



**The RISE Program Application
(Renew, Inspire, Succeed, Engage)**

Legal Name:

Last _____ First _____ MI _____

Phone #'s (home, cell, work, friend's phone etc.)	Best time to call	Ok to leave message?

Date of Birth: _____ Age _____ Race/Ethnicity: _____

Current Kansas ID or Driver's license # _____

Are you homeless? _____ Do you have transportation? _____ Are you a veteran? _____

Street Address: _____ City: _____ State: _____

Who do you live with? _____

Relationship status _____

Minor Children's Basic information (Children will not live at the House during this program. Visitation not allowed on campus.)

Child's Legal Name	Gender	Birthdates	Where does this child live?

Note: Before being approved for this program, a background search will be conducted.

Charge/Crime	Felony?	Sentence	Fines	Date of completion

If you are currently on probation or parole, please fill out:

Name of court supervisor _____ Address _____ Phone # _____

Is this person supportive of you applying for The RISE Program? Circle: **Yes** or **No**

Substance Abuse:

Note: we require random drug testing before and during residency.

Type of drug/alcohol	When did you start?	How often?	Last usage

Please list any inpatient or outpatient treatment programs where you have been a patient:

Treatment Facility	Treatment Date	Court Mandated?

Have you ever been evaluated for mental health disorders? Circle: Yes or No

If so, what diagnosis was given for your mental health?

Do you have any physical health conditions? Circle: Yes or No

If so, please describe:

Have you received services from us before? _____ When? _____

Name of Staff who helped you? _____

Where/How did you hear about us? _____

If you have any questions about our program/intake, or do not hear from us within 72 hours after submitting this application, please call 620-241-1993.

My signature on this application authorizes employers, Community Service Providers, and any other persons or agencies with knowledge of my circumstances to release to Mt. Hope Sanctuary any information, including confidential, needed to determine my eligibility for the Program and services of Mt. Hope Sanctuary. This release is valid from the date signed below until revoked in writing by undersigned.

By my signature, I certify that the information contained in this application is true and factual to the best of my knowledge. I understand if any false information is given, the application may be denied.

Signature

Date