

(Office Use Only) Interview Date: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

**JEFFERSON COUNTY TRANSITIONAL SERVICES, INC**

*Ruth Haven*

RESIDENT INFORMATION/APPLICATION FORM

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sobriety/Clean Date \_\_\_\_\_ Phone# \_\_\_\_\_

Current Address \_\_\_\_\_

Former Address \_\_\_\_\_

SSN \_\_\_\_\_ Marital Status \_\_\_\_\_ Cash on Hand \_\_\_\_\_

Able to pay first week's rent upon admission (\$135) & Drug screen (\$5)? Y/N

Have you attended/completed any current or past rehab programs? If so, when and where? \_\_\_\_\_

Prior resident? Y/N Date(s) \_\_\_\_\_ Level of Education \_\_\_\_\_

Do you have AA or NA contacts? Y/N If yes, who, where, when? \_\_\_\_\_

Are you willing to accept any type of employment? Y/ N

If no, explain \_\_\_\_\_

List past types of employment \_\_\_\_\_

Physical Limitations? Y/N Need accommodations? Y/N

Past hospitalizations? Y/N Date(s) & Location(s): \_\_\_\_\_

Are you an alcoholic? Y/N Addict? Y/N Drug of choice: \_\_\_\_\_

Are you presently taking meds prescribed by a doctor? Y/N

If yes, list all prescriptions\_\_\_\_\_

List all other meds including vitamins, herbs, etc. \_\_\_\_\_

Do you have a mental health diagnosis? Y/N \_\_\_\_\_

When were you diagnosed with the above: \_\_\_\_\_

Do you see a therapist, counselor or psychiatrist? \_\_\_\_\_

If so, list name and location \_\_\_\_\_

Are you on probation/parole? Y/N County \_\_\_\_\_ P.O. \_\_\_\_\_

Case pending? Y/N County \_\_\_\_\_ Lawyer Name & Phone \_\_\_\_\_

\_\_\_\_\_ Release Date? \_\_\_\_\_

List any past or current charges: (charge & date of charge) \_\_\_\_\_

\_\_\_\_\_

Do you have children? Y/N How many? \_\_\_\_\_ List ages \_\_\_\_\_

Who do they live with? \_\_\_\_\_

Do you have an open DCS case? Y/N Explain \_\_\_\_\_

\_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Person to contact regarding the acceptance/denial decision from interview?

\_\_\_\_\_

This space is for any other information that you would like to provide.



## *Ruth Haven*

*117 Presbyterian Avenue*

*Madison, IN 47250*

*Phone: (812) 274-2907*

*E-mail: ruthhaven@ymail.com*

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Ruth Haven, a program of Jefferson County Transitional Services, Inc. (JCTSI) is a residential program for women in recovery from alcohol and/or substance abuse which houses up to 9 women as they transition back into society.

The mission of JCTSI is to address the substance abuse epidemic in the local and surrounding counties by providing a supportive environment in which people with substance abuse issues can learn about the disease of addiction, develop skills to re-establish their lives, maintain sobriety and give back to the community.

We recognize that women in recovery face significant challenges, including:

\*dependency on alcohol/drugs \*economic issues \*poor work history \*health issues

\*lack of work skills \*housing \*limited education \*physical/sexual abuse \*parenting issues

Our goal is to assist and empower women to overcome these problems so that they have the best chance of success when they leave Ruth Haven.

Governed by a Board of Directors, daily operation of Ruth Haven is carried out by a full-time house manager and a night monitor who is also in recovery.

Residents are required to participate in self-help, counseling and community service. They work, pay rent and maintain the home. They are also required to cooperate with courts and other agencies with which they are involved.

Prospective residents must complete an application form and attend an interview. Once applicant is accepted, she must call every day (including weekends) to inform staff of continued interest in residency at Ruth Haven.

If you would like to see a comprehensive list of rules & expectations, I would be happy to send our Resident Handbook upon request.

Thank you for your time.

Sincerely,

*Cherilyn D. Miller*, House Manager

Basic criteria for admission:

We request that the applicant have at least the first week's rent in advance, and be:

1. Age 18 or older,
2. Presently free from alcohol and all non-prescription psychoactive substances,
3. Free from withdrawal symptoms,
4. Voluntarily seeking services and expressing a desire for services,
5. Free from medical or mental health conditions which would require treatment in another setting,
6. Able to take and pass a urine drug screen,
7. Willing to abide by house agreements,
8. Able to make at least a 4 month commitment to the program,
9. Willing to work/obtain a job if not currently working,
10. Able to pay specified rent.

\*We will not admit anyone without \$140 for first week's rent & drug screen, two (2) forms of ID (driver's license, birth certificate, social security card, or passport), and TB test. These are non-negotiable. All of these criteria must be met prior to arrival at Ruth Haven.

For referring agency: Send...

- \*medical evaluation and assessment with diagnosis (from within 90 days)
- \*history of drug and alcohol use
- \*treatment progress and recommendations
- \*TB screen results dated no more than 30 days prior (if available)
- \*application completed by client
- \*copy of release of information

If the person applying is taking prescription medication, they must have access to at least a month's supply upon admission. All medications must have a pharmacy label.