At Hannah House, we recognize that all women are valuable because they are created in God’s image. Because of this, Hannah House exists to give women in recovery from drugs and alcohol a chance at a new way of life centered around the person of Jesus Christ. While we primarily exist to support women who desire a deeper relationship with Jesus Christ, applicants do not need to profess faith in Christ to be considered for acceptance into Hannah House. The Hannah House is committed to equal opportunity for all qualified persons, without regard to race, color, ancestry, national origin, gender, marital status, physical handicap, medical condition, or age, to the extent required by law. Applicants must meet the following criteria:

- 18 years old or older
- 30 days clean and sober
- actively pursuing recovery
- not be classified as a sexual or violent offender

Residents are required to pay rent in the amount of $425/month, $50/month of which functions as a security deposit. This includes rent, utilities, and internet. The security deposit is refundable upon move-out, providing the room and its original contents are intact and in good condition.

By signing this, you understand and acknowledge that Hannah House is a ministry of Community Leadership and Development, Inc.

You understand that you will reside at Hannah House as a lodger and not a tenant with rights of possession or exclusive use of space. Residents of Hannah House are not considered tenants and as such are not protected under tenant’s rights laws. A resident can be ejected from the property on a moment’s notice without the due process of eviction procedures.

You agree to abide by the house expectations and structure and understand major violations may be cause for vacating the premises immediately. The expectations are to be followed by all residents of Hannah House.

We will acknowledge receipt of your application as we process it.

For any questions, contact Muriah at: (406) 256-3002 ext 301.

Applicant Signature: ________________________________

Date: ________________________________
HANNAH HOUSE - STRUCTURE

Hannah House is a home, therefore community life here resembles family life. Everyone who lives here must not only work outside of home via employment, but inside as well. The work inside is three-fold:

1. There is manual labor:
   - Completing weekly house chores, cooking a meal with other residents, keeping the inside and yard area of the house neat, clean, and orderly

2. There is the labor of relationships with people:
   - Common courtesy: picking up after yourself, washing up your own dishes, keeping noise down in the morning and at night, thinking before you speak, fulfilling your household obligations on time, respecting the property of others, not continually asking to borrow things or asking for favors, etc.
   - Intentionally loving: leaving a card for someone to say how you appreciate them, organizing a family dinner, making a selfless choice for the good of the family, etc.

3. And most importantly, there is the labor of taking care of yourself:
   - By pursuing a right relationship with God, then immersing yourself in His Word, in prayer, and in walking in accordance with His ways
   - By engaging the people in your life as a new creation, and as one who has a story to tell of redemption and of the dynamic work of Christ in your life
   - By demonstrating willingness to make healthy choices to better yourself, including working your program, attending classes and meetings, maintaining appropriate communication with house staff, etc.

I AGREE TO ABIDE BY THE HOUSE STRUCTURE. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN IMMEDIATE EXIT FROM THE HANNAH HOUSE:

Applicant Signature: _________________________________

Date: _________________________________
HANNAH HOUSE – EXPECTATIONS

- First **30 days** is considered a probationary period:
  - 10pm curfew on weekdays, 11pm on weekends
  - Overnight absences and curfew extensions will not be considered
  - Must be currently employed or begin employment within **30 days** of moving in
  - While a primary focus of HH is to reunite mothers and children, we expect that children will not be present at house within this period (*exceptions may be made in cases of pregnant mothers or newborns)
- Residents must be clean and sober at all times while living at Hannah House
- Residents are expected to obey the law
- Residents must abide by the conditions of P&P where applicable
- Residents must consent to random drug or alcohol testing
- Parents are responsible for their own children
- Room checks will be performed randomly by house management
- No sexual activity or pornography of any kind on the property
- No drugs, alcohol, firearms, or weapons of any kind are permitted on the property
- No smoking/vaping in the house
- No pets on the property
- After first 30 days, 12am curfew on weekdays and weekends
- Quiet hours are from 9pm to 9am
- Staff must approve curfew extensions and overnight absences **48 hours** in advance
- Rent is due in full on the first day of every month
- Attendance at house meetings is mandatory
- Physical altercations between residents or the compromising of another resident's sobriety will result in immediate dismissal
- Vehicles must have **current registration and insurance** in order to park on the property
- In order to operate a vehicle you must provide proof of current driver's license
- Medications must be taken as prescribed and must be locked in a provided safe box
- No prescribed narcotics, stimulants, or methadone of any kind are allowed
- All visitors must be approved and all house members must be informed of visitors prior to visiting
- Male visitors and significant others are not allowed inside the house
- Residents are required to sign a release of information with primary parties involved in their care and treatment plan

I AGREE TO ABIDE BY ALL HOUSE EXPECTATIONS. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN IMMEDIATE EXIT FROM THE HANNAH HOUSE:

Applicant Signature: ______________________________

Date: ______________________________
**General Information:**
Name: (Last)____________________ (First)________________________
Street:________________________ City:________________________ State:______ Zip:______
Birth Date:___/____/____ Age:_______ Ethnic Background:____________
Relationship Status: _____Married_______Single_____Divorced_____In a relationship
Cell #:_______________ Alternative #:______________

Describe your most recent living experience________________________________________

Have you lived at a sober living house before?_______When/Where?____________________
If yes, describe your experience? ________________________________________________

Do you have a current driver’s license? _____Y_____ N
Do you have a car? _____Y_____ N
If no, what is your transportation? ________________________________________________

**Education:**
Some High School  High School  HISET  Some College  College  Other

**Employment & Assistance**
Employment Status: _____(Employed, part time) _____(Employed, full time) _____(Unemployed)
If employed, where do you work? _________________________________________________
Date you began employment:_____________________________________________________
If unemployed, where did you last work? __________________________________________
Dates you were employed:________________________________________________________
Do you receive public assistance? _____ Y _____ N
If so, what?  (TANF, Child Support, Unemployment, SSI, WIC, SNAP, Medicaid, Other:______)

**Children & Medical**
Name(s) of child(ren): _____________________________________________________________
Age(s): ______________________________________________________________________
Custody status: __________________________________________________________________
Any medical or other concerns: _____________________________________________________

Father’s involvement: _____________________________________________________________
Currently Pregnant?____Y____ N Due date: __________ Is this your first pregnancy? ____Y____ N
Current Medication(s):_________________________, _____________________________,
Reason for Medication(s):_________________________________________________________
Diagnosed Medical Conditions: ______________________________________________________

Psychiatric History: ______________________________________________________________

Special Needs: ________________________________________________________________

Probation & Criminal Record
Served jail/prison time? _____ Y _____ N  Where/When? ____________________________  # of times?____
Any DUls? _____ Y _____ N
Currently on Probation/Parole? ____ Y _____ N
P&P Officer’s Name: __________________________ Contact Number: _______________________
Have you ever been charged with or convicted of a sex crime or violent crime? _____ Y _____ N
Have you ever been a victim of a sex crime or violent crime? _____ Y _____ N
Are there any restraining orders against you or by you? ________________________________
If yes, who and relationship?_____________________________________________________
List all arrests, convictions, sentences, and probation history: ___________________________
________________________________________
Do you have restitution/owe any fines? _____ Y _____ N Approximate total owed: _________

Drug/Alcohol and Background History:
Drug(s) of choice: ________________________________________________________________
Most recent drug(s) used (including alcohol): _____________________________________________
Date of last use/sobriety date? ___________
How old were you when you first used drugs/drank? ____________________________
Longest period of sobriety? _______________________________________________________
Is there a history of family substance abuse, alcoholism, or addiction of any kind? ____________
Current treatment program(s)? ____________________________________________________
What ways are you pursuing recovery?
________________________________________
Do you have any history of issues with rules or authority?
________________________________________
Reference
Name_______________________________
Relationship____________________________________Phone_________________________
Name_______________________________
Relationship____________________________________Phone_________________________

Hannah House
Why do you want to live at the Hannah House?

What is your view of God and the Bible?

How will living in the Hannah House be a good fit for you?

How will you be a good fit for the Hannah House?

What are your short and long term goals?

How did you hear about the Hannah House?

Is there anything else you want us to know?
I understand that **Hannah House** has an obligation to keep my personal information, identifying information, and any other information confidential. I also understand that I am consenting to allow Hannah House to release my personal information as necessary to certain individuals or agencies.

I, __________________________, authorize Hannah House to share information and have open communication with:

<table>
<thead>
<tr>
<th>Who I want to have my information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization/Contact:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information to be Released</th>
<th>Purpose of Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Progress/Compliance Reports</td>
<td>□ Provide follow-up information</td>
</tr>
<tr>
<td>□ Treatment Status</td>
<td>□ Coordinate Care</td>
</tr>
<tr>
<td>□ UA Results</td>
<td>□ Progress Report</td>
</tr>
<tr>
<td>□ Services Provided</td>
<td>□ Facilitate Admission</td>
</tr>
<tr>
<td>□ Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

I understand:

- That **Hannah House** requires me to sign a release of information with all parties involved in my care.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Hannah House.
- That **Hannah House** and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires 30 days after exiting the Hannah House.

I understand that this release is valid when I sign it.

Date:______________  
Signed:________________________  Witness:________________________