

# Application for Residency

Recovery Residences for Addicts in Emporia Kansas



Welcome! Congrats on taking this first step! Are you ready to make significant changes to be free from active addiction? **Only YOU** can make those changes, **but we can help** by providing you with the tools to succeed in your recovery. We provide **empowering housing** where you can explore your new life and begin making changes **today** that will enable you to create new patterns that carry forward to **tomorrow and your future**. Our programs focus on safe, stable, and empowering housing and life skills training (budgeting, job search, cooking, relationships, etc.). Our approach is holistic and spiritual. There is **hope for tomorrow** and the future if you are willing to make massive lifestyle changes starting today.

**Application Process:** Everything begins with the application below, which allows us to learn more about you, understand your needs, and determine how we can assist you. We know that forms are boring and routine, but this form allows us to gather info about you to get to know you better. Please send the completed form to:

Email: [melissa@empowerhouseministries.org](mailto:melissa@empowerhouseministries.org)

**OR**

Mail to: Empower House Ministries - P.O. Box 1001 – Emporia KS 66801

## Qualifications:

- Adult with addiction issues (drug or alcohol)
- You must be serious in your recovery journey and respectful of others in their recovery journey.
- We can accept registered drug offenders, but accept registered sexual offenders or registered violent offenders per our insurance company.
- You must be willing to have a drug and alcohol evaluation and follow treatment recommendations with a local treatment provider.
- You will need to address your mental health with a local provider.
- You must be willing and able to work. Once you are employed, you will be required to pay \$100 per week towards rent (including housing, utilities, internet/wi-fi, home phone, cable, etc.)
- Preference is given to those from Lyon or surrounding counties.

**Structure and Accountability:** Our goal is to provide you with structure and accountability while you begin your recovery journey. The abbreviated house rules are listed on the following page.

**Our Process:** When we anticipate an opening, we will contact you for an introductory call. Our next steps include an interview and background check to determine if Empower House Ministries is a good fit for you.

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## House Rules

### House Rules

No drugs or alcohol.  
No pets.  
No criminal activity.  
No overnight guests.  
No smoking or vaping in non-designated area.  
No food outside of the kitchen or dining room.  
No candles or open flames.  
No parking or driving on the grass.  
No pornography.  
No sexual activity on the property.  
No nudity in common areas.

### Weekly Goals

Attend house meeting.  
Attend three 12 step meetings.  
Attend monthly life skill clinics.  
Dedicate one hour per week to spiritual progress.  
Attend Goals and Progress (GAP) meeting.  
Complete household chores.

**Positive attitude, honesty, accountability, and taking responsibility are expected.**

### Expected behaviors

Follow the recommendations of your drug / alcohol evaluation.  
Address all mental health needs through local providers.  
Residents are accountable for their whereabouts. Use the accountability board.  
Residents will pay rent each week.  
Residents agree to random drug screening.  
Resident curfew is the same drug court or probation. If you are not on probation, curfew is 10 pm on weeknights and midnight on Friday and Saturday.  
Residents must be employed full time.  
Quiet hours are 10 pm to 7 am.  
Keep common areas and personal spaces clean.  
Clean the kitchen immediately after cooking.  
Don't deprive another of personal property.  
Complete pass request for overnight outing.  
Don't lend or borrow from other residents.  
Outside doors will remain locked.  
Prescriptions should be properly stored.  
Residents shall protect the privacy and confidentiality of other residents.  
Avoid new romantic relationships.  
If there are any conflicts with rules, the resident's first responsible is to abide by drug court, probation, or parole rules.  
Blending into the neighborhood is important.  
Visitors will remain in common areas and limited to a two hour visit between 9 am and 9 pm. Must be approved in advance.

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Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Applying for: \_\_\_\_\_ men house \_\_\_\_\_ womens house

## Current Housing

Address \_\_\_\_\_

Describe your current living situation and housing \_\_\_\_\_

\_\_\_\_\_

If incarcerated: Name of facility \_\_\_\_\_

Anticipated release date \_\_\_\_\_

## About You

Tell us about you \_\_\_\_\_

\_\_\_\_\_

Why are you ready for recovery? \_\_\_\_\_

\_\_\_\_\_

What has been your biggest challenges in getting clean and staying clean? \_\_\_\_\_

\_\_\_\_\_

What resources do you need the most? \_\_\_\_\_

\_\_\_\_\_

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## Background

We understand that you may have a criminal background. Do you have any charges related to violence or sexual offenses? \_\_\_\_\_

## Referral

How did you hear about us? \_\_\_\_\_

Who referred you to Empower House? \_\_\_\_\_

## Additional Details

Please include anything else that you would like to share \_\_\_\_\_

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## Signature

I have answered all questions to the best of my ability and as truthfully as possible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Consent For Third Parties

I, \_\_\_\_\_, hereby authorize Empower House Ministries to speak with the following parties as they evaluate me for residency:

Your initials	Your relationship	Organization	Contact Person
	Treatment Provider		
	Mental Health		
	Probation, bond, or parole		
	Attorney		
	Family member/significant other		
	Referral		
	Other		

I, \_\_\_\_\_, understand that Empower House Ministries may be in contact with the above parties to receive information or release information to and from the above parties to evaluate my possible participation in the programs of Empower House Ministries.

I, \_\_\_\_\_, provide my permission to the above-named parties to receive information or release information to and from Empower House Ministries to evaluate my possible participation in the programs of Empower House Ministries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Authorization for Background Check

**We will complete a background check for all applicants. We cannot have sexual or violent offenders per our insurance company.**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Home Address \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License or State ID # \_\_\_\_\_

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

In connection with your residency application with Empower House Ministries (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for evaluation purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I, \_\_\_\_\_ hereby authorize Empower House Ministries and/or its agents to make an investigation of my criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for verification that I do not have violent or sexual offenses and to verify that I am qualified to reside at Empower House. A telephone facsimile (fax) or photo copy of this consent shall be considered as valid as the original consent.

I, \_\_\_\_\_ hereby authorize Empower House Ministries and/or its agents to confirm that I am not a registered offender for violent or sexual offenses through the Kansas Bureau of Investigations (K.B.I.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_