



Eligibility Application  
(All information provided will remain confidential)

Today's Date \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

US Citizen? \_\_\_\_\_

Marital Status: \_\_\_\_\_

What is your current living status? \_\_\_\_\_

Current mailing address \_\_\_\_\_

Current Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you on probation/parole? \_\_\_\_\_

Are you a sex offender? \_\_\_\_\_

Officer's name \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Have you been drug and alcohol-free for at least 3 months? \_\_\_\_\_ Clean Date? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Are there any mental health or medical diagnosis? \_\_\_\_\_

Please note that every applicant, including your child(ren), must have a clear TB test within the last year at admission, be current on immunizations, and children must be in the 6th grade or below in order for the family to qualify.

Do you have an open CPS case?

If yes, list CPS worker's Name \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

**Children (list all children from oldest to youngest):** How many children do you have? \_\_\_\_\_

1. \_\_\_\_\_

First Name Last Name MI Age Birthday Gender

Is this child living with mother? Father's Name \_\_\_\_\_

Custody status: \_\_\_Mother \_\_\_Father \_\_\_Relative \_\_\_Foster Care \_\_\_Guardianship

What are your current custody/visitation arrangements? \_\_\_\_\_

2. \_\_\_\_\_

First Name Last Name MI Age Birthday Gender

Is this child living with mother? Father's Name \_\_\_\_\_

Custody status: \_\_\_Mother \_\_\_Father \_\_\_Relative \_\_\_Foster Care \_\_\_Guardianship

What are your current custody/visitation arrangements? \_\_\_\_\_

3. \_\_\_\_\_

First Name Last Name MI Age Birthday Gender

Is this child living with mother? Father's Name \_\_\_\_\_

Custody status: \_\_\_Mother \_\_\_Father \_\_\_Relative \_\_\_Foster Care \_\_\_Guardianship

What are your current custody/visitation arrangements? \_\_\_\_\_

### Personal Statement

In your own words, explain why you feel living at Acres of Hope would be a wise choice for you and your family. Share what changes you want to accomplish and what aspects of your character you hope to develop.

Acres of Hope requires two professional references. References must know the applicant for at least 6 months. Eligible references include: CPS worker, probation officer, counselor, church leader, doctor, etc., no friends or family.

**Professional References**

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please read and initial the following statements:**

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

I understand Acres of Hope is a smoke-free environment and that should I be accepted into the program I need to not smoke cigarettes once in the program and will be allowed to use the patch or nicotine gum for only 6 weeks once I move into Acres of Hope to quit. \_\_\_\_\_

I understand that Acres of Hope is an environment that is free of romantic relationships. This includes visits with male friends who are not accompanied by a wife. \_\_\_\_\_

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

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

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

**Please email the completed application to:**

[apply@acresofhopeonline.org](mailto:apply@acresofhopeonline.org)

Or Mail to: Acres of Hope, PO Box 238 Auburn, CA 95604