



Heather's Hope Housing Application
A Ministry of Christian Helping Hands of Comanche, Inc.
1008 S. 8th Street, P.O. Box 536, Comanche, Ok 73529
(580) 439-6705 Hope Center
chhcares@gmail.com

Initial application: Please complete this form completely and accurately. All information you provide is completely confidential and will allow us to determine the best way to help you improve your situation.

Date of Application: _____

Date Accepted into Program: _____ Expected date of release: _____

Full Name including Maiden name: _____

Preferred Name: _____ DOC# if applicable: _____

Who referred you to Heather's Hope Housing _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Contact phone: (_____) _____

Social Security Number: _____ Date of Birth: _____

Gender: ___ Male ___ Female Race/Ethnicity: _____

Relationship status: Single Married Civil Union Separated Divorced Widowed

DOCUMENTATION

Do you have your: Social Security Card Yes No Birth Certificate Yes No

TRANSPORTATION

Driver's License # _____ Valid/Current Expired Suspended

Do you have a car? Yes No Year _____ Make _____ Model _____

Color _____ License Plate Number _____ Value _____

Is your insurance current? Yes No Insurance Company _____

EDUCATION

Grade in school completed _____

Do you have a GED High School Diploma College Credits/Diploma

Have you served in the military? Yes No Branch and dates of service: _____

Describe any job training, certificates or education you have completed

CURRENT EMPLOYMENT

Are you currently employed Yes No

Business Name _____ Complete Address _____

Supervisor name _____ Phone number _____

PREVIOUS EMPLOYMENT

Business Name _____ **Address** _____

Supervisor name _____ Phone number _____

Dates Employed _____ Reason for Leaving _____

FINANCIAL SUPPORT AND RESPONSIBILITIES

Government BENEFITS RECEIVED:

____ Receive Food Stamps/SNAP \$ _____

____ Receive Medicaid

____ Applied for Food Stamps

____ Receive Medicare

____ Receive WIC

____ Receive Social Security

____ Receive Veteran Benefits

____ Receive Disability

What is your source of income? _____ Amount \$ _____

Do you receive Child Support? _____ Amount \$ _____

Do you pay Child Support? _____ Amount \$ _____

Do you have any outstanding financial obligations such as utilities, personal loans, etc.? If so, list below:

_____ Amount \$ _____

_____ Amount \$ _____

Heather’s Hope will require a \$50 deposit upon entering the program.

Do you understand that Heather’s Hope receives monthly program fees in the amount of \$400? Yes No

Could you pay this amount on the 1st of the next month? Yes No

Medical

Have you ever been to a psychologist or counselor before? Yes No

What for? _____

Are you currently seeing a psychologist or counselor? Yes No

What for? _____

Are you currently seeing a medical doctor? Yes No

What for? _____

Do you believe you are addicted to alcohol? Yes No Don’t Know

Do you believe you are addicted to a drug? Yes No Don’t Know

Have you ever had thoughts of suicide? Yes No Do you currently have thoughts of suicide? Yes No

Do you suffer from any of the following:

Medical Condition	Do you suffer from this?	Does a family member suffer from this?	Relationship
Nervous breakdown			
Migraine Headaches			
Hallucinations/delusions/visions			
Alcoholism			
Sleeping problems/insomnia			
Epilepsy/convulsions			
Chronic physical pain			
Addiction Treatment			
Psychiatric problems			

List any medications (prescriptions, herbal supplements, vitamins or over-the-counter drugs) you are currently taking:

MEICATION FORM

NAME OF Medication	Dosage	Taken how often	Condition prescribed for

Do you (smoke) Yes No or (vape)? Yes No

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per week? Yes No If yes, what is the reason? _____

LEGAL INFORMATION

Have you ever been convicted of a crime (felony/misdemeanor)? Yes No

Do you have any criminal charges on record? Please list below:

Date	Charge	County
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in jail or prison, inpatient psychiatric hospital or a recovery center? List Below

Dates

Where

Charge

Are you on probation? Yes No Are you on parole? Yes No Will you be on GPS? Yes No

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes No

If yes, explain _____

How much do you owe in legal fines? _____ Are you making payments? Yes No

Have you ever been involved with domestic violence? Yes No What was the situation?

Are you a registered sex offender? Yes No

PERSONAL INFORMATION

Do you currently attend church? Yes No If so, where _____

Do you currently attend Celebrate Recovery or any other recovery class? Yes No

If locally, where and when does the class meet _____

Have you graduated from Women in Transition? Yes No If so, instructor _____

List any other classes or Bible studies you are attending or have recently attended: _____

Are you ready to begin/continue a spiritual journey? Yes No Not Sure

Please list all children below and identify who has custody. Will you be seeking re-unification? Yes No

Children's Name:

Birth Date:

Gender:

Who Has Legal Custody?

What are the visitation arrangements for each child? _____

List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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General Goals and Information

Things I like about myself / abilities I have: _____

Personal areas I would like to improve in: _____

What personal goals do you hope to accomplish by living in Heather's Hope Housing? _____

What are your expectations or questions for Heather's Hope? _____

Our program is faith based and we are most interested in helping those who want to grow in their relationship with Christ and build a new life on the foundation of His Word. ***Please submit your personal testimony about accepting Christ as your Savior and who Christ is to you on the back of this application.***

The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of Heather's Hope services.

Signature _____ Date _____

Please return complete application to:

chhcares@gmail.com or Christian Helping Hands, PO Box 536, Comanche, Ok 73529

Revised January 14th 2025