INTRODUCTION TO DOOR OF HOPE:

Bright Hope Pregnancy Support Centers temporary housing program, Door of Hope, provides support to pregnant and/or single mothers ages 18 and up. Residents are able to reside in our studio or 1-bedroom efficiency apartments up 1 year after the birth of her baby. While participating in Door of Hope, residents are able to access an array of services through Bright Hope Pregnancy Support Centers that will aid in self-sufficiency, healthy decision-making and life skills. Residents will also be assigned a client advocate who can help them with goal-setting and connecting them to community resources.

MISSION STATEMENT FOR THE DOOR OF HOPE:

Bright Hope Pregnancy Support Centers Door of Hope is a structured residential program that equips single mothers with life skills, parenting skills, and interpersonal skills, based on Christian biblical principles for the purpose of pursuing a Godly, positive self-sufficient lifestyle for herself and her baby.

Door of Hope Eligibility Requirements:
- Single women ages 18 and up
- Verified Pregnancy
- Homeless or near homeless (explored all other options for housing)
- Able to volunteer once a week at Bright Hope Pregnancy Support Centers
- Able to pay $25 weekly for utilities ($10 added for the use of air conditioner in the summer)
- Able to pay a $105 (nonrefundable) deposit and 1st months utilities by move-in date.
- Able to follow DOH guidelines
- Able to work and/or attend school while participating in the program
- Able to participate in weekly classes: Parenting, Educational Enrichment, Employment, Bible Study, Healthy Relationships, Devotions, Life Skills
- Able to attend weekly case management/mentoring appointments
- Able to attend Bi-weekly House meetings
- One year of recovery from drugs and/or alcohol

Admission procedures include:
1. Complete application submitted to the main office. (only completed applications will be reviewed)
2. Provide Identification at interview:
   a. Proof current photo identification
   b. Proof of pregnancy
   c. Birth Certificates
3. If eligible, interview scheduled with Door of Hope Team

Disclaimer:
- We anticipate women accepted into this program will stay between 6-12 months.
- In addition to our maternity homes, we provide referrals to other agencies and we administer free pregnancy tests to community clients.
Door of Hope Application

Demographics:

Full Name: ________________________________________________  Today’s Date: __________
D.O.B: __/__/____ Age: ___  Race/Ethnicity: __________________  SS#: ______-____-_______
Current Address: __________________________________________
City: ___________________ State: _____ Zip Code: ___________ County? ___________
Phone: (____) ___________  Cell: ___________________  Best time to call? __________
May we leave a message? __________ How did you hear about us? __________________________

Marital Status: __ Single __ Married __ Divorced __ Separated __ Widowed
What is your current housing status? __________________________

Children:
Name: ___________ Age: _______ Does this child live with you? __________________
Name: ___________ Age: _______ Does this child live with you? __________________
Name: ___________ Age: _______ Does this child live with you? __________________
Are you currently pregnant?  Yes  No  Due Date: ___________  Father’s Name: ____________

Emergency Contact:
Name: ___________________ Relationship: ___________  Phone Number: ___________
Name: ___________________ Relationship: ___________  Phone Number: ___________

Education
High School Name: ___________________ Location: ___________  Did you complete? __________
Training School Name: ___________________ Location: ___________  Did you complete? __________
College: ___________________ Location: ___________  # of credits completed? __________
List any other schooling or certifications received: __________________________

Employment:
Are you currently employed? ___ If yes, Place of employment: _______________ wage? __________
Title/ Job responsibilities: __________________________
Your schedule/hours: __________________________
If not currently employed, are you job searching?  Yes  No

Finances:
What is the source of this income?
Job $ _______ a month  Family $ _______ a month  Child Support $ _______ a month
Alimony $ _______ a month  SSI/SSD $ _______ a month  Food Stamps $ _______ a month
Cash Assistance $ _______ a month  Unemployment $ _______ a month  Other (Explain) $ _______ a month
Monthly total income $ ____________
Door of Hope Application

What are your monthly expenses?
Cellphone $ ________ a month   Cost and Fines $ ________ a month   Groceries $ ________ a month
Clothing $ ________ a month   Transportation $ ________ a month   Laundry $ ________ a month
Medical $ ________ a month   Savings $ ________ a month   Other (Explain) $ ________ a month

Monthly total expenses $ _____________

Are you receiving help from WIC?  Yes  No  Have you applied for WIC?  Yes  No

Spiritual Life:
Please choose one that describes you:
__Christian  __Protestant  __Catholic  __Jehovah Witness
__Muslim  __Buddhist  __Jewish  __Mormon  __Other (please explain)_________
Are you currently attending and participating in your church?  Yes  No
What is the name of the church? _________________________________
Who is your Pastor/Priest/Spiritual Leader? Name/Title: _________________________________
May we contact them?  Yes  No
Phone number: (____)____________

Medical Information
Have you ever been hospitalized?  Yes  No
If yes, please fill out the following chart

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<th>Dates</th>
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List any medical problems (asthma, allergies, injuries ect.)
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Have you ever been diagnosed with an emotional/mental problem? (ADD, ADHD, Bipolar, Depression, Anxiety Disorder, Post Traumatic Disorder, ect.)?  Yes  No
If yes, please explain: ___________________________________________________________
____________________________________________________________________________
List of current medications: ____________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are you receiving pre-natal care?  Yes  No
Name of Medical Insurance: __________________________ Policy Number: (___) __________
Health Care Provider Name : __________________________ Phone Number: (___) __________
OB/GYN: __________________________ Phone: (___) __________
Name of your Hospital: __________________________ Phone: (___) __________
What is your Blood Type: __________________________
If you do not have Medical Insurance or Public Assistance, how do you plan to pay for your medical expenses?
Please explain: ________________________________________________________________
Drug/Alcohol History
Do you smoke? Yes No
Have you sought treatment facility drugs or alcohol? No Yes

Criminal Background:
Have you ever been or are you presently involved in the criminal justice system? Yes No. IF yes, please answer the following:
Charge/Conviction Date Sentence County

References:
Please include 3 references (1 friend and 2 professional references):

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Short Answer Questions:
1. What makes you a candidate for Door of Hope?
2. Where do you see yourself in 1 year?
3. Who and/or what is your support system? How do they help you?
4. What would be the 2 goals you would like to accomplish in Door of Hope?

The information provided above is true to the best of my knowledge. I understand this application will be reviewed and doesn’t mean I have been accepted into the Door of Hope Program.

Applicant’s Signature: _____________________________ Date: ________________

Office Use: Application Received date: ______  Interviewed Date: ______  Applicant meets requirements  Yes or No