



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

Acres of Hope Reference Form
(All information provided will be confidential)

Applicant Name _____

Your Name _____ Phone Number _____

What is your relationship to the applicant? _____

What are the applicant's strengths and weaknesses?

Are you aware of any mental health or special needs for applicant or children? Yes No
If yes, please describe specifically:

Are you aware of any abuse of drugs or alcohol past or present? Yes No
If yes, please describe specifically:

Why do you think applicant would be successful at Acres of Hope?

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