



## APPLICATION PROCESS

Thank you for your interest in the Rose Garden Recovery Community Program.

The Rose Garden is a place of hope and healing. As you know, our communities are in great need of homes such as ours. Many more women than we can accommodate apply each month. Our mission is sobriety and a changed life because of Jesus.

**Our desired number of residents is ten.** In order to achieve the greatest good, we are very selective about the women we admit into our home and our application process is designed to work with our program. We choose women who have a true desire for change in their lives and are willing to work hard to achieve it through a Christian, five-level, holistic program. Candidates must be physically, mentally, and emotionally stable to be admitted.

**Our program fees are \$189.00/week.** We do pursue scholarships and grants from outside sources to help supplement fees. Applicants must complete the application attached, and provide a detailed letter describing your heartfelt intentions for recovery. Recovery Works is a state funded program that may also help you with the weekly fees. In some situations they may pay more than half of your fees. Recovery Works may be available to help you with payments.

Our application process is as follows:

All questions must be answered or put "does not apply" in the blank. Potential candidates who are not incarcerated will be contacted within 7 days. If you have not heard by 7-10 days, please assume your application is not progressing at this time. If you are incarcerated and we seek to progress your application, we will interview you at the next availability. If you or your representative, have not heard within 30 days, please assume your application is not progressing at this time.

Following your interview we will then make a determination if we may be a mutual fit and consider you for admission. This may involve references, background checks, and speaking with your legal team. Any acceptance letter is based on all facts disclosed. Please make sure you complete the application in full. If you, or your representative, have not heard within 7-10 days of interview, please assume that your application has not been successful. This can be for a variety of reasons including; our mutual suitability, any legal obligations, availability, or current house dynamics.

Whether or not you were interviewed, you may reapply after 90 days of your original application. If you are interested in The Rose Garden Recovery Community, please contact us at **(574) 457-4408** for more information.

Sincerely,

Rebecca Rassi  
Executive Director  
Rose Garden Recovery Community  
P.O. Box 571, Syracuse, IN 46567

# Resident Application - PLEASE ANSWER EVERY QUESTION

## GENERAL INFORMATION:

Name:

\_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address:

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

Who may we contact for updates? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CURRENT & PREVIOUS LEGAL STATUS:

Are you currently incarcerated?: Yes/No If YES, what County?:

\_\_\_\_\_  
Date Entered: \_\_\_\_\_ Reason for arrest: \_\_\_\_\_

Are you currently under the supervision of one of the following (check all that apply):

- Probation
- Parole
- Community Corrections
- Other: \_\_\_\_\_

Which Counties?

If you have previously been incarcerated and/or under the supervision of probation, parole, community corrections, etc. – please list that on the space provided, and include dates:

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

Have you been convicted of a violent crime or sexual offence? Yes/No

If applying from jail, when do you anticipate being able to come to the Rose Home?

\_\_\_\_\_  
What is this dependent on?

\_\_\_\_\_

**FAMILY:**

Currently Pregnant: Yes/No

Children: Yes/No If YES, how many? (Include age of children and where they are currently living):

\_\_\_\_\_

Custody Status: \_\_\_\_\_

**EMPLOYMENT:**

Currently Employed: Yes/No If YES, where and for how long?

\_\_\_\_\_

Are you able to work? Yes/No If NO, please give details \_\_\_\_\_

Job Skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION (check all that apply):**

‡ High School:

Location: \_\_\_\_\_ Year(s): \_\_\_\_\_ Degree Received: Yes/No

‡ GED:

Location: \_\_\_\_\_ Year(s): \_\_\_\_\_ Degree Received: Yes/No

‡ College:

Location: \_\_\_\_\_ Year(s): \_\_\_\_\_ Degree Received: Yes/No

‡ Trade School:

Location: \_\_\_\_\_ Year(s): \_\_\_\_\_ Degree Received: Yes/No

Please list any other special trainings that you have had, and would like for us to know:

\_\_\_\_\_

\_\_\_\_\_

**SUBSTANCE ABUSE:**

When did you start using, and what?:

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What are your drugs of choice?

Drug of Choice:	Age Started:	Frequency:	Date of Last Use:

Have you ever overdosed: Yes/No If YES, from what?: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_ Substance \_\_\_\_\_

**PREVIOUS TREATMENT:**

Facility:	Date of Treatment:	Completed:	Court Ordered:

What is the longest that you have been clean/sober? \_\_\_\_\_ When? \_\_\_\_\_

How did you accomplish this? \_\_\_\_\_

**FAMILY HISTORY:**

Has anyone else in your immediate family ever had issues caused by alcohol/drug abuse?: Yes/No  
If YES, who and what from?:

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Who in your life has been an enabler, supporter, or has kept you accountable?:

Enabler: \_\_\_\_\_ Supporter: \_\_\_\_\_

Accountability: \_\_\_\_\_

**MEDICAL HEALTH:**

Medication:	Reason:	Dose:	Date last prescribed:

**MENTAL HEALTH:**

Condition:	Behavior:	Medication Taken:	Diagnosed or self-diagnosed?

Have you ever self-harmed, attempted suicide? Yes/No

If yes, please give details including date, action taken, treatment received

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**OTHER INFORMATION**

Why are you applying to the Rose Home now?

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**Please Turn Over to Fill In Page 5**

**REFERENCE:**

Please enter the details of someone who we may contact who will support your application:

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

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

**CONFIRMATION:**

I confirm that all information on this application form is correct to the best of my knowledge, and release the Rose Home to contact my reference, and legal contacts named below.

Name: \_\_\_\_\_ Role: \_\_\_\_\_ Number/email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date