



HOPE HOUSE serving NE Colorado  
(970) 380-7885  
[s.wilsonhopehouse@gmail.com](mailto:s.wilsonhopehouse@gmail.com)

**Application for Consideration for Housing and/or Case Management Services**

Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Do you have a valid Colorado ID? Yes  No  If no, has application been started? Yes  No

Do you have a social security card? Yes  No  If no, has application been started? Yes  No

Do you have a birth certificate? Yes  No  If no, what state were you born? \_\_\_\_\_

Do you have a Medicaid number? Yes  No  If yes, Medicaid # \_\_\_\_\_

Are you requesting housing? \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

We require a 6-month commitment, is this something you are willing to do? Yes  No

Please explain why:

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

How would you describe your physical health?

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

Are you currently enrolled in mental health support? Are you on medication, if yes, please explain below

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

Are you involved in substance abuse support?

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

Please describe your employment skills.

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When considering you for placement at times we are not able to meet with all potential individuals due to their location so, please tell us things about yourself that you would like us to know such as concerns you may face, any future goals you would like to achieve, and who do you have for support?

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Please provide information on how to contact you and who your case manager is:

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Thank you for your interest in wanting to become a part of Hope House serving NE  
Shaun M Wilson/Executive Director

Our Mission: "To empower individuals on their journey to the road of self-sustainability, navigation of recovery and a complete break in the cycle of recidivism. "