



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

Our program fees are \$190.00. We do pursue scholarships and grants from outside sources to help supplement fees. 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 involved in an application within 2 business days of receiving it at our office.
- Potential candidates who are not incarcerated will be contacted within 7 days to schedule an interview.
 - o 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.
 - o 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
Board President
Rose Garden Recovery Community
P.O. Box 571, Syracuse, IN 46567



FOR Rose Garden OFFICE USE ONLY

Received: _____

Entered: _____

DoxPop: _____

Accept/Deny: _____

Resident Application

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?:

What are your drugs of choice?

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

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

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?:

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

OTHER INFORMATION

Why are you applying to the Rose Home now?

REFERENCE:

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

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