



# Acres of Hope

I will allure her; I will lead her into the desert and speak tenderly to her. I will give her vineyards from there, and the Valley of Achor as a door of hope. She shall sing there, as in the days of her youth, as in the day when she came up from the land of Egypt.

Hosea 2:14, 15

The *Mission* of **Acres of Hope** is to serve homeless women with children who have a sincere desire to address and overcome challenges in their lives.

The *Philosophy* of **Acres of Hope** is to invest in individuals with one-on-one relationships in a structured and supportive environment that recognizes their God-given purpose while providing a model for applying biblical principals to their lives.

The *Core Values* of **Acres of Hope** are:

**A**tmosphere of acceptance

**C**hrist focused

**R**elationships with love

**E**ducation and job training

**S**tability of families

of

**HOPE**



# About Acres of Hope

**Acres of Hope** is a place of hope for homeless women with children who have a sincere desire to turn their lives around. The heart of our program will center on the special needs of the children to ensure positive change that transfers to future generations. Our unique approach addresses the wholeness of each person in the family by considering their spiritual, physical and emotional needs.

Acres of Hope understands how integral each component is to the other. Without a long-term, balanced focus on each area, it is only a matter of time before negative thought patterns and habits rise to the surface and reverse progress made.

Homelessness is degrading and erodes self-confidence and often follows years (if not a lifetime) of hurts and negative messages. Therefore programming that is under-girded with biblical truths and principals will provide practical skills, restore confidence and show residents their unique God-given purpose in life. Residents will be challenged to face the issues that keep them from moving forward and securing the future they are meant to have.

Improving relational, coping and basic life skills will be reinforced throughout a 3-month to two-year stay at Acres of Hope. Laying a strong foundation of relational and basic life skills is critical to the success of each resident. Special emphasis on more practical skills such as job readiness and training will be introduced during the latter part of their individualized program.

Acres of Hope will address the various components leading to homelessness by thoroughly assessing the dynamics of each family unit, providing a loving environment that is balanced with accountability, and offering classes and learning opportunities in the following areas:

- Emotional Stability
- Life Skills
- Children's Programming and Family Enrichment
- Substance Abuse
- Mental Health and Medical Services
- Education
- Job Readiness
- Job Training
- Connection to Community Services
- Aftercare



# Acres of Hope Admission

The success of Acres of Hope depends upon strong community support and partnerships. We consider our program to be an extension of the many services already available to the homeless community. We invite you to make referrals to the Acres of Hope program.

## Who is a good candidate for admission into Acres of Hope?

1. Homeless – Applicants must be homeless, facing homelessness or exiting a homeless service program.
2. Referrals Only – Acres of Hope invests heavily into residents. As good stewards of our resources, we seek applicants who have demonstrated a sincere desire to address the obstacles that caused their homelessness. Referrals serve as a testimony to the applicant's willingness and capability to be successful in the Acres of Hope program.
3. Length of Stay – Residents will live at Acres of Hope for a period of 3-months to 2-years.
4. Cost – Residents will not pay a fee to reside at Acres of Hope unless doing so would disqualify them for receiving benefits. Cost for such residents will be minimal and reviewed on an individual basis.
5. Drug and Alcohol Free – Residents must be drug and alcohol free for a minimum of 3 months prior to admission.
6. Women with children – Acres of Hope is for women with children between the ages of 0-12 years old.

## What is expected of the referring partner church, agency or individual?

1. Referent must have been associated with the applicant and be able to confirm the applicants personal commitment to a program.
2. Referent must complete the Reference Form. Please be honest and forthright. Information provided on this form does not preclude the applicant from gaining admission, but rather provides information to help develop an individual family plan upon admission.
3. Referent should not share information provided on the *Reference* form with the applicant. The information provided will be kept confidential and used solely to develop a plan to address various issues.
4. Referent should encourage applicant to answer all questions honestly to ensure an appropriate evaluation.
5. Referent should be willing to assist the applicant in obtaining documents required for admission. (Documents outlined on instruction page.)

## What is a partnering church or organization?

1. A partnering church or organization must have a signed agreement with Acres of Hope indicating that they have read and understand our statement of faith, agree to comply with the referral process, and commit to support Acres of Hope with prayer, volunteers, and/or financially.
2. A partnering church will appoint a liaison for communication with Acres of Hope.



# Instructions

## Instructions to Referring Partner Church, Agency or Individual

1. Referent must be able to answer yes to the following:
  - a. Applicant has been drug and alcohol free for 3 months
  - b. Applicant's children that will reside at AOH is between ages 0-11
  - c. Applicant is homeless, facing homelessness or exiting a homeless service program
  - d. Applicant understands that AOH is a faith-based program and is willing to work within Christian values
2. Complete and submit *Reference* form by mail or fax
3. Assist applicant in gathering required documents listed in the "Instructions to Applicant" section

## Instructions to Applicant

1. Complete and submit *Eligibility Application* and *Personal Statement* forms by mail or fax
2. Upon acceptance, you will be required to provide the following documents and should begin gathering this information when application is submitted:
  - a. Picture ID / Driver's License (Original)
  - b. Social Security Cards or verification of application for Social Security number (Original)
  - c. MediCAL or MediCARE cards or other health insurance cards (Original)
  - d. Birth Certificates for each person entering AOH (Original)
  - e. Verification of legal guardianship or custody orders (Copy if applicable)
  - f. Pregnancy verification including due date (Copy if applicable)

## What Happens Next?

1. Acres of Hope reviews applications and referral forms
2. Acres of Hope responds to applicant and referent in writing within ten days of receipt of a complete packet
3. Acres of Hope schedules an intake appointment for accepted applicants where all required forms listed above must be presented



Acres of Hope Renewal Center  
PO Box 40  
Applegate, CA 95703  
Phone: (530) 878-8030  
Fax: (530) 878-8009

## Eligibility Application

*(All information provided will be confidential)*

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Birthdate \_\_\_\_\_ Primary language \_\_\_\_\_ Secondary language \_\_\_\_\_

Are you homeless at this time?  Yes  No

Contact Address (include apt #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Do you have any homeless children with you?  Yes  No

Do you or any of your children have any serious or life threatening conditions?  Yes  No

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

Are you or any of your children disabled or have any special needs?  Yes  No

If yes, explain and name child(ren): \_\_\_\_\_

Are you on parole or probation?  Yes  No

If yes, name of Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a registered sex offender?  Yes  No

Have you been drug and alcohol free for at least 3 months?  Yes  No

### Please read and initial the next three statements:

If application is accepted, there will be a Live Scan Fingerprint report required, (paid by Acres of Hope.) \_\_\_\_\_

I understand that Acres of Hope is a faith-based program with a spiritual component included throughout. \_\_\_\_\_

I understand that I may disqualify myself for admission into the Acres of Hope program if I provide fraudulent information. \_\_\_\_\_

I give permission to Acres of Hope staff and representatives to verify information on the application and to release and communicate with other helping organizations to coordinate services. \_\_\_\_\_

*(See back page for further information)*

**INFECTIOUS DISEASE SECTION:**

You are not required to answer the following questions as they will not be a determining factor in your admission into Acres Of Hope; however, this information will assist Acres Of Hope in providing the best care for you and your family.

Do you or your child/ren any of the following conditions:

- |                   |                          |     |                          |    |                               |                          |     |                          |    |
|-------------------|--------------------------|-----|--------------------------|----|-------------------------------|--------------------------|-----|--------------------------|----|
| Pinkeye           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Diarrhea in the last 72 hours | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Productive cough  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Vomiting                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Night sweats      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Open Wounds                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Fever             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Rash                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Head or body lice | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Tuberculosis (see below)      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Do you or your child/ren have any infectious disease other than above?  Yes  No

If yes, name the condition:	
<u>Tuberculosis:</u>	
Every applicant, including child/ren, must have a cleared TB test at the time of admission.	
Please note: If applicant and/or child/ren presents with fever, productive cough, night sweats or other symptoms at time of admission, Acres of Hope will immediately refer them to for medical release to Auburn Community Clinic, 11583 C Street, Auburn CA 95603, (530) 889-7215 or (800) 488-4308, x7215.	

**Child/ren Information (List eldest child first)**

1.	Last Name	First Name	MI	Age	DOB
<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					
2.	Last Name	First Name	MI	Age	DOB
<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					
3.	Last Name	First Name	MI	Age	DOB
<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					
4.	Last Name	First Name	MI	Age	DOB
<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					
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<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					
6.	Last Name	First Name	MI	Age	DOB
<p>_____</p>					
<p>Is this child living with mother? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">Current</p> <p>Custody Status:    Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/></p>					

I certify the information I have provided is accurate to the best of my knowledge. I understand I must provide all eligibility documentation at such time as required for my application to be processed. I understand that completion of this application does not guarantee acceptance into our program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Application must have reference form filled out and attached to be considered complete.



Acres of Hope Renewal Center  
PO Box 40  
Applegate, CA 95703  
Phone: (530) 878-8030 ext.4

### Reference Form

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

**STOP! DO NOT FILL OUT THIS FORM IF YOU HAVE NOT KNOWN APPLICANT 6 MONTHS**

How long have you know applicant? \_\_\_\_\_ How long has she been homeless? \_\_\_\_\_

How long has the applicant been involved with your agency? \_\_\_\_\_

Please describe the services you provide for the applicant:

What are the applicant's strengths and weaknesses?

Are there any barriers that would prevent the applicant from thriving in our program?

What type of accommodation or assistance would be needed?

Are there any special needs for applicant and/or her children needed?

Has the applicant ever been barred/banned from a social service agency? Why / Where / When?

Has the applicant been in permanent housing in the last 2 years? Where?

What services will you continue to provide for the applicant?

How well does the applicant deal with stress and annoyances? Have you ever seen her respond to stress or annoyance with violence?

Are you aware of any mental health issues past or present?  Yes  No  Unknown

If yes, please describe specifically:

Is she receiving any mental health services? If yes, please describe specifically.

Does the applicant take care of her health? Is she medication compliant?

Are you aware of any abuse of drugs or alcohol past or present?  Yes  No  Unknown

If yes, please describe specifically:

Is she receiving chemical dependence treatment? If yes, please describe specifically:

Has she been 2 months drug and alcohol free?  Yes  No  Unknown

Are you aware of any other services that the applicant may be receiving?  Yes  No

If yes, name services:

Are there any potential issues/concerns that the Staff should be made aware of? (Health, behavior social, etc)

Yes  No If yes, explain:

PLEASE EVALUATE THE APPLICANT TO THE BEST OF YOUR KNOWLEDGE

**Independent Living Skills** – PLEASE EVALUATE APPLICANTS ABILITY AND WILLINGNESS TO DO THE FOLLOWING:

Maintain personal cleanliness	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Maintain cleanliness of personal space	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Plan and prepare meals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Grocery shop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Access public transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Personal laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Daily Communication Habits** (circle appropriate description):

Able to communicate needs	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Able to work in a small group setting	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Able to work in a large group setting	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Cooperative with staff/others	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Argumentative with staff/others	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>
Verbally abusive to staff/others	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>

**Observation of Drinking/Drug Abuse Habits** (circle appropriate description):

Consumes alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
Binges	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
Abuses non-prescription drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
Abuses prescription drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
While intoxicated, danger to self/others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
While intoxicated, verbally abusive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?

**Other Behaviors** (circle appropriate description):

Used a weapon on staff/others	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>
Dangerous to self/others	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>
Has started fires	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>
Suicidal	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>

Additional Comments:

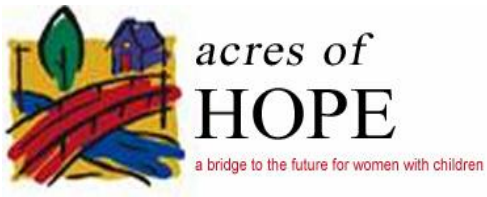
Will you recommend her?  Yes  No

I certify that the above information given is true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE FAX OR MAIL DIRECTLY TO:** Acres of Hope Renewal Center  
 PO Box 40  
 Applegate, Ca 95703  
 (530) 878-8030



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### Reference Form

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Is she receiving chemical dependence treatment? If yes, please describe specifically:

Has she been 2 months drug and alcohol free?  Yes  No  Unknown

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If yes, name services:

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Yes  No If yes, explain:

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While intoxicated, danger to self/others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequency?
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Has started fires	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>
Suicidal	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Not at all <input type="checkbox"/>

Additional Comments:

Will you recommend her?  Yes  No

I certify that the above information given is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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