

# Ruth's Way for Women



A faith based recovery community  
focused on assisting women in recovery,  
female veterans, and homeless women.

## Application for House Membership

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Most recent address \_\_\_\_\_

Why are you applying to Ruth's Way for Women? \_\_\_\_\_

Who referred you to RFW? \_\_\_\_\_

What is your current source(s) of income? \_\_\_\_\_

How much is your monthly income? \_\_\_\_\_

What is your marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Do you have children? If so, what are their names and ages. \_\_\_\_\_

\_\_\_\_\_

If you are under a physician's care please list reason(s), name(s), and contact information?

\_\_\_\_\_

\_\_\_\_\_

Any preexisting medical conditions? \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you have any physical/emotional/mental limitations? \_\_\_\_\_

Are you taking any medications? Y \_\_\_\_\_ N \_\_\_\_\_

Please list medications and frequency \_\_\_\_\_

\_\_\_\_\_

Do you have insurance? \_\_\_\_\_

Name of insurance company/policy \_\_\_\_\_

Do you have an advocate/social worker/case manager/therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list name and contact information. \_\_\_\_\_

Are you a veteran? Y \_\_\_\_\_ N \_\_\_\_\_

Are you eligible for veterans benefits? Yes \_\_\_\_ No \_\_\_\_

Have you been in contact with Veterans Affairs? Yes \_\_\_\_ No \_\_\_\_

Are you in contact with a Veterans Service Officer? Where? \_\_\_\_\_

Is the Department of Children's Services involved? Yes \_\_\_\_ No \_\_\_\_

If so, what is the name and contact information of the social worker? \_\_\_\_\_

Are you suffering from substance use disorder? Yes \_\_\_\_ No \_\_\_\_

Are you recovering from: Alcohol \_\_\_\_\_ Drug addiction \_\_\_\_\_ Sobriety Date \_\_\_\_\_

If you have been in treatment for substance use, either inpatient or outpatient within the last two years, give the name of each program (i.e. detox, treatment center, halfway house) the dates you attended, and the reason for leaving.

Drug of Choice (Check all that apply and list specific form of substance)

- Alcohol Type \_\_\_\_\_  Amphetamines Type \_\_\_\_\_
- Benzos Type \_\_\_\_\_  Hallucinogen Type \_\_\_\_\_
- Marijuana Type \_\_\_\_\_  Cocaine Type \_\_\_\_\_
- Opiates Type \_\_\_\_\_ IV user? Yes \_\_\_\_ No \_\_\_\_
- Other Type \_\_\_\_\_

Have you been sober/in recovery in the past? Yes \_\_\_\_ No \_\_\_\_

When and for how long? \_\_\_\_\_

Why did you reuse? \_\_\_\_\_

Are you currently in a mutual aid or recovery program? Y \_\_\_\_ N \_\_\_\_

If yes, name of program: \_\_\_\_\_

How many meetings do you attend per week? \_\_\_\_\_

Do you have a sponsor? Y \_\_\_\_ N \_\_\_\_ If not, why? \_\_\_\_\_

What is your perception of recovery? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recovery goals (Be Specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recovery plan (Be Specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any harassment or domestic violence, issues? \_\_\_\_\_

Any restraining orders? \_\_\_\_\_

Is there anyone who you do not want on the property or to be in contact with? \_\_\_\_\_

\_\_\_\_\_

Do you have any open cases? If so, where? \_\_\_\_\_

Are you on Probation/Parole? Yes \_\_\_\_\_ No \_\_\_\_\_

Probation/Parole officer(s) name and contact information \_\_\_\_\_

\_\_\_\_\_

Are you in Recovery Court? \_\_\_\_\_ Where? \_\_\_\_\_

What other information would be helpful for us to know about you to serve you best?

\_\_\_\_\_

\_\_\_\_\_

List names and telephone numbers of two individuals who may be contacted in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ATTENTION : Ruth's Way for Women may require immediate expulsion from the house without prior notice and/or refund of any money, of any member for the following reasons:

1. Being in possession of, using, sharing, buying, or selling alcohol, unauthorized medication(s), or drug(s).
2. Misusing prescribed or over the counter medication(s).
3. Changing medication(s), dose amount, starting, or stopping medication(s) without prior authorization from RFWW leadership.
4. Allowing a person on property who presents to be under the influence of drugs or alcohol.
5. In noncompliance of the house standards, policies, or procedures.
6. In noncompliance of drug and alcohol policy.
7. In default of payment of weekly membership fees.
8. Has disruptive behavior or is hostile towards RFWW leadership.
9. Is verbally or physically abusive towards another member or RFWW leadership.
10. Bullying or intimidation of house members or RFWW leadership.
11. Cause damage or destruction of property.
12. Has lost focus of recovery plan.
13. Involved in illegal activity or charged with a crime during membership at Ruth's Way.

I have read the above ATTENTION notice and understand that I am applying for membership at, Ruth's Way for Women, as a member of a sober community. I agree to abide by Ruth's Way for Women's principles and fully subject myself to Ruth's Way's standards, policies, procedures, direction from RFWW leadership, and to comply with the drug/alcohol policy of Ruth's Way. I understand that I am subject to immediate expulsion from the house by any staff member if any of the preceding occur.

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

If I am on Probation or Parole, I understand that they will be contacted immediately upon my discharge. By signing below, I am giving my authorization to Ruth's Way for Women leadership to speak with any member of the probation/parole department at any time for any reason.

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

I give my authorization to Ruth's Way for Women leadership to speak with any employee or representative of the Department of Children and Families at any time for any reason.

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

I understand that if I leave voluntarily, I am to give at least two weeks notice to leadership and that I am fully responsible for any unpaid balances owed to the house expenses for which I am responsible for. If less than two weeks notice is given, or if I am expelled for any reason, I understand that any money owed to me will be forfeited.

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

### Work/Volunteer Policy

As a member of Ruth's Way for Women, I agree to either work, attend school, classes, volunteering, or any other productive activity that is approved by RFWF leadership, full time or according to my agreement with RFWF.

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

### Personal Property Policy

All personal property will be kept in the member's room. Members are not allowed to borrow any property of another member without the other member's consent, this includes food.

Ruth's Way for Women leadership is allowed to inspect any and all personal property, this includes any electronic property. When I leave RFWF I agree to take all of my property with me. If I leave for any reason without personal property, it will be held for up to 48 hours. After 48 hours the property will be discarded or donated unless arrangements have been made with RFWF leadership.

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

### Medication Policy

Member is responsible to provide documentation for any medication for approval by Ruth's Way for Women leadership. This includes all prescribed and non prescribed medications.

Medications are not to be in the possession of, shared with or sold to any house member.

Medications are to be taken only as prescribed. Not taking medication as prescribed or misusing medication may require immediate dismissal. If a member is in possession of, using, sharing, buying, or selling alcohol, unauthorized medications, misusing prescribed medications, or any drug the member may be required to leave RFWF property immediately. Some medications are to be held by RFWF leadership.

Changing medication(s), dose mount, or starting medication(s) without prior authorization from RFWF leadership may require immediate dismissal. It is the member's responsibility to ensure that medications will not cause a false positive. When leaving RFWF I agree to take all medications with me. Any medication may be disposed of after 48 hour of member exiting RFWF.

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

### Alcohol/Drug Testing Policy

Member is to comply with scheduled drug/alcohol analysis testing as well as random tests, including breathalyzing. Compliance with random drug/alcohol analysis tests are to be provided within 45 minutes of request. If an immediate suitable urine sample cannot be produced, member is to be in the presence of RFWF leadership until a suitable sample is given. Requests to be breathalyzed will be complied with immediately. If drug/alcohol analysis test is missed, it is considered a positive test and may require immediate dismissal without incident.

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

### Vehicle Waiver

I understand that I may request or be offered transportation from time to time from a house member, leadership, member of board of directors, volunteers, or managing members of Ruth's Way for Women. I hereby indemnify Ruth's Way for Women, house members, leadership, board of director members, volunteers, and/or managing members of Ruth's Way for Women from all damage or injury caused to me or others when I willingly accept transportation to or from any location or event, whether Ruth's Way for Women is related or not.

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

By signing below I certify that the information contained in this application is true, that I have read, understand, and accept the conditions set forth above for members and that I agree to abide by said conditions and all house standards, policies, and procedures should I become a member of Ruth's Way for Women.

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

## House Standards

1. Weekly fees due every Friday.
2. Two drug/alcohol urine analysis tests per week and random testing when requested. Breathalyzed randomly.
3. Being in possession of, using, sharing, buying, or selling alcohol, unauthorized medications, drugs, or misusing prescribed or over the counter medications may require immediate dismissal.
4. If a member is taking an over the counter drug, vitamin, energy drink, etc., it is the member's responsibility to ensure that it will not cause false positive results.
5. Any and all prescription and non prescription medication(s) will require approval from RFWF leadership.
6. Smoking in designated areas only.
7. If suffering from addiction, a member is to attend a minimum of three meetings (AA/NA, Smart Recovery, etc.) per week. If a member is not working full time, a member is to attend meetings every day. Multiple meetings in one day will be considered one meeting.
8. Member agrees to comply with all mental health and wellness agreements.
9. Member is to attend all mandatory in-house meetings.
10. Kitchen is to be cleaned, dishes washed and put away immediately after each use.
11. Member is not allowed in another member's room.
12. Member is responsible for her guest's behavior. Guests are only allowed in common areas unless permission from leadership is given. Men are not allowed in the house unless member has received permission from staff.
13. Every member is to clean up after herself, keep her room clean, and neat; and to complete chores daily.
14. Failure to maintain a clean living environment may ultimately result in dismissal.
15. No halogen lamps, candles, or incense.
16. Curfew Sunday through Thursday is 11pm, Friday and Saturday midnight.

When I move out of Ruth's Way for Women, I will give two weeks notice and leave a clean space for the next person, i.e. vacuum, etc. I will take all personal property and medications with me when I leave.

I have read and agree to abide by the above stated standards, direction from leadership, policies, and procedures.

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

## Financial Agreement

On the date that I become a member of Ruth's Way for Women fees of \$510 for a two person room or \$555 for a single person room is required unless arrangements have been made with Ruth's Way for Women's leadership. This amount includes the first week and last two weeks of rent.

Weekly rent is \$170 for a double room or \$185 for a single room.

Key replacement fee is \$20.

Two weeks notice is required when moving out of Ruth's Way for Women. If two weeks notice is provided, the last two week's rent will be applied towards those two weeks. The member is responsible for any other rent owed. The member is financially responsible for any property damage, weekly fees, or costs incurred to or by Ruth's Way for Women.

Weekly rent is due on Fridays.

If a member receives income on a monthly or bi-weekly basis, the member agrees to prepay weekly fees up to the date that member receives their next income payment.

I understand that failure to make consistent scheduled payments when due may result in my discharge from Ruth's Way for Women.

Any unpaid account balance at the time of discharge is subject to the cost of collections. I PROMISE TO PAY ACCOUNT for and in consideration of services to be rendered I promise to pay Ruth's Way for Women, all its charges rendered to me from admission to discharge. I understand that the total of such charges are due and payable according to this FINANCIAL AGREEMENT.

Signature \_\_\_\_\_

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



# Personal Data Information Sheet

Member's name \_\_\_\_\_

Cell # \_\_\_\_\_ email \_\_\_\_\_

Emergency contact person \_\_\_\_\_

# \_\_\_\_\_ Relationship \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ # \_\_\_\_\_

Blood type \_\_\_\_\_ Allergies \_\_\_\_\_

Health problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications/Dosage \_\_\_\_\_

\_\_\_\_\_