



## **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 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, six-level, holistic program. Candidates must be physically, mentally, and emotionally stable to be admitted.

Our program costs \$189.00/week for room and board. Scholarships and grants are applied toward the application and intake fees, the first two to three weeks of your program, as well as a portion of your weekly room and board cost. **This brings your total cost down to \$150/week.** Applicants must complete the application attached **and also provide a detailed letter describing your heartfelt intentions for recovery.**

Our application process is as follows:

- We will review all the information provided on an application within 2 business days of receiving it at our office.
- If we seek to progress your application, we will interview you at the next availability. If you or your representative have not heard back 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 and with honesty. Any false or omitted information during the interview process could result in withdrawal of acceptance..
- If you, or your representative, have not heard back from us within 7-10 days of the 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,  
Kryshanna Kistler, CPRC, Recovery Manager  
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.: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

## RELATIONSHIPS

Marital Status (Check one):

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

Currently Pregnant: Yes/No

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

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

List names and ages of all children:

1. \_\_\_\_\_ DOB : \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

2. \_\_\_\_\_ DOB : \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

3. \_\_\_\_\_ DOB : \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

4. \_\_\_\_\_ DOB : \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

**Who may we contact for updates or in the case of an Emergency?**

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

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

**CURRENT & PREVIOUS LEGAL STATUS: DO NOT LEAVE BLANK**

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

\_\_\_\_\_

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

**Next court date:** \_\_\_\_\_

**Are you currently under the supervision of one of the following** Yes/No (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, as well as the individuals name who was supervising you:

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**EMPLOYMENT:**

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

\_\_\_\_\_

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

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**Job Skills:**

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**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:

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**SUBSTANCE ABUSE:**

When did you start using, and what?:

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**What are your drug/s of choice?**

<b>Drug of Choice:</b>	<b>List - Age @ first use, frequency of use, date of last use:</b>

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

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

**PREVIOUS TREATMENT**

<b>Name of Facility:</b>	<b>Date entered treatment, successful completion? - yes/no, treatment ordered by the courts? - yes/no:</b>

May we contact any previous treatment centers and/or programs as a reference? \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

\_\_\_\_\_

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?:

\_\_\_\_\_

\_\_\_\_\_

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? When?

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 Garden now?

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**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 give permission for the Rose Garden to contact my references and/or legal contacts named below.

Name: Relationship: Number/email:

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

**Please Mail Applications to:**

Kryshanna Kistler, CPRC, Recovery Manager  
Rose Garden Recovery  
P.O.Box 571  
Syracuse, IN. 46567

Applications may also be:

Emailed to: rgrnavigator@gmail.com  
Faxed to: 574-975-2784