



Application for Program Acceptance

Please return to audrey@ravencares.com or 143 East Main Street, Morehead, KY
40351

Name: _____ Date: _____

Age: _____ DOB: _____ Phone Number: _____

How long have you been in recovery? _____

When did you complete a rehabilitation program? _____

What rehabilitation program did you complete? _____

Did you complete the program in compliance? _____

Where do you currently reside? What motivates you to want to reside with Raven Cares?

Can you pay the first month of rent (\$400)? _____

What specifics should Raven Cares consider in reviewing your application for the program and housing? _____

Do you currently have a job or other source of income? If so, what?



Please provide at least two references below (no family members):

Name and Relationship: _____ Phone Number: _____

Name and Relationship: _____ Phone Number: _____

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Name and Relationship: _____ Phone Number: _____

Do you agree to follow all guidelines and required program participation outlined for Raven Cares program participants? This includes maintaining a drug-free lifestyle, ongoing clinical services, working with a case manager, participation in skills courses and any course of action that would eliminate life barriers for participants. Also, upkeep of apartment regarding cleanliness and maintain condition of the dwelling, as well as meeting the required \$400 a month all inclusive rent. Yes____ No____

Do you understand that failure to comply with the requirements of the program is grounds for immediate termination of your participation? Yes____ No____

I, _____, hereby state that all the information I have provided in this application are true and correct and understand that I must meet all expectations listed here.

Signature

Date

Any questions, comments, or concerns? Please call our office at 877-728-3601

Raven Cares is a fair housing provider and does not discriminate on the basis of race, color, religion, sex, familial status, ancestry, disability, national origin, or military status.