



"You will be secure, because there is hope." Job 11:18

PROGRAM REFERRAL PACKET

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Please note the following:	
❖ No references from family or friends	
❖ Referent needs to know the applicant at least six months	



About Acres of Hope

Acres of Hope is a place of hope for homeless women with children who have a sincere desire to turn their lives around. The heart of our program will center on the special needs of the children to ensure a positive change that transfers to future generations. Our unique approach addresses the wholeness of each person in the family by considering their spiritual, physical and emotional needs.

Acres of Hope understands how integral each component is to each other. Without a long-term, balanced focus on each area, it is only a matter of time before negative thought patterns and habits rise to the surface and reverse progress made.

Homelessness is degrading and erodes self-confidence and often follows years (if not a lifetime) of hurts and negative messages. Therefore, programming that is undergirded with biblical truths and principles will provide practical skills, restore confidence and show residents their unique God-given purpose in life. Residents will be challenged to face the issues that keep them from moving forward and securing the future they are meant to have.

Improving relational, coping and basic life skills will be reinforced throughout the resident's stay at Acres, which could be up to two years. Laying a strong foundation of relational and life skills is critical to the success of each resident. Special emphasis on job readiness will be introduced during the latter part of their individualized program.

Acres of Hope will address the various components leading to homeless by thoroughly assessing the dynamics of each family unit, providing a loving environment that is balanced with accountability, and offering classes and learning opportunities in the following areas:

- Emotional Stability
- Children's Programming and Family Enrichment
- Connection to Community Services
- Education
- Life Skills
- Substance Abuse
- Mental Health and Medical Services
- Job Readiness
- Aftercare
- Parenting
- Relapse Prevention

The vision of Acres of Hope is to provide a safe family environment and a healthy living program for women with children that sets the foundation of change and breaks the cycle of homelessness.

The mission of Acres of Hope is to improve the physical, emotional, social, economic and spiritual quality of life for homeless women and their children. We accomplish this by identifying and replacing faulty belief systems that drive destructive behaviors with biblically based truths and the implementation of healthy life skills.

Our Core Values

- ❖ We value the unique purpose that God has planned for every person.
- ❖ We value healthy relationships with God, self and others.
- ❖ We value relationships that provide mutual support and accountability without judgment.
- ❖ We value a safe environment that promotes personal authenticity.
- ❖ We value continued growth in all stages of life.



Admission to Acres of Hope

The success of Acres of Hope depends upon strong community support and partnerships. We consider our program to be an extension of the many services already available to the homeless community. Residents come to Acres of Hope through both an application and a referral process. Candidates may be referred by churches, government agencies, schools, doctors, counselors and other community service agencies.

Who is a good candidate for admission into Acres of Hope?

1. **Homeless** – Applicants must be homeless, facing homelessness or exiting a homeless service program.
2. **Referrals** – Acres of Hope invests heavily in our residents. As good stewards of our resources, we seek applicants who have demonstrated a sincere desire to address the obstacles that caused their homelessness. Referrals serve as a testimony to the applicant's willingness and capability to be successful in the Acres of Hope program. Referral forms cannot come from family members or close personal friends.
3. **Length of stay** – Residents will live at Acres of Hope for up to two years.
4. **Cost** – Residents do not pay rent to reside at Acres (unless their source of aid requires it), but there is a small monthly program fee. This fee is on a sliding scale for those that have little income and is waived for families that have no income or aid.
5. **Drug, alcohol and tobacco free** – Residents must be drug and alcohol free for a minimum of three months prior to admission. We are a tobacco free environment; residents cannot smoke once they enter the program. However, they can wear patches for up to six weeks after entry.
6. **Women with children** – Acres of Hope is for single women with children up to age 10 (so that children graduate the program with their mom prior to the age of entering high school)

What is expected of the referring church, agency or individual?

1. Referent must be well enough associated with the applicant to be able to confirm the applicant's commitment to a program such as what we offer at Acres of Hope. Referent should know the applicant for at least six months.
2. Referent must complete the Reference Form. Please be honest and forthright. Information provided on this form does not preclude the applicant from gaining admission, but rather provides information to help develop an individual family plan upon admission.
3. Referent should not share the information provided on the Reference Form with the applicant, but return the form directly to Acres of Hope.
4. Referent should encourage the applicant to answer all questions on the application to ensure proper evaluation.
5. Referent should be willing to assist the applicant in obtaining documents required for admission (see Instruction page).
6. Referent should not be a family member or a close personal friend.



Instructions

Instructions to the Referring Church, Agency or Individual

1. Referent must be able to answer “yes” to the following:
 - a. Applicant has been drug and alcohol free for at least three months.
 - b. Applicant’s children that will reside at Acres of Hope are between the ages 0-10.
 - c. Applicant is homeless, facing homelessness or exiting a homeless service program.
 - d. Applicant understands that Acres of Hope is a faith-based program and is willing to work within Christian values.
2. Complete and submit the *Reference Form* by mail (PO Box 238, Auburn CA 95604), to Acres of Hope. The referent may submit the applicant’s portion of the application/referral packet as well.
3. Assist applicant in gathering required documents listed in the next section.

Instructions to the Applicant

1. Complete the *Eligibility Application* and *Personal Statement* and submit them by mail (PO Box 238, Auburn CA 95604).
We will not accept applications that are dropped off at our facility.
2. Have **two** references complete and submit the *Reference Form* directly to Acres of Hope by mail.
3. If you are accepted into Acres of Hope, you will be required to provide the following documents and should begin gathering this information when you submit your application:
 - a. Picture ID or Driver’s License (original, not a photocopy).
 - b. Social Security Card (original) or verification of application for Social Security number.
 - c. MediCAL or MediCARE cards or other health insurance cards (originals).
 - d. Birth certificate for each person entering Acres of Hope (originals).
 - e. Verification of legal guardianship or custody orders (if applicable; copy sufficient).
 - f. Pregnancy verification including due date if applicable; copy sufficient).
 - g. Have a current TB test.

What Happens Next?

1. Acres of Hope reviews applications and references forms.
2. Acres of Hope responds to each applicant within 10 days of receiving of a complete application/referral packet to acknowledge receipt.
3. Acres of Hope schedules interviews for applicants when openings are available.
4. Acres of Hope will schedule an intake appointment for accepted applicants, at which time all of the documents listed above must be presented.

Please be aware that Acres of Hope receives more applications than we have the ability to accommodate. Applicants not accepted can request that their application remain on file for consideration for the next time space is available.



Acres of Hope Reference Form
(All information provided will be confidential)

Applicant Last Name _____ First Name _____

Your Name _____

Agency Name _____

Agency Address _____

Agency Phone Number _____ Agency Fax Number _____

Please do not complete this form if you have not known the applicant for at least six months or are a family member or close personal friend.

How long have you know the applicant? _____ How long has she been homeless? _____

How long has the applicant been involved with you or your agency? _____

Please describe the services you provide for the applicant:

What are the applicant's strengths and weaknesses?

Are there any barriers that would prevent the applicant from thriving in our program?

What type of accommodation or assistance would be needed?

Are there any special needs for applicant and/or her children needed?

Has the applicant ever been barred/banned from a social service agency? Why / Where / When?

Has the applicant been in permanent housing in the last two years? Where?

What services will you continue to provide for the applicant?

How well does the applicant deal with stress and annoyances? Have you ever seen her respond to stress or annoyance with violence?

Are you aware of any mental health issues past or present? Yes No Unknown
If yes, please describe specifically:

Is she receiving any mental health services? Yes No Unknown
If yes, please describe specifically.

Does the applicant take care of her health? Is she medication compliant? Yes No Unknown
Please explain your observations:

Are you aware of any abuse of drugs or alcohol past or present? Yes No Unknown
If yes, please describe specifically:

Is she receiving chemical dependence treatment? Yes No Unknown
If yes, please describe specifically:

Has she been at drug and alcohol free for at least three months? Yes No Unknown

Are you aware of any other services that the applicant may be receiving? Yes No
 If yes, name services:

Are there any potential issues/concerns that the Acres of Hope staff should be made aware of (health, behavior social, etc.)? Yes No
 If yes, explain:

PLEASE EVALUATE THE APPLICANT TO THE BEST OF YOUR KNOWLEDGE:

Independent Living Skills:

Please evaluate applicant's ability and willingness to do the following (c *appropriate description*):

Maintain personal cleanliness	Good	Fair	Poor	Unknown
Maintain cleanliness of personal space	Good	Fair	Poor	Unknown
Plan and prepare meals	Good	Fair	Poor	Unknown
Grocery shop	Good	Fair	Poor	Unknown
Utilize public transportation	Good	Fair	Poor	Unknown
Personal laundry	Good	Fair	Poor	Unknown

Daily Communication Habits (*appropriate description*):

Able to communicate needs	Good	Fair	Poor	Unknown
Able to work in small group setting	Good	Fair	Poor	Unknown
Able to work in large group setting	Good	Fair	Poor	Unknown
Cooperate with staff/others	Good	Fair	Poor	Unknown
Argumentative with staff/others	Frequently	Occasionally	Never	Unknown
Verbally abusive to staff/others	Frequently	Occasionally	Never	Unknown

Observation of Drinking/Drug Abuse Habits (*appropriate description*):

Consumes alcohol	Yes	No	Frequency?	Unknown
Binges	Yes	No	Frequency?	Unknown
Abuses non-prescription drugs	Yes	No	Frequency?	Unknown
Abuses prescription drugs	Yes	No	Frequency?	Unknown
While drinking/using, danger to self/others	Yes	No	Frequency?	Unknown
While drinking/using, verbally abusive	Yes	No	Frequency?	Unknown

Other Behaviors (*appropriate description*):

Used a weapon on staff/others	Frequently	Occasionally	Never	Unknown
Dangerous to self/others	Frequently	Occasionally	Never	Unknown
Has started fires	Frequently	Occasionally	Never	Unknown
Suicidal	Frequently	Occasionally	Never	Unknown

Additional comments:

Will you recommend her? Yes No

I certify that the above information given is true to the best of my knowledge.

Signature _____ Date _____

PLEASE FILL OUT FORM, PRINT AND MAIL DIRECTLY TO:

Acres of Hope Renewal Center
PO Box 238

Auburn, CA 95604

PH: (530) 878-8030

FX: (530) 878-8009

Scan/Email: program@acresofhopeonline.org