

**Women's House of Hope Recovery House
Family Life Counseling and Psychiatric Services
130 Shady Lane Norwalk, OH 44857
Phone: (567) 743-7199 Fax: (567) 345-6014**

Women's House of Hope Application

Women's House of Hope is a Level 2 sober living residence in Norwalk, Ohio. Our mission is to help women who are in recovery from drug and alcohol abuse become productive members of their community by providing transitional housing and support.

House of Hope is designed for female participants who are committed to sober living with like-minded persons. Huron County residents are preferred, residents from other counties will be considered on a space available basis. The house has a capacity for eight participants. Anticipated length of stay is one year.

The Women's House of Hope is operated by Family Life Counseling and Psychiatric Services 151 Marion Ave., Mansfield, Ohio Inc.; an Ohio corporation for non-profit. Family Life Counseling has existed in Ohio since 1999, providing support to persons and families in times of crisis. Family Life Counseling organization enjoys strong relationships with Huron County businesses, churches, government, and law enforcement.

For persons who are in need of Recovery Housing programming the application process is as listed below. The process will take no more than 48 hours from the time we receive your application (not including weekends).

- 1. Complete and submit application to jdickmanflc@gmail.com.**
- 2. The Women's House of Hope will schedule a preliminary phone screening as soon as possible.**
- 3. If accepted, transportation to Women's House of Hope will be arranged.**
- 4. Once at the house, applicant must pass an observed drug screen and complete intake paperwork.**

**The application, as well as additional contact information, can be found online at:
<https://www.flcps.com/services/substance-use-treatment/recovery-housing>**

Please direct inquiries to:

Jessica Dickman, MS- LPCC-S, Norwalk, Ohio Site Director, Family Life Counseling & Psychiatric Services

Email: jdickmanflc@gmail.com

Phone: (419) 512-0811

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Applicant Information and Personal History:

Full Name: _____ Date: _____

DOB: _____

Current Address: _____

What type of housing is this and please describe current living situation?

Current county: _____

Previous Address: _____

Telephone Numbers: _____ (h) _____ (c)

Email address: _____

What is your sobriety date and how can it be verified? _____

Substances used: _____

Are you seeking housing that allows children? Yes No

Are you currently involved with substance use and/or mental health treatment? Yes No

If yes, where?

What is the name of your counselor and/or case manager?

Have you had treatment in the past for substance use? Yes No

If yes, where?

How many times have you attended inpatient treatment? Detox? Outpatient treatment?

Are you currently attending 12-step or recovery meetings? Yes No

Have you had mental health issues in the past? Yes No

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Have you ever attempted suicide? If yes, when and please describe the situation.

Are you having thoughts of harming yourself or others presently? If yes, please describe.

Have you ever been to House of Hope before? Yes No

Are you currently being treated for any medical conditions? Yes No

Are you taking any prescribed medications? If yes, please indicate what you are prescribed.

Do you have any physical challenges that you are aware of that will prevent you from performing basic household chores? Yes No

Do you have any special needs for accommodation based on your physical challenges? Yes
 No

Are you a registered sex offender? Yes No

Have you ever been convicted of a sex offense? Yes No

Have you ever been convicted of arson? Yes No

Have you ever been convicted of a violent crime? Yes No

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Please Check any/all of the following that apply to you:

- Pending Court Case: _____
- On Probation
- On Post Release Control (Parole)
- Have a Criminal History. If checked, please list all offenses and dispositions:

State and Counties of charges/convictions: _____

Name and telephone number of probation officer: _____

Please provide any other information that should be known about you or your situation.

I, _____ (Applicant Printed Name), declare that all of the foregoing statements of information are true and correct. I acknowledge that falsification of information may result in not being accepted into or dismissed from House of Hope participation. I authorize the release of this information sufficient to obtain a background check and other means necessary to verify all or part of the information I have provided. \

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Applicant Signature

Date