



An empowering environment for recovering addicts

www.EmpowerHouseMinistries.org

Recovery Residence for Female 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 mail it to PO Box 473 – Lebo KS. 66856. Our next steps include an interview to determine if Empower House Ministries is a good fit for you.

Qualifications:

- Adult female with addiction (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.
- Must be willing to attend treatment.
- You must be from Lyon or surrounding counties or have ties to 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 provide both **structure and flexibility**.

House Rules

No drugs or alcohol.

No pets.

No criminal activity.

No overnight guests.

No smoking or vaping in a 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 are 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 as 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 if 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 responsibility is to abide by drug court, probation, or parole rules.

Blending into the neighborhood is important.

Visitors will remain in the upstairs living room, kitchen, or dining room. Visitors are limited to two hours between 9 am and 8 pm.

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Application for Recovery Residence

Name _____

Email Address _____ Phone _____

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? _____

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What resources do you need the most? _____

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. _____

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:

- _____ Reference
- _____ Reference
- _____ Probation officer
- _____ Referrer
- _____ Treatment Provider
- _____ Treatment Provider

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 _____

SSN _____

D/L or STATE ID _____

STATE ISSUED _____

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 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: _____

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