



# The Potter's House of Ruth

ADDICTION RECOVERY & DISCIPLESHIP MINISTRY

## RESIDENT APPLICATION

All information contained in this application is confidential and is for use only by those who oversee the residential program. Please answer all questions to the best of your ability. Leave blank any questions you do not know the answers to.

### 1. Personal Information

A. Name \_\_\_\_\_ Age \_\_\_\_\_

B. Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ SSI# \_\_\_\_\_

Valid Driver's License    YES    NO    if Yes, DL# \_\_\_\_\_

C. Marital Status (circle one)    SINGLE    DATING    MARRIED  
    SEPARATED    DIVORCED    WIDOWED

D. Spouse's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

E. List Previous Spouses if applicable \_\_\_\_\_

F. Do you have children?    YES    NO    Do You Receive Child Support?    YES    NO  
     If yes, are you current?    YES    NO    Do You pay Child Support?    YES    NO

G.	Names of Children	Age	Birth date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**2. Education**

A. What is the highest grade you have completed? \_\_\_\_\_

B. Do you enjoy learning?      YES      NO

C. List any specific areas of training you have had \_\_\_\_\_

\_\_\_\_\_

D. What are your future educational goals? \_\_\_\_\_

\_\_\_\_\_

**3. Employment History**

A. What is or was your most current employment status (place, position)? \_\_\_\_\_

\_\_\_\_\_

B. How long have you been or were you employed there? \_\_\_\_\_

C. Can you return? (Please circle one)      YES      NO      NOT SURE

D. List the last 5 jobs you have had, length of time, and reason for change.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

G. What types of work do you enjoy doing? \_\_\_\_\_

**4. Criminal Justice History**

A. Incarceration History

Date \_\_\_\_\_ Charges \_\_\_\_\_ Sentence \_\_\_\_\_ Probation \_\_\_\_\_

Date \_\_\_\_\_ Charges \_\_\_\_\_ Sentence \_\_\_\_\_ Probation \_\_\_\_\_

Date \_\_\_\_\_ Charges \_\_\_\_\_ Sentence \_\_\_\_\_ Probation \_\_\_\_\_

Date \_\_\_\_\_ Charges \_\_\_\_\_ Sentence \_\_\_\_\_ Probation \_\_\_\_\_

E. Do you come under Megan's Law as a sex offender?      YES      NO

C. Do you have any legal issues pending?      YES      NO

Explain: \_\_\_\_\_

D. County Probation      YES      NO                      State Parole      YES      NO

Probation/Parole Officer: Name \_\_\_\_\_

Office Location \_\_\_\_\_ Phone Number \_\_\_\_\_

### 5. Spiritual

A. Have you accepted Jesus Christ as your personal Lord and savior?      YES      NO

B. Most recent church attended: \_\_\_\_\_

C. Present Chaplain/Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

D. Do you have a spiritual mentor?      YES      NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 6. Medical History

A. List any current or serious illnesses you may have had in the past.

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

B. What medications are you taking currently? (will take at Potter's House)

Name	Dose	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. What is the name of your Physician? \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**7. Sobriety**

A. Have you recently struggled with any of the following addictions? (Circle all that apply)

- Heroin      Cocaine/Crack      Alcohol      Prescription Medications
- Inhalants      Marijuana      Pornography      Gambling
- Ecstasy      Smoking      Other: \_\_\_\_\_

B. Are you now clean and sober?      YES      NO      If so how long? \_\_\_\_\_

C. Do you attend AA or NA      YES      NO

D. If you smoke are you interested in quitting?      YES      NO

*NOTE: Potter's House of Ruth has a non-smoking policy and if you are interested in quitting, we will provide the necessary assistance and counseling.*

E. Are you currently receiving treatment for any substance abuse?      YES      NO

If yes, describe : \_\_\_\_\_

F. List all recovery, rehab programs, or ministries that you have participated in.

Name: \_\_\_\_\_ Date \_\_\_\_\_ Did you complete      YES      NO

Name: \_\_\_\_\_ Date \_\_\_\_\_ Did you complete      YES      NO

Name: \_\_\_\_\_ Date \_\_\_\_\_ Did you complete      YES      NO

Name: \_\_\_\_\_ Date \_\_\_\_\_ Did you complete      YES      NO

G. Do you have medical insurance?      YES      NO      If yes,

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

H. Emergency Contact :

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**8. Family History**

A. Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

B. Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

C. Describe your relationship with your parents and any changes you believe should happen in the relationship \_\_\_\_\_

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

D. Describe briefly any history of addictions in your family? \_\_\_\_\_

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

**9. General Information**

A. Why do you want to live at The Potter's House? (Circle all that apply)

- 1. I need a place to live
- 2. I can't go home anymore
- 3. I need accountability and learn how to live in my community.
- 4. I need a home plan.
- 5. I need more structure in my life
- 6. Other (please explain)

\_\_\_\_\_

B. What are the goals you want to accomplish while at The Potter's House of Ruth?

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

C. How do you see The Potter's House of Ruth helping you accomplish these goals?

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

D. Explain how willing you are to respect others and the authority that is willing to help you with growth areas in your life while at The Potter's House of Ruth

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E. Date of desired entry \_\_\_\_\_

F. Name of person referring you to The Potter's House of Ruth or how did you find out about The Potter's House of Ruth

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**G. Write a 1-2-page summary of your life to introduce yourself based on your past experiences in life, present status, and future plans. Include a brief statement of your personal salvation experience or why you are interested in a Christ-centered program. (Page is attached for your summary)**



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I agree that the information I have included in this application is as accurate as possible and release it to Potter's House of Ruth for assistance in consideration for residency and as a resource to support a successful experience while at the House of Ruth. I understand that House of Ruth is not a short-term transitional program and that it can take between 8-12 months to complete the program.

I agree to release Potter's House of Ruth to contact individuals named in this application for further reference information.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness Address \_\_\_\_\_ Phone \_\_\_\_\_

## Note:

### Violent or Sexual Offenders

*· The structure and system in place at Potter's House of Ruth does not allow for Violent Offenders and/or Sexual Offenders to be accepted for residence at Potter's House for Ruth. For admission purposes a violent offender is defined as anyone with a documented history or pattern of behavior that includes aggressive and/or violent behavior or threats directed at others that has resulted in bodily injury or harm.*

### Children

*· Potter's House of Ruth is a residential setting for women and is not structured for children to live at the residence. Children of residents are allowed to stay at the House of Ruth for approved and scheduled visits.*

Summary of Life: