



Application for Residency

Applicant's name: _____

Unit and/or Dorm you are currently residing in: _____

Current case worker's name: _____

Date: _____

Date of Birth: _____

MLOS: _____

List any existing medical conditions: _____

List medicines currently taking: _____

Education level: high school diploma _____; GED _____; number of credits _____

Have you even been convicted of a sexual crime: _____

Describe your criminal background: _____

Are you willing to live in a home that upholds Christian values?: _____

What goals would you like for us to help you accomplish while you are at Hope Inn Christ?

What hobbies, sports, skills, etc. are you interest you? _____

Why would you like to come to Hope Inn Christ aftercare home? _____

Mail application to:

Hope Inn Christ

P.O. Box 1572

Decatur, TX 72634

Phone: 316-212-4557

Email: HopeInnChrist@hotmail.com

Website: www.hopeinnchrist.org