

# Application for Residency

Recovery Residences for Addicts in Emporia Kansas



Welcome! Congrats on taking this first step! Are you ready to make major 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 to make **changes starting 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 to learn more about you, what you need, and how we can help. We know that forms are boring and routine, but this form allows us to gather info about you to get to know you better. Once you have completed the application below, please send the completed forms to any of the following:

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

**Mailing** – P.O. Box 473, Lebo KS 66856

**Fax:** 620-717-7671

Our next steps include an interview to determine if Empower House Ministries is a good fit for you.

## **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 cannot accept registered sexual offenders or registered violent offenders. We can accept registered drug offenders.
- You must be willing to attend treatment.
- Preference is given to those from Lyon or surrounding counties.

**Rent:** 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. We will have essential food items, but you will likely need to purchase some food.

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## House Rules

### Guiding Principles

**Be dedicated** and serious in pursuing your journey to recovery.

**Respect** the program, property and others in their recovery journey.

House rules provides both **structure and flexibility**.

### 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 life skill clinics when offered.

Attend one faith-based religious service.

Attend Goals and Progress (GAP) meeting.

Complete household chores.

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

### Expected behaviors

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 weekends.

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.

Residents shall work with staff in the event that they need to be gone overnight.

Don't lend or borrow money from other residents.

Outside doors will remain locked.

Prescriptions should be stored in locked nightstands.

Residents shall protect the privacy of other residents.

Avoid 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 (living dining room, kitchen). Visitors are limited to two hours between 9 am and 8 pm and must be pre-approved.

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## Application for Recovery Residence

Name \_\_\_\_\_

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

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

### Current Housing

Address \_\_\_\_\_

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

\_\_\_\_\_

If incarcerated, please provide 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? \_\_\_\_\_

Will you consent to a routine background check? \_\_\_\_\_

## 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:

Your initials	Your relationship	Organization	Contact Person
	Treatment Provider		
	Mental Health		
	Probation, bond, or parole		
	Attorney		
	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 applications since we cannot have sexual or violent offenders per our insurance company.**

TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security # \_\_\_\_\_ For identification purposes only, FULL DOB: \_\_\_\_\_

Drivers license number or state ID number \_\_\_\_\_ STATE \_\_\_\_\_

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 xerographic 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: \_\_\_\_\_