

**Application for Services**

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

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF REFERRING PERSON: \_\_\_\_\_ CONTACT # \_\_\_\_\_

AGENCY \_\_\_\_\_

**APPLICANT CONTACT INFORMATION:**

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (May message be left at this number \_\_\_\_ Yes \_\_\_\_ No)

Do you have a mental health diagnosis? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you currently on medication? If yes, please list \_\_\_\_\_

\_\_\_\_\_

**ADMSSION CRITERIA:**

- Must be at least 18 years old
- Must be homeless (living on streets, in a shelter, or being evicted/kicked out of current living situation)
- Must be an addict and/or alcoholic (you must have at least 30 days clean time)

**PROGRAM REQUIERMENTS:**

- Be employed within 30 days (must be able to work at least 20 hours)
- Attend AA/NA daily
- Have a sponsor
- Must be committed to actively participate in all aspects of the program

**GOALS:** What do you hope to accomplish while you are a resident of Ruth's House?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need further assistance contact Solvita at (812)480-5954