



Residential Application

Today's Date: _____

Name: _____ DOB: _____

Current living Situation: _____

Phone number where we can reach you: _____

May we leave a message at this number: YES/NO

Are you currently in a treatment or transitional program or incarcerated? YES/NO

If Yes, please explain: _____

What is your release date: _____

Have you ever been to treatment: YES/ NO

Where: _____ When: _____ Completed: _____

What is your drug(s) of Choice: _____

Have you ever been convicted of a felony: YES/NO

If yes, please explain: _____

Are you currently employed? YES/NO

Where: _____ Length of Employment: _____

Previous employment:

Dates:

Current Medications: (over the counter and prescribed)

Do you have a sponsor you are actively and currently working with? YES/NO

Who referred or recommended you to Ruth's House: _____

Return to P.O. Box 3323, Evansville, In 47732
Or by fax at 888-739-7838
Questions, call 812-455-2007