



POTTER CHILDREN'S HOME & FAMILY MINISTRIES

2350 Nashville Road · Bowling Green, Kentucky 42101
270-843-3038

SPARK ADMISSION PRE-APPLICATION

Date: _____ Person completing Application: _____

I. Identifying Information

Name: _____ Age: _____ Sex: _____

Phone No: _____ E-mail address: _____

How did you find out about our program? Church Agency Potter resident Self/Other

II. Current Housing Situation

Please describe your current housing situation: _____

Why are you applying to participate in the SPARK program? _____

III. Family Relationships

Marital Status: Single Married Separated Divorced Widowed

Status of current Relationship: _____

How many children do you have? _____

Please provide some information about your children on the next page. Use the space on the back if you need more room.

Name	Age	Sex	Grade	Problems/Concerns

Do all these children live with you? Yes No Do you have children not listed? Yes No

Are you pregnant or is there a possibility that you are pregnant? Yes No

IV. Education/Employment

What is your highest level of education completed? _____

What were you studying? _____

What are your educational goals? _____

Current Employer: _____ Phone: _____

Position: _____ How Long? _____

May we call your employer for a reference? Yes No

V. Physical and Emotional Health

Please list any health concerns that you or your children currently have: _____

Do you and your children have a doctor? Yes No

Please list any mental health concerns you or your children currently have: _____

Do you and your children have a counselor? Yes No

VI. Substance Use

Please provide some information about your substance use in the last year.

Substance	What type?	How much?	How often?
Tobacco			
Alcohol			
Drugs			

Have you ever been in treatment for alcohol or drug abuse? Yes No

Would you consent to an alcohol/drug screen? Yes No

IX. Religion

Briefly describe your religious beliefs: _____

What is your religious preference? _____

Do you attend church? Yes No Church Name: _____

XII. Background Checks

Do you understand that background checks including criminal and child abuse registry checks will be made on you? Yes No

Is there anything that might appear on these checks that we need to know? Yes No

If yes, what? _____

XIII. References

Name and addresses of three references that are not related (completely fill out information)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

I certify that the above information is complete and accurate. I give Potter Children's Home permission to check my references and other information contained in this admission application. I understand that all information given to Potter Children's Home and Family Ministries' staff will be held in strictest confidence.

Signature: _____ Date _____