**

**Government BENEFITS RECEIVED:**

\_\_\_\_ Receive Food Stamps/SNAP \$ \_\_\_\_\_

\_\_\_\_ Receive Medicaid

\_\_\_\_ Applied for Food Stamps

\_\_\_\_ Receive Medicare

\_\_\_\_ Receive WIC

\_\_\_\_ Receive Social Security

\_\_\_\_ Receive Veteran Benefits

\_\_\_\_ Receive Disability

What is your source of income? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you receive Child Support? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you pay Child Support? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have any outstanding financial obligations such as utilities, personal loans, etc.? If so, list below:

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Heather’s Hope will require a \$50 deposit upon entering the program.

Do you understand that Heather’s Hope receives monthly program fees in the amount of \$300? Yes  No

Could you pay this amount on the 1st of the next month? Yes  No

**Medical**

Have you ever been to a psychologist or counselor before? Yes  No

What for? \_\_\_\_\_

Are you currently seeing a psychologist or counselor? Yes  No

What for? \_\_\_\_\_

Are you currently seeing a medical doctor? Yes  No

What for? \_\_\_\_\_

Do you believe you are addicted to alcohol? Yes  No  Don’t Know

Do you believe you are addicted to a drug? Yes  No  Don’t Know

Have you ever had thoughts of suicide? Yes  No  Do you currently have thoughts of suicide? Yes  No

Do you suffer from any of the following:

Medical Condition	Do you suffer from this?	Does a family member suffer from this?	Relationship
Nervous breakdown			
Migraine Headaches			
Hallucinations/delusions/visions			
Alcoholism			
Sleeping problems/insomnia			
Epilepsy/convulsions			
Chronic physical pain			
Addiction Treatment			
Psychiatric problems			

List any medications (prescriptions, herbal supplements, vitamins or over-the-counter drugs) you are currently taking:

**MEICATION FORM**

NAME OF Medication	Dosage	Taken how often	Condition prescribed for

Do you (smoke) Yes  No  or (vape)? Yes  No

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per week? Yes  No  If yes, what is the reason? \_\_\_\_\_

**LEGAL INFORMATION**

Have you ever been convicted of a crime (felony/misdemeanor)? Yes  No

Do you have any criminal charges on record? Please list below:

Date	Charge	County
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in jail or prison or a recovery center? List Below

**Dates**

**Where**

**Charge**

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Are you on probation? Yes  No       Are you on parole? Yes  No       Will you be on GPS? Yes  No

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes  No

If yes, explain \_\_\_\_\_

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How much do you owe in legal fines? \_\_\_\_\_ Are you making payments? Yes  No

Have you ever been involved with domestic violence? Yes  No  What was the situation?

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Are you a registered sex offender? Yes  No

### PERSONAL INFORMATION

Do you currently attend church? Yes  No  If so, where \_\_\_\_\_

Do you currently attend Celebrate Recovery or any other recovery class? Yes  No

If locally, where and when does the class meet \_\_\_\_\_

Have you graduated from Women in Transition? Yes  No  If so, instructor \_\_\_\_\_

List any other classes or Bible studies you are attending or have recently attended: \_\_\_\_\_

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Are you ready to begin/continue a spiritual journey? Yes  No  Not Sure

Please list all children below and identify who has custody. Will you be seeking re-unification? Yes  No

Children's Name:

Birth Date:

Gender:

Who Has Legal Custody?

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What are the visitation arrangements for each child? \_\_\_\_\_

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List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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### General Goals and Information

Things I like about myself / abilities I have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal areas I would like to improve in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal goals do you hope to accomplish by living in Heather's Hope Housing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations or questions for Heather's Hope? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our program is faith based and we are most interested in helping those who want to grow in their relationship with Christ and build a new life on the foundation of His Word. ***Please submit your personal testimony about accepting Christ as your Savior and who Christ is to you on the back of this application.***

*The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of Heather's Hope services.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return complete application to:**  
[chcares@gmail.com](mailto:chcares@gmail.com) or Christian Helping Hands, PO Box 536, Comanche, Ok 73529

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