



## PROSPECTIVE RESIDENT APPLICATION

Path of Hope, Inc.

1677 East Center St. Ext. ~ Lexington, NC 27292  
Office (336) 248-2392 ext 33 ~ Fax (336) 248-2138

Applicant's Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Referral Date \_\_\_\_\_ Date available for admission \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

Referral Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Referral Source Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home County: \_\_\_\_\_

Phone number you can be reached at: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you have any children: Yes/No if yes how many: \_\_\_\_\_

What are their ages: \_\_\_\_\_ Do you have custody: \_\_\_\_\_

If you have custody, who will take care of your children while you are at  
POH? \_\_\_\_\_

Will your children be able to receive medical care? \_\_\_\_\_

Are any other agencies involved in the care of your child/children? Yes/No  
If yes, who? \_\_\_\_\_

Do you receive any type of child support, food stamps, WIC, SSI, SSDI, etc.? Yes/No

Primary Diagnosis: \_\_\_\_\_

Previous treatment within last calendar year: \_\_\_\_\_

**Are you currently on any medications? Yes/No if yes, you must have a signed doctor's  
order. Without a signed doctors order, you will not be allowed to take any medications.**

**Please list current medications: \_\_\_\_\_**

**NO CLIENT WILL BE ALLOWED TO TAKE BENZO'S OR OPIOID'S WHILE HERE**

Do you have any physical disabilities? Yes/No If yes, please explain: \_\_\_\_\_

Do you have any pending charges/cases? Yes/No

If yes, please explain, list court dates: \_\_\_\_\_

You will need to provide your own transportation to court, probation.

Are you on Probation? Yes/No

If yes, who is your probation officer? \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Do you have any past/current record of domestic violence, rape or child abuse? Yes/No If yes, please explain: \_\_\_\_\_

**Before you can be admitted to Path of Hope, Inc. you must have the following:**

\_\_\_\_\_ \$250 Deposit (this will take care of your 1<sup>st</sup> 2 weeks rent)

\_\_\_\_\_ N.C. Picture ID/Drivers License

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Proof of physical within last 30 days Date: \_\_\_\_\_

\_\_\_\_\_ Results of TB screening within last 6 months Date: \_\_\_\_\_

\_\_\_\_\_ 30 days' supply of prescriptions & **refills on each**

\_\_\_\_\_ Signed doctor's order to self-administer all prescriptions you are taking and for over the counter medications

\_\_\_\_\_ If you plan on keeping a vehicle for your personal use you must bring: driver's license, proof of valid insurance, and current registration.