



# 'HOPE HOUSE'

## Supportive Housing

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2263 Lower River Road, NW \* Charleston, TN 37310

**TEL: 423-336-5364 \* EMAIL: [safyincinfo@gmail.com](mailto:safyincinfo@gmail.com) \* WEB: [www.seekandfindyourself.org](http://www.seekandfindyourself.org)**

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We appreciate your interest in our supportive housing program! We believe every potential client is at different stages of their recovery journey from various trials, traumas, addictions, and hardships; therefore, acceptance to our housing program is considered case by case. Hence, the guidelines will likely also vary from person to person, depending on individual goals. We have a one-time intake fee of \$100; room fees are \$100 per week if you own a car and \$150 per week if we provide transportation.

Candidates must be free from drugs or alcohol, including prescription narcotics and benzodiazepines. Candidates must also be self-motivated and provide food and hygiene supplies for themselves (we will help initially if necessary).

Attached is our preliminary application, which is the first step in considering you for intake. Please answer all questions throughout the application honestly and thoroughly and return them to us via email or the United States Postal Service. Please do not take photos of individual pages but scan and upload them to a computer if you send them via email.

Seek and Find Yourself, Inc.  
2263 Lower River Rd NW  
Charleston, TN 37310

Thank you for considering us to help you on your recovery journey. Upon receipt of your application, we will schedule an in-person interview if eligibility is determined. If you have any questions, please call the above number and ask to speak with a management team member.

In His Service,

Margaret 'Peggy' Klutts, Executive Director  
Seek and Find Yourself, Inc.

# APPLICATION

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS:  SINGLE  WIDOWED  BOYFRIEND (How long?) \_\_\_\_\_  
 MARRIED (How Long?) \_\_\_\_\_  SEPARATED (How Long?) \_\_\_\_\_  DIVORCED

CHILDREN (Names, ages, and who they live with):  
\_\_\_\_\_  
\_\_\_\_\_

HOUSEHOLD:  ALONE  WITH CHILDREN  WITH PARENT OR OTHER FAMILY  
 WITH ROOMMATE  WITH PARTNER  HOMELESS  INCARCERATED

DO YOU CURRENTLY HAVE (check all that apply):  Food Stamps  Social Security Card  
 Drivers License  State ID – What state-issued license or ID \_\_\_\_\_  Birth Certificate

SUPPORTIVE AND HEALTHY FAMILY MEMBERS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF MEDICAL OR OTHER EMERGENCY (if different than above):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PAST AND CURRENT WORK EXPERIENCE (note if you are working now):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEARS IN CURRENT FIELD OF WORK: \_\_\_\_\_ YEARS IN OTHER FIELDS \_\_\_\_\_

WORK GOALS (WHAT IS YOUR DREAM JOB):

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ON DISABILITY?  YES  NO IF SO, MONTHLY INCOME \_\_\_\_\_

OTHER INCOME SOURCES AND AMOUNTS:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

DID YOU GRADUATE HIGH SCHOOL? [ ] YES [ ] NO      GED? [ ] YES [ ] NO

COLLEGE GRADUATE? [ ] YES [ ] NO    IF YES, DEGREE: \_\_\_\_\_

**EDUCATION GOALS (if applicable):**

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**WHY YOU ARE SEEKING TRANSITIONAL SUPPORTIVE HOUSING AT THIS TIME:**

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**WHAT ARE YOUR HOBBIES, INTERESTS, OR PASSIONS?**

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**HOW DO YOU HOPE YOU'RE YOUR LIFE WILL BE DIFFERENT?**

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**HOW LONG DO YOU THINK YOU'LL NEED SUPPORTIVE HOUSING?**

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**MEDICAL INFORMATION**

**PLEASE LIST CURRENT MEDICAL ISSUES, MEDICATIONS, & PRESCRIBING DOCTOR(S):**

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**PLEASE LIST ANY PAST MEDICAL DIAGNOSES, ISSUES, OR SURGERIES:**

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## LEGAL HISTORY

CURRENT CHARGES OR INCARCERATED AT: \_\_\_\_\_

PAST CHARGES (When & Where) \_\_\_\_\_

ARE YOU CURRENTLY ON **STATE** PROBATION OR PAROLE? [  ] Yes [  ] No

PROBATION/PAROLE OFFICER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT STATUS OF LEGAL ISSUES AND WHAT STATES ARE THE CHARGES IN?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUBSTANCE ABUSE HISTORY

	AGE OF FIRST USE	FREQUENCY OF USE	ROUTE OF ADMINISTRATION	DATE OF LAST USE	CURRENT USE (YES/NO)
Alcohol					
Amphetamine					
Methamphetamine					
Cocaine (powder)					
Cocaine (crack)					
Heroin					
Other IV Drugs					
Benzodiazepines					
Opiates					
Hallucinogens					
Cannabis/THC					
Methadone					
Barbituates					
Inhalants					
Steroids					
Nicotine					
Caffeine					
Other					

DRUG(S) OF CHOICE: \_\_\_\_\_

USED TO RELAX / HELP SLEEP? [  ] YES [  ] NO      USE FOR ENERGY? [  ] YES [  ] NO

USE TO RELIEVE PHYSICAL PAIN [ ] YES [ ] RELIEVE EMOTIONAL PAIN? [ ] YES [ ] NO

PLEASE DESCRIBE LOSSES EXPERIENCED DUE TO ADDICTION: \_\_\_\_\_

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PERIOD OF VOLUNTARY ABSTINENCE: LONGEST \_\_\_\_\_ LAST \_\_\_\_\_

HAVE YOU ATTENDED NA OR AA? [ ] YES [ ] NO WHEN? \_\_\_\_\_

HAVE YOU COMPLETED THE 12 STEPS WITH A SPONSOR? [ ] YES [ ] NO

OTHER CURRENT OR PAST COMPULSIVE/ADDICTIVE BEHAVIORS (gambling, eating, sex, work, nicotine, etc.):

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### TREATMENT / COUNSELING INFORMATION

HAVE YOU BEEN IN SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT BEFORE?  
[ ] YES [ ] NO – IF SO, PLEASE GIVE US THE FOLLOWING INFORMATION:

FACILITY	FACILITY ADDRESS & PHONE #	WHEN / HOW LONG WAS THE TREATMENT	COMPLETED?

PLEASE LIST ANY DIAGNOSIS, MEDICATION PRESCRIBED, AND DOSAGES DURING TREATMENT AT THE FACILITIES MENTIONED ABOVE:

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DID THE TREATMENT OR MEDICATIONS WORK? WHY OR WHY NOT?

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## FAMILY MENTAL HEALTH / SUBSTANCE ABUSE HISTORY

FAMILY MEMBER	PROBLEM / DIAGNOSIS	WHEN / HOW LONG?	CURRENT RELATIONSHIP?

CURRENTLY SEXUALLY ACTIVE?  YES  NO

AGE OF FIRST SEXUAL EXPERIENCE: \_\_\_\_\_ CONSENTUAL?  YES  NO

## SPIRITUALITY

SPIRITUAL FAITH GROUP, IF ANY (Baptist, Pentecostal, Methodist, etc.):

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DO YOU BELIEVE IN GOD?  YES  NO      RELATIONSHIP WITH GOD?  YES  NO  
ANY SPIRITUAL ISSUES, PROBLEMS WITH GOD OR THE CHURCH AS YOU KNOW IT?

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## FEE SCHEDULE

ROOM FEES ARE DUE IN ADVANCE AND ARE NON-REFUNDABLE:  
\$100 PER WEEK IF YOU OWN A CAR AND TRANSPORT YOURSELF  
\$150 PER WEEK IF WE TRANSPORT YOU

WE ASK THAT YOU HAVE A FINANCIAL SPONSOR WHO CAN PAY FOR YOUR FEES, MEDICATIONS, AND OTHER PERSONAL NEEDS UNTIL YOU RECEIVE AN INCOME AND PAY YOURSELF (see attached promissory note).

*Note: We provide transportation until you obtain a car (Mon – Fri 8 am – 5 pm). You are encouraged to find other rides from housemates, volunteers, church, or recovery friends or utilize Uber for shifts outside our driver schedule.*

## PROMISSORY NOTE

*What is a financial sponsor?* A sponsor has agreed by signing a Promissory Note to pay the Residential Fees due to Seek and Find Yourself, Inc. until the participant obtains full-time work. A sponsor also helps cover the resident's personal needs, including but not limited to: medications, stamps, medical co-pays at our local medical clinics, etc.

**By signing below, I understand to pay fees as described above unless other arrangements are made with staff.**

APPLICANT OR SPONSOR NAME (PRINT): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SPONSOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT ARRANGEMENT NOTES (Staff use only):

\_\_\_\_\_

\_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_