

HOPE HARBOR TRANSITIONAL LIVING APPLICATION

1. Name (Please include child/children and pets.)

2. How could Hope Harbor benefit you?

3. What is your current contact with your partner? Do you have a police report filed or temporary order of protection? Does your partner have access to your financials? Do you have your own checking account that your partner does not have access to?

4. What is the safety level of your situation? 1 Most Safe ... 10 Life Threatening. _____ What happened the last time you left?

5. Hope Harbor requires you to have a consistent plan to support your mental health. Do you currently have a plan or practice in place?

- 6. Do you have a Primary Care Physician?
- 7. Hope Harbor requires you to have group support. Do you currently have something in place?

8. What is your current level of family and friend support?

9. The expectation of this program is that you can afford \$1000/mo of rent for the first 3 months and pay your landlord's Security Deposit. It will go up gradually afterwards (see HHTL Guidelines). Do you currently have the funds for this, or do you have people to help provide the funds?

10. What is your current employment status?

11. What is your vehicle situation?

12. What is your childcare status? Do you have a Temporary Parenting Plan and what does it stipulate?

13. Where are you in the Legal Process?

14. Is there anything else you would like us to know?

Thank you for your application and honest feedback. Please email to hhtransitionalliving@gmail.com.

We realize this is a difficult time and will get back to you as soon as possible.