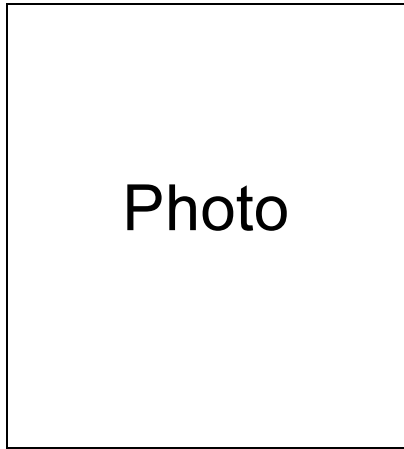


ENROLLMENT APPLICATION



Part 1. General Information

Name (Last, First, Middle) _____

SSN _____ - _____ - _____ Date of birth _____

Mailing address _____

E-mail address _____

Phone (_____) _____ - _____

Marital status _____

Do you have children? Yes___ No___

What are your sources for financial support?

Amount per month. _____

Do you have medical insurance? Yes___ No___

Part 2. Background Information

Driver License # _____

Are you US citizen? Yes___ No___

What languages do you speak? _____

Preferred language? Russian___ English___ Other___

Have you ever attended a church? If yes, provide dates, church and pastor names.

Have you ever been enrolled in other rehabilitation and/or recovery centers? If yes, provide dates, center name, and contact information.

Have you ever been arrested? Yes___ No___ If yes, provide details

Have you ever been convicted of a misdemeanor or felony? Yes___ No___

If yes, provide details_____

Do you have any outstanding warrants? Yes___ No___

Are you on probation? Yes___ No___

Do you have pending hearing or trial? Yes___ No___

Do you drink alcohol? Yes___ No___

If yes, how often? _____

List drugs that you have been using

Do you use any drug currently? Yes___ No___

If yes, what is the name of the drug?

When did you use it last time?

Do you take any medication (prescription or non-prescription)?

Yes___ No___ If yes, list them _____

List any physical or mental problems that may prevent you from working.

Part 3. Education, Training, and employment

Have you graduated high school or passed GED? Yes___ No___

List college, training, or other education

List job and/or professional skills

Are you currently employed? Yes___ No___

Part 4. Emergency contact information

Name 1 _____

Relationship to you _____

Address _____

Phone number (_____) _____ - _____

Name 2 _____

Relationship to you _____

Address _____

Phone number (_____) _____ - _____

List close relatives residing in USA

I certify that the above information is true to the best of my knowledge.

Signature

Date

HOUSE OF HOPE Recovery Center

Authorization for the Release of Information/Waiver of Liability

I, _____, authorize the release and receipt of information about me, including documentation and other materials pertinent to participation in HOUSE OF HOPE Recovery Center programs from government agencies and/or private companies.

I agree that photocopies of this authorization may be used for the purposes stated above. This release/waiver shall be valid for one year.

I, _____, hereby release HOUSE OF HOPE, and all individuals connected with this organization, from any liability for acts performed in assisting and advising me in good faith. HOUSE OF HOPE will not be liable for any personal injury or loss of property during my program participation.

In signing this release, I recognize that HOUSE OF HOPE is a non-profit agency, which is providing service and assistance to me at my request.

Signature

Date