



APPLICATION PACKET
FOR
THE HOUSE OF
HOPE
FOR MEN

"RESTORING HOPE; ONE LIFE, ONE HOME,
ONE NEIGHBORHOOD AT A TIME"

CONTACT

Phone Number: 252-520-9975

Email: hoperkinstonnc@gmail.com

VISIT

Website: hoperestorationsnc.org

Address: 611 Mitchell St,
Kinston, NC 28501

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The House of Hope

is a program for adults in recovery from addiction and/or incarceration. It provides a safe, supportive environment where the individual can focus on making positive and permanent life changes.

The House of Hope is a subsidiary of Hope Restorations, a nonprofit organization that provides job skill training and recovery support to adults in recovery from addictions and/or incarceration.

A primary strategy of Hope Restorations is to positively impact our community through home renovations and property rentals that assist the low-income population and benefit local economics, while dually providing a transferable skill set and opportunities to individuals in recovery.

STEP 1

Complete and email the *Referral Form* to our office at hoperkinstonnc@gmail.com

STEP 2

Make an appointment for orientation/interview

- ▶ Complete application packet and bring to interview
- ▶ Bring a copy of COVID-19 vaccination card

STEP 3

At orientation:

- ▶ Staff will go over house rules and expectations
- ▶ Applicant will initial/sign to indicate agreement to rules
- ▶ Move in process will be explained
- ▶ Applicant will receive a tour of the House of Hope
- ▶ Set move in date and time

STEP 4

Move into the House of Hope

PHASE 1

- RULES -

- ▶ No phones or electronic devices
- ▶ No leaving the house for personal business, only verified court ordered appointments
- ▶ Required attendance to all meetings

- GOALS -

- ▶ Attitude adjustment/acclimation to program
- ▶ Coping skills/building skills with PPS
- ▶ Basic living skills, personal hygiene
- ▶ Completing chores, household responsibilities
- ▶ Write goal plan with PPS
- ▶ Complete all randomly scheduled drug screens
- ▶ Compliant in FARC/AARC
- ▶ Positive interaction with staff from HOH, FARC, AARC, PPS, treatment providers, and peers

PHASE 2

- RULES -

- ▶ Limited phone/device privileges
 - ▶ Monday-Friday: 3pm-9pm
 - ▶ Weekends/holidays: 8am-10pm
- ▶ Limited personal time (within walking distance; at discretion of house manager)
 - ▶ Monday-Friday: 4pm-4:30pm
 - ▶ Weekends/holidays: allotted 30 min between 10am-4pm
 - ▶ Weekends: 30min visitation (schedule ahead on Thursdays)

- GOALS -

- ▶ Maintain Phase 1 goals
- ▶ Connect with Community Colleges and other educational entities
- ▶ Attend weekly Wellness Recovery Action Plan (WRAP) group
- ▶ Attend required recovery meetings

PHASE 3

- RULES -

- ▶ Full access to phones/devices **until 9pm**
- ▶ Increase in personal time (at the discretion of the house manager)
- ▶ Monday-Friday: 3:30pm-4:30pm
- ▶ Weekends/holidays: allotted 4hrs between 10am-2pm

- GOALS -

- ▶ Maintain Phase 1 and Phase 2 goals
- ▶ Seek stable housing
- ▶ Secure a method of transportation
- ▶ Attend weekly Wellness Recovery Action Plan (WRAP) group
- ▶ Attend weekly recovery meetings
- ▶ Staff from HOH, FARC, AARC, and PPS meet on 28th day to determine completion and/or extension for additional days. Judge may also determine completion of HOH program.

EXPECTATIONS THROUGHOUT ALL PHASES

- ▶ No female visitors
- ▶ Visitation is limited to male family members only in designated areas
- ▶ No personal vehicles
- ▶ No illicit drugs or alcohol allowed on premises

*Violation of any phase privileges will result in participants being recycled back to the previous phase. Disrespectful, disruptive behavior will **not** be tolerated. Such acts are grounds for discharge from HOH.*

PROGRAM PARTICIPANT
Signature

MM/DD/YYYY
Date



APPLICANT MEDICAL INFORMATION FORM

APPLICANT MEDICAL INFORMATION

Full Name :

Date of Birth :
MM/DD/YYYY

Health Insurance :

Have you received the COVID-19 vaccine? : Yes No

Do you have any known allergies; food or otherwise? : Yes No

If so, please list

Do you have DNR status? : Yes No

Please list all current medications :

Please list significant medical history including physical disabilities and medical illnesses :

Doctor's Name, Office, and Phone Number :

Dentist's Name, Office, and Phone Number :

EMERGENCY CONTACT INFORMATION

Full Name :

Relationship :

Phone Number :

I, _____ have voluntarily provided the information above and authorize Hope Restorations representatives to contact any of the above on my behalf in the event of an emergency.

MM/DD/YYYY
Date

Signature



HOH STANDARD PROGRAM AGREEMENT

PROGRAM AGREEMENT

This agreement is established between

Hope Restorations _____ and

program participant _____

at The House of Hope for Men, located at 167 Fussell Rd, La Grange, NC 28551.

Initial room assignment: _____

The program participant's room is : Furnished Unfurnished

(If furnished, an inventory can be attached)

Other areas of the premises that are available for use by participants:

Kitchen/s Bathroom/s Common Room Laundry Other: _____

Term: _____ days

Commencement date: _____
MM/DD/YYYY

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date

HOUSE OF HOPE REPRESENTATIVE

Signature

MM/DD/YYYY

Date

CONDITION OF PREMISES

Hope Restorations agrees to provide and maintain the premises so that they are in a reasonable state of repair.

HOUSE RULES

Program participant agrees to comply with the HOH House Rules, listed on the attached "Statement of House Rules."

QUIET ENJOYMENT

Hope Restorations agrees to take all reasonable steps to enable the residents' quiet enjoyment of the premises.

INSPECTIONS AND ACCESS

Hope Restorations may inspect all areas at any time. Repairs, cleaning, and maintenance of common areas will be implemented at reasonable times.

NOTICE OF INCREASE IN FEES

The program participant is entitled to **two weeks** written notice of any increase in the program fees.

FINAL WEEK FEE

The final week fee of \$ _____ must be paid in **advance** as a deposit along with the first week's fee when the participant enrolls in the House of Hope program.

The final week's deposit will be applied to the final week's program fee within 14 days after the end of this agreement, less any necessary to cover the following:

- ▶ The reasonable cost of repairs to the rooming house or goods within the rooming house, as a result of damage (other than wear and tear) caused by the resident or their guest
- ▶ Any program fee or other charges owing and payable under *Agreement*
- ▶ The reasonable cost of cleaning any part of the premises occupied by the program participant and not left reasonably clean; having regard to that part of the premises at the commencement of occupancy
- ▶ The reasonable cost of replacing locks or other security devices altered, removed, or added by the resident without the consent of Hope Restorations staff

DISPUTE RESOLUTION

Hope Restorations and the program participants agree to use their best efforts to informally resolve any disputes among themselves through reasonable discussion and negotiation.

WRITTEN RECEIPTS

Hope Restorations agrees to provide the program participants with a written receipt for all money paid to our organization. The receipt will be provided within a reasonable time frame after the payment is received.

TERMINATION

This *Agreement* can be terminated by the program participants with a **one week** written notice given to the Hope Restorations staff.

Hope Restorations holds the right to immediately terminate program participants who are in violation of the rules or any other part of the participation agreement.

USE OF THE PREMISES

The program participant agrees to not willfully or neglectfully cause damage to the premises, to use the premises for illegal purposes, and further agrees to respect the rights of the other participants to have their quiet enjoyment of the premises.

SIGNED ACKNOWLEDGEMENT OF AGREEMENT TERMS

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date

HOUSE OF HOPE REPRESENTATIVE

Signature

MM/DD/YYYY

Date

APPLICANT CONTACT INFORMATION & DEMOGRAPHICS

Full Name :

Date of Birth : MM/DD/YYYY
Marital Status : Single Married Divorced

Social Security Number :

Street Address :

Nationality :
Are you Homeless? : Yes No

Gender :
If so, with whom do you live? :

Phone Number :

E-Mail :

Emergency Contact Name :

Relationship :
Phone Number :

Referral Source :

Phone Number :

APPLICANT ACADEMIC HISTORY

High School Diploma : Yes No

If no, what was your last grade completed? :

GED : Yes No N/A

Collegiate Credits : Yes No

Degree or Certification : Yes No

If yes, in what area is your degree/certification? :

APPLICANT EMPLOYMENT HISTORY

Please list employment history beginning with most recent/current

Company Name :

Duration : *From* *To*

Position/Title :

Job Description/Responsibilities :

Company Name :

Duration : *From* *To*

Position/Title :

Job Description/Responsibilities :

Company Name :

Duration : *From* *To*

Position/Title :

Job Description/Responsibilities :

APPLICANT LEGAL SCREENING

Do you have a probation officer? : Yes No

Probation officer's name and contact information :

Are you a registered sex offender? : Yes No

If so, in which county and state? :

Have you been convicted of a felony? : Yes No

If so, what are the charges/convictions? :

Have you had any substance addictions? : Yes No

If so, how long have you been sober? :

Prior drug or alcohol treatment center? :

Discharge Date :

MM/DD/YYYY

- INIT Weekly Participation Fee is due by 10:00 am each Friday.
- INIT This is a clean and sober facility-drug and alcohol use is strictly prohibited. Any violation of this rule will be cause for immediate discharge. This is non-negotiable.
- INIT All potential Program Participants must have attained a minimum of (30) days clean and sober prior to admission OR recently successfully completed Rehab or Detox.
- INIT All Program Participants are required to submit to random drug and alcohol screening upon admission and at any time upon demand. Refusal to provide UA or PBT (breathalyzer) will result in immediate discharge.
- INIT If drug or alcohol use is suspected, staff will investigate suspected use and a special house meeting may be called. If suspected use is confirmed, staff may agree to a discharge. The Program Participant is expected to vacate the property immediately. Any disorderly response will lead to the police being called.
- INIT Hope Restoration/House of Hope reserves the right to conduct random, unannounced room inspections. Discovery of illicit substances or contraband may result in immediate discharge and the filing of police reports.
- INIT Contraband items include, but are not limited to; non-prescribed-controlled medications, drugs, drug paraphernalia, alcohol, weapons of any kind (guns, knives, bows etc.), pornographic material (pictures, magazines, videos) on paper, video or electronic devices/phones, sexually explicit or drug related material (clothing, pictures, etc.), any material that is rude or offensive and food items that contain poppy seeds. Any and All prescribed medications must stay in the Pharmacy labeled container with Program Participants name on it and must stay locked in your locker at all times.
- INIT Disruptive behavior is not tolerated. Any behavior which is deemed by staff to be detrimental to the serenity and recovery of any Program Participant is strictly forbidden. These acts include, but are not limited to: verbal threats, sexual harassment, physical violence, destruction of property and/or intimidation of any manner. Any such acts are grounds for discharge.
- INIT Relationships with others in the house should reflect a family type relationship. Association with other Program Participant or staff members in a non-family way (romantic, intimate or sexual manner) will be cause for discharge.

- INIT** Hope Restorations/The House of Hope is not responsible for lost or stolen property. If you have anything of value, do not keep it here (electronics, jewelry, excess cash, etc.)
- INIT** Any household items that are broken or damaged by a Program Participant must be replaced. Repair and maintenance to building structures, equipment or appliances must be performed by a professional that has been authorized by House of Hope staff and paid for by the Program Participant.
- INIT** Theft is not tolerated. This offense will result in immediate discharge.
- INIT** Attendance at the weekly meetings of the Hope in Recovery program is mandatory, unless you have been excused for a valid reason by House of Hope staff only.
- INIT** All visitors must be drug free and sober. No visitors allowed in the House of Hope. Visitors are allowed outside on the porch only and must leave prior to sunset. No overnight guests allowed. Guests may park ONLY in designated (visitor) parking areas.
- INIT** Each Program Participant is expected to Work or spend their time daily doing something constructive that will help with their recovery. i.e. search for employment or permanent housing.
- INIT** Cleanliness starts with self; shower daily, brush your teeth and keep the personal dorm area clean and orderly. Beds are to be made daily and clothes put away. Do not hang anything on doors and furniture or wall fixtures. Be considerate of roommates and others. All personal belongings must be kept in a locked locker.
- INIT** Dorm bathrooms must be cleaned on a daily basis. All Program Participants are responsible for keeping Bathrooms Clean. This is also required for Bedrooms and Kitchen Areas.
- INIT** The first Saturday of the month is General House Cleaning from 8am until completed (or at designated time). General House Cleaning is mandatory for Program Participants unless prior arrangements have been approved by staff.
- INIT** Reasonable noise levels are to be maintained at all times. No yelling, screaming or excessively loud music/TV. TV use should be at minimal sound levels. When playing music in the dorms, you must use headphones.

INIT Quiet time starts at 11:00 pm, TV should be turned off by 11:00 pm.
OVERNIGHT SLEEPING IN LIVING ROOM AREA IS NOT ALLOWED.

INIT The kitchen must be kept neat and clean at all times. Clean up after yourself and put things back where they belong. wash: dry and put away your dishes immediately and wipe down all surface areas. Do not store cooked/prepared food in plates, cups and pots/pans. All food stored in the fridge must be in a Ziploc or Tupperware container, labeled with your name and date. No Food or Beverage Upstairs

INIT Common areas (living room, bathroom and hallways) should be kept neat and clean at all times. Do not move or rearrange any furniture in the common areas or dorms without staff approval. No Food or Beverage in Common Areas or Upstairs with the exception of bottled water.

INIT Laundry hours are from 8:00 am until 8:00 pm. Do not leave laundry unattended and be prompt in removing your clothes from the washer and dryer as soon as it is finished. No laundry is to be done during In-house meetings.

INIT Program Participants will forfeit ALL fees paid if removed from the House of Hope for failure to comply with any of the House Rules.

INIT No drug or alcohol use; stay sober!

INIT No contraband or non-prescriptible drugs.

INIT No Smoking/vaping in the house.

INIT Must keep everything clean. (Saturday is cleanup day)

INIT Keep personal items locked in your locker.

INIT No unnecessary noise. (yelling, screaming or loud TV)

INIT Attend your weekly meetings

INIT Respect other residents



HOUSE OF HOPE RULES & REGULATIONS

SIGNED ACKNOWLEDGEMENT OF RULES & REGULATIONS

This Agreement is made and entered into on _____ between
MM/DD/YYYY

_____ and Hope Restorations staff.
PROGRAM PARTICIPANT

The purpose of this Agreement is to outline and enforce the rules and guidelines that must be adhered to throughout the duration of participation in the House of Hope program.

I, _____, agree to uphold and abide by the aforementioned Rules & Regulations throughout the duration of my participation in the House of Hope program.

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date

HOUSE OF HOPE REPRESENTATIVE

Signature

MM/DD/YYYY

Date

Hope Restorations is fully committed to a drug-free workplace, which will enhance the safety and welfare of program participants, residents, and employees, increase overall productivity and the quality of service to the public. This will also assist in the preservation of property and equipment, promote public safety, and reduce absenteeism and job-related accidents. The Substance Abuse and Drug-Free Workplace Policy will help Hope Restorations achieve the image and reputation of the department and employees that is strived for. A summary of the policy is below. Employees, volunteers, program participants, and residents will receive the detailed policy at the time of their orientation.

Hope Restorations has the right to require an employee, volunteer, program participant or resident to submit to observed testing for drug and/or alcohol use as a continuing condition of employment, program participants as staff deems necessary to the safe and efficient operation of the program. An employee, participant or resident who refuses to submit to observed drug and/or alcohol testing or who tests positive may be suspended from pending further investigation and may be subject to discipline, up to and including immediate discharge.

If an employee or program participant endures a work-related injury and has tested positive for a drug and/or alcohol screening, the employee or program participant will not be compensated for the cost of medical attention nor workers compensation if taking off work is necessary.

All alcohol and drug testing results and records are considered confidential and will not be used or disclosed in public or private proceedings except in proceedings or civil litigation where the results are relevant.



HOUSE OF HOPE DRUG TESTING POLICY

Hope Restorations is a drug-free facility and our mission is to assist recovering addicts to become drug free and productive citizens in the community. Please indicate if you are on the following prescription drugs and we will verify through your physician.

- Morphine**
- Methamphetamines**
- Benzodiazepines**
- Buprenorphine (semisynthetic opioid)**
- Tramadol (synthetic codeine) pain meds**

List your current medications:

Medication Name	Dosage	Physician	Refillable	End Date

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date

HOUSE OF HOPE REPRESENTATIVE

Signature

MM/DD/YYYY

Date



DRUG/ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of Hope Restorations, to submit to an observed drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to an observed drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Hope Restorations send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Hope Restorations and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Hope Restorations to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Hope Restorations officers, employees, and agents will have access to information furnished or obtained in connection with the test: that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make program/employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Hope Restorations and any testing laboratory the Hope Restorations might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or program termination or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if an Hope Restorations or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Hope Restorations and any testing laboratory Hope Restorations might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above. This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT HOPE RESTORATIONS WILL REQUIRE AN OBSERVED DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Remember, "involved in an accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits.

PROGRAM PARTICIPANT
Printed Name

PROGRAM PARTICIPANT
Signature

MM/DD/YYYY
Date

HOUSE OF HOPE REPRESENTATIVE
Signature

MM/DD/YYYY
Date



NOTIFICATION AND RELEASE

The information contained in this application for participation with Hope Restorations, Inc. is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by Hope Restorations, Inc. will result in termination from the program. I understand and agree that all information furnished in my application and all attachments may be verified by Hope Restorations, Inc. or its authorized representatives. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Hope Restorations, Inc. all information relative to such verification and hereby release such individuals and organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by Hope Restorations, Inc. that it may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist Hope Restorations, Inc, in making certain program participant screening decisions. I further acknowledge notification by Hope Restorations, Inc. that reports may be provided to Hope Restorations, Inc. by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Hope Restorations, Inc., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. Hope Restorations, Inc. agrees to inform you if a residency decision has been influenced by information contained in a consumer report, made at our request by Hope Restorations, Inc.



NOTIFICATION AND RELEASE

List all the names you have used in the past seven years including married, maiden, and aliases

Current

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

Additional

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

List all the addresses you have occupied in the past seven years

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

Print/add another page if necessary

THIS PAGE IS FOR
EMPLOYER USE ONLY

Please place a check next to the searches to be conducted

- Nationwide Criminal Database Search**

- Nationwide Sexual Offender Check**

If verifications are ordered, additional information must accompany this release.

Contact

Email: hoperkinstonnc@gmail.com

Phone: (252) 520-9975



PHOTO AND MEDIA RELEASE

Thank you for helping Hope Restorations compile information and stories about our efforts and impacts. The information, pictures, and videos you provide are often used to market our programs and tell our story so we can attract more participants, volunteers, donors, and other resources.

Please take a moment to fill out this release form. In doing so, you will be giving Hope Restorations, Inc. permission to use your photographs, videos, quotes, name, and general information about you and your story, unless you specify otherwise.

I agree that:

- 1. Hope Restorations Inc. will have complete and total ownership of the photos, videos, and information, and the right to reproduce them.**
- 2. Hope Restorations Inc. may use my name, likeness, biographical information, and general information in a brochure, newsletter, website, email, or other publication or presentation, and may provide the photos, videos, and information to others for similar use.**
- 3. I will not be compensated for the use of photographs, videos, and/or information.**

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date