



Acres of Hope
hope and opportunity for at risk women with children

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 _____

Are you on probation/parole? 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 note that every applicant, including your child/ren, must have a clear TB test with in the last year at the time of admission and children must be in the 6th grade or below for the family to qualify.

Children (list all children from eldest to youngest):

1. _____

First Name

Last Name

MI

Age

DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

2. _____

First Name

Last Name

MI

Age

DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

3. _____

First Name

Last Name

MI

Age

DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

4. _____

First Name

Last Name

MI

Age

DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

5. _____

First Name

Last Name

MI

Age

DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

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.

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 men 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 to Acres of Hope staff and representatives to verify information I have given in this application and to release and communicate with other helping organizations to coordinate services. _____

Signature _____ Date _____

Please mail completed application to:

Acres of Hope Renewal Center
PO Box 238
Auburn, CA 95604

Fax (530) 878-8009

Scan/Email: program@acresofhopeonline.org