



APPLICATION PROCESS

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

The Graduate Home offers women with a sober, communal, supportive living environment as they continue to walk confidently in their recovery. We want to provide graduates with an alternative to high-risk housing, by offering a safe alternative. Our program is more than a place to live, at the Graduate Home you will find support, accountability, and access to resources and life-skill classes.

To be considered for residence, our guidelines are:

- Women, aged over 18
- Graduate of a recovery program
- 9 months of sobriety
- 6 months free of toxic relationships
- Employed (3 months minimum)
- Have transportation

We are very selective about the women we admit into our Graduate Home. Candidates must be physically, mentally, and emotionally stable to be admitted. Prior felonies are permitted, however as this home will permit children staying, no sex offenders, or those with crimes against a child may be admitted.

We are intentional about keeping costs low; Our program fees (room, board, support) are \$150.00 per week, paid in advance. To move in we charge a move-in/out processing fee of \$50, a deposit is just \$250 (refundable), plus program fees. Total funds needed for move in \$425 (incl. refundable deposit). The program is a 6-12 month duration, extendable upon mutual agreement.

Applicants must complete the application attached.

If you do not feel you meet the criteria for the Graduate Home, you may be interested in our Recovery Home at The Rose Garden. Please contact us at **(574) 457-4408** for more information to discuss your needs.

Sincerely,

Intake Staff
Rose Garden Recovery Community, P.O. Box 571, Syracuse, IN 46567

LEGAL

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

- Probation
- Parole
- Community Corrections
- Other: _____

Which counties? Terms? Duration?

SUPPORT NETWORK:

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

Enabler: _____ Supporter: _____

Accountability: _____

SUBSTANCE ABUSE:

What are your drugs of choice?

Drug of Choice	Age Started	Frequency	Date of Last use

Sobriety Date: _____ Substance _____

Please detail your recovery journey:

Continue on a separate page as needed

MEDICAL HEALTH:

As a communal home it is vital to disclose all medications that you are currently prescribed:

Medication	Reason	Dose	Date last prescribed

Do you have any communicable diseases? E.g. Hep C, HIV, etc. _____

MENTAL HEALTH:

Condition	Behavior	Medication taken	Diagnosed or self diagnosed?

Have you ever self-harmed, attempted suicide? Yes/No _____ Date(s) _____

PROGRAM INFORMATION

Of which program are you a graduate of?

Program Name _____ Length of stay _____

Graduation Date _____ Phone number _____

Achievements: _____

REFERENCES:

Please enter the details of three people (including your recovery program manager, and employer) who we may contact who will support your application for residency:

Name: _____ Phone: _____ Relationship: _____

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 Garden to contact my references, and legal contacts named below.

Name	Role	Number/email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature

Printed Name

Date