



“I will allure her; I will lead her into the desert and speak tenderly to her. I will give her vineyards from there, and the Valley of Achor as a door of hope. She shall sing there, as in the days of her youth, as in the day when she came up from the land of Egypt.”

Hosea 2:14-15

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.



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



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.
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 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 person church or agency?

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.
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 or fax (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 or fax to Acres of Hope.
2. Have **two** references complete and submit the *Reference Form* directly to Acres of Hope by mail or fax.
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.
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.



Eligibility Application
(All information provided will be confidential)

Applicant Information:

Last Name _____ First Name _____ MI _____

Birthdate _____ Primary Language _____ Secondary Language _____

Are you homeless at this time? Yes No

Contact Address (include Apt #) _____

City _____ State _____ Zip _____

Contact Phone _____ Message Phone _____

Do you have any homeless children with you? Yes No

Do you or any of your children have any serious or life threatening conditions? Yes No

If yes, please explain: _____

Are you or any of your children disabled or have any special needs? Yes No

If, please explain and name child(ren): _____

Do you or any of your children have any mental health needs? Yes No

If, please explain and name child(ren): _____

Are you on probation/parole? Yes No

If yes, name of Officer _____ Phone _____

Are you a registered sex offender? Yes No

If yes, name of Officer _____ Phone _____

Do you have an open CPS case? Yes No When was case opened? _____

If yes, name of Case Worker _____ Phone _____

Have you been drug and alcohol free for at least 3 months? Yes No

Please read and initial the next five statements:

I understand that Acres of Hope is a faith-based program with a spiritual component included throughout. _____

I understand Acres of Hope is a smoke free environment and that should I be accepted into the program I need to not smoke cigarettes once in the program and will be allowed to use the patch or nicotine gum for only 6 weeks once I move into Acres of Hopeto quit. _____

I understand that Acres of Hope is an environment that is free of romantic relationships. This includes visits with men friends who are not accompanied by a wife. _____

I understand that I may disqualify myself for admission into the Acres of Hope program if I provide false or fraudulent information. _____

I give permission to Acres of Hope staff and representatives to verify information I have given in this application and to release and communicate with other helping organizations to coordinate services. _____

Infectious Diseases:

You are not required to answer the following questions as they will not be a determining factor in your admission to Acres of Hope. However, this information will assist Acres of Hope to provide the best care for you and your family.

Do you or your child(ren) have any of the following conditions?

If yes, which member of the family?

Pinkeye Yes No

Productive cough Yes No

Night sweats Yes No

Fever Yes No

Head or body lice Yes No

Vomiting Yes No

Tuberculosis Yes No

Open wounds Yes No

Rash Yes No

Diarrhea Yes No

Bed Bugs Yes No

Scabies Yes No

Do you or your child/ren have any other infectious diseased other than above? Yes No

If yes, name the condition: _____

Tubercluosis:

Every applicant, including your child/ren, must have a clear TB test at the time of admission.

Please note: If applicant and/or child/ren presents with fever, producvtive cough, night sweats or other symptoms at time of admission, Acres of Hope will immediately refer them for medical release to Auburn Community Clinic, 11583 C Street, Auburn, CA 95603, (530) 889-7215 or (800) 488-4308 x7215.

Children (list all children from eldest to youngest):

1. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

2. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

3. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

4. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

5. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

6. _____
First Name Last Name MI Age DOB

Is this child living with mother? Yes No Father's name: _____

Custody status: Mother Father Relative Guardianship Foster Care

I certify that the information I have provided is accurate to the best of my knowledge. I understand that I must provide all eligibility documentation upon admission to Acres of Hope. I understand that completion of this application does not guarantee acceptance into Acres of Hope.



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 (*circle 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 (*circle 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 (*circle 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 (circle 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 FAX OR MAIL DIRECTLY TO:

Acres of Hope Renewal Center
PO Box 238
Auburn, CA 95604
PH: (530) 878-8030
FX: (530) 878-8009



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

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Your Name _____

Agency Name _____

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