



APPLICATION FOR ADMISSION

This application must be faxed, mailed, or emailed to the Harbor of Hope- attn. Tom Pontow or Brandon Akes. All Fields must be complete for submission. Do not leave any blanks.

Personal Information			
Social Security Number:		Offender ID:	
Date of Birth: ____/____/____			
First Name:	M.I.:	Last Name:	Suffix:
Street Address:			Lot #:
Apt #:		Zip Code:	
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Counselor Name:		Counselor Phone:	
Counselor Email:			
Citizenship: <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Citizen			
Are you on Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race & Ethnicity: (Check One)			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White	
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Latino or Hispanic	
<input type="checkbox"/> Other			
Do you believe you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Information			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Common Law <input type="checkbox"/> Other			
How many children do you have? _____			
Living Arrangement prior to the Harbor.		<input type="checkbox"/> I own the property I live in <input type="checkbox"/> I am renting the property I live in (My name is listed on the formal rental agreement) <input type="checkbox"/> I am currently living with friends or relatives <input type="checkbox"/> I am currently living in a shelter or temporary housing <input type="checkbox"/> Prison, jail, or treatment. Facility Name: _____	
Treatment History			

Name of last treatment: _____	Date of last treatment: _____
Have you ever seen a mental health therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
Did you receive a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what? _____
Are you currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what? _____
Have you ever been to AA/NA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Background <i>Please check Highest level of educational attainment:</i>	
<input type="checkbox"/> Did not graduate <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Trade School <input type="checkbox"/> Some College <input type="checkbox"/> 2 year Associates Degree <input type="checkbox"/> 4 year BA/BS Degree <input type="checkbox"/> Masters or Graduate Degree	

Employment Information			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently employed through a temp agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving Unemployment benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exhausted	
	Job 1 <i>Current or most recent</i>	Job 2 <i>Previous</i>	Job 3 <i>Previous</i>
Start Date			
End Date			
Company Name			
Supervisors Name & Phone Number (ext.)			
Job Title			
Job Duties			
Does this job have benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly Wage			
Average Weekly Hours			
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Reason for leaving			

I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied from the Harbor of Hope.

Signature

Date

Harbor of Hope Recovery

3650 Cottage Grove Ave, Des Moines, IA 50311

Phone: 515-244-0370 | Fax: 515-244-3707

harborofhopeia@gmail.com

harborofhopeiowa.com

Name: _____

Initial next to each rule, so we know you read and understand them. Failure to adhere to any of these rules may result in immediate termination from the Harbor of Hope. These rules are subject to change with notice to all residents.

House Rules

No smoking, chewing, or vaping inside the house! If you smoke you must discard butts in the proper receptacles located outside the house.	
Clean up after yourself.	
Make your bed and keep your room picked up at all times.	
We recycle- place things in the proper receptacles.	
You will be assigned a chore weekly and it must be done as necessary. The house manager will make sure all chores are done.	
Stealing will <u>not</u> be tolerated. <u>It will result in immediate termination from the house.</u>	
The use of drugs and alcohol in the house will not be tolerated. <u>It will result in immediate termination from the house.</u>	
No visitors are allowed in rooms.	
There will never be overnight guests in the house.	
No pets allowed inside the house.	
Quiet time begins at 11pm every night.	
No weapons of any kind allowed in the house. <u>It will result in immediate termination from the house.</u>	
Do not touch other people's items or food without permission.	
Only directors or houseman is allowed to touch thermostat.	
Heavily soiled laundry must be taken to the laundromat and cannot be washed in the house machines.	
The computers are Harbor property and are strictly for job application and benefit application. If you are found on any prohibited websites you will be <u>banned from the computers.</u>	

Client Rules

There is a mandatory 10pm curfew every night, unless otherwise approved by Tom or Matt.	
No furloughs will be granted in the first 14 days of being at the Harbor.	
Furloughs may not be approved if you are not caught up on rent.	
You must obtain and keep healthcare coverage while living at the Harbor.	
You must obtain and maintain full-time employment while living at the Harbor.	
Employment through staffing agencies will not be accepted as “full-time” employment.	
The Harbor is not your answering service. You must obtain a cell-phone while living at the Harbor. There is directions in the intake agenda to accessing a free government phone.	
As a resident you are subject to a UA and breathalyzer at any time without notice . Refusal or positive results will result in immediate termination from the house .	
As a resident you are expected to report any criminal activity, drug usage, or drinking.	
You will be expected to attend mandatory functions such as AA meetings, classes, etc. As deemed necessary by the Harbor.	
There is a mandatory house meeting at the Harbor every Sunday from 6-8pm. Missing it may result in termination from the Harbor.	
You are expected to attend a minimum of four AA/NA meetings per week. This can include the House meeting.	
You are to complete the intake agenda and follow any recommendations set forth by the service providers. Lying to the Harbor or the providers, refusing services, or not completing the agenda will result in termination from the Harbor .	
Residents must sign all appropriate releases to emergency contacts, probation officers, and service providers.	
Any property or vehicles left on the premises 14 days after a resident moves or is removed will be removed at the owner’s expense. Unless arrangements have been made with Tom or Matt.	
Personal property left at the Harbor after a resident is removed will be kept until past rent is paid in full.	
The Harbor is not liable for any damage to, or theft of, personal property.	
Most importantly, you are responsible for your own success.	

By signing you are agreeing and stating that you have read and understand all the rules as they are laid out. You are agreeing to follow the rules and understand that they are subject to change. You understand that breaking any of these rules may result in termination from the Harbor of Hope.

Signature and Date: _____

Rental Agreement

Full Name			
Monthly Rent Rate	\$500.00		
<input type="checkbox"/> Rent is due on the first day of each month. <input type="checkbox"/> Monthly rent payments will be accepted in advance at the reduced rate above.			
Sobriety Deposit	\$150.00 one time		
<input type="checkbox"/> No rent or deposit will be returned in the case of alcohol or drug use.			
Responsibilities of Individual House Members			
<input type="checkbox"/> A resident must have legal employment. If resident has no full time employment, it is required that actively seek employment, applying for no less than 4 jobs per day during the work week. <input type="checkbox"/> Residents must find a home group and attend at least a minimum of 4 meetings per week. <input type="checkbox"/> Resident must have a sponsor and contact him at least 4 times a week. <input type="checkbox"/> Residents are expected to keep the house in clean condition and good repair. <input type="checkbox"/> From time to time residents will be expected to help out on work projects at the house they reside or another recovery house in the area.			
House Rules and Eviction Policies			
<input type="checkbox"/> NO ALCOHOL OR DRUGS WILL BE TOLERATED. ➤ A resident who is accused of such activity will be subjected to a drug or alcohol test. ➤ Any resident who is found by reasonable doubt and suspicion to be under the influence of alcohol or drugs will be evicted immediately. <input type="checkbox"/> No criminal activity or disruptive behavior will be tolerated. ➤ The house has the right to evict tenants that they feel are engaging in any illegal activity or disruptive behavior. <input type="checkbox"/> No smoking allowed INSIDE the house, this includes vapes. No pets of any kind allowed in the house or on the premises. The House mascot is not a pet and therefore exempt. <input type="checkbox"/> Non-residents are not allowed overnight stays. <input type="checkbox"/> House members will abide by ALL house rules. <input type="checkbox"/> There shall be a MANDATORY house meeting on Sunday night at 7:00pm of the director, houseman and the residents. <input type="checkbox"/> Any rents that have not been paid within 7 days of the due date may result in immediate eviction. <input type="checkbox"/> Mr. Pontow reserves the right to change the rules, with notification to residents, at any time.			

- I have read the items above on this application and understand that if accepted at Harbor of Hope, I agree to the terms in all items, including the waiver of any landlord – tenant rights I might have with respect to residency at the Harbor of Hope house. I understand that I fully subject myself to the rules of the house. Deposits will not be refunded if an individual is required to leave. Deposits will not be refunded if the applicant does not stay and or pay for a minimum of 6 months. If leaving is voluntary, and 30 days’ notice is given, the security/sobriety deposit is usually repaid within 2 weeks.
- The nature of the Harbor of Hope house requires immediate expulsion, without notice or refund of the deposit, of any member who is found by the majority vote of the house membership or the management to be using alcohol or drugs, or is involved in any criminal activity, disruptive behaviors, or non-payment of fees or rent.
- Current rent is \$500.00 per month. In addition, there is a one-time sobriety deposit of \$150. To get the deposit back you must be a resident of the house for a minimum of 6 months. Failure to give 30 days’ notice of leaving the house on/by the first of the month, will result in no returned deposit. In addition, no deposit will be returned in the case of removal for alcohol or drug use, or disruptive behavior. Payments to the Harbor are for deposit first, then for the rent.
- We prefer that the sobriety deposit be made on or before the move in date, however, if residents has a shortage of funds, we will accept no less than \$50.00 per month paid on the sobriety deposit until the deposit is paid in full. Deposit is credited first, the rent second.

Signature		Date	
Witness		Date	
		Move In Date	