



# POTTER CHILDREN'S HOME & FAMILY MINISTRIES

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

## SPARK ADMISSION APPLICATION

Date: \_\_\_\_\_ Person completing Application: \_\_\_\_\_

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### I. Identifying Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_ Maiden \_\_\_\_\_ Nickname \_\_\_\_\_

Phone No: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Driver's License State \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

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### II. Marital Status

Marital Status:  Single  Married  Separated  Divorced  Widowed

Number of significant relationships (married or unmarried): \_\_\_\_\_

(Ex)Husband's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Relationship: \_\_\_\_\_

List all previous marriages:

Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Date of Divorce \_\_\_\_\_

(Ex)Boyfriend's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Relationship: \_\_\_\_\_

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### III. Children

List dependents: (if more than 4, list on back of this page please)

Name \_\_\_\_\_ Sex  Male  Female DOB \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Father's Name \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Father's Name \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Father's Name \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Father's Name \_\_\_\_\_

Do all of these children live with you?  Yes  No If not, with whom do they live? \_\_\_\_\_

Do you have other children not listed?  Yes  No What is their status? \_\_\_\_\_

Do you have sole custody of the children or do you share custody? \_\_\_\_\_

Are any of your children having issues such as behavioral problems at home or at school, medical conditions, or emotional problems?  Yes  No If yes, which child(ren). \_\_\_\_\_  
Describe the problems. \_\_\_\_\_

### IV. Military Service

If applicable, branch of service and years served: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

### V. Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_  
Graduation/GED Date: \_\_\_\_\_ Year? \_\_\_\_\_ GED Plans: \_\_\_\_\_

Vocational/Technical Training: \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Graduated?  Yes  No Certification? \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_  
If no, number of credit hours earned: \_\_\_\_\_

Most recent college/vocational training: \_\_\_\_\_

What were you studying? \_\_\_\_\_

## VI. Employment

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long? \_\_\_\_\_ Gross Wages: \_\_\_\_\_ per: \_\_\_\_\_

### List your past three employers and their addresses (if applicable):

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

## VII. Medical

Do you have medical coverage on you, your children, or both?  Yes  No

What type? \_\_\_\_\_

Please list all medications that you or your child/children currently take: \_\_\_\_\_

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

## VIII. Mental Health

Have you ever had a psychological evaluation?  Yes  No Date completed \_\_\_\_\_

Have you and/or your children been in a psychiatric hospital?  Yes  No

If yes, list dates and reasons for hospitalizations: \_\_\_\_\_

### Substance usage

How often and how much do you smoke? \_\_\_\_\_ If you have quit, when was the last time you smoked?  
\_\_\_\_\_

How often and how much alcoholic beverages do you drink? \_\_\_\_\_

What do you prefer to drink? \_\_\_\_\_

When was the last time you had a drink? \_\_\_\_\_

How often and how much drugs do you use? \_\_\_\_\_ What do you prefer to use?

\_\_\_\_\_ When was the last time you used? \_\_\_\_\_

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

If yes, when, how many times, and where? \_\_\_\_\_

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

**Counseling**

Have you or any of your children ever been prescribed an anti-depressant, anti-anxiety or any other psychotropic medication?  Yes  No

If yes, who and what was the name of the medicine and dosage? \_\_\_\_\_

Have you or any of your children received mental health counseling?  Yes  No

If yes, who, with whom, and the reason: \_\_\_\_\_

**Personal Character Assessment**

*Check those characteristics you consider to be your strengths:*

- |                                      |                                      |  |                                      |
|--------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Encourager    | <input type="checkbox"/> Capable     |
| <input type="checkbox"/> Energetic   | <input type="checkbox"/> Respectful  | <input type="checkbox"/> Focused       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Honest      | <input type="checkbox"/> Caring      | <input type="checkbox"/> Fair          |                                      |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Kind        | <input type="checkbox"/> Complimentary |                                      |
| <input type="checkbox"/> Confident   | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Willing       |                                      |

*Check those characteristics you consider to be your weaknesses:*

- |                                       |                                   |  |                                      |
|---------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Guilt ridden | <input type="checkbox"/> Lazy     | <input type="checkbox"/> Tired         | <input type="checkbox"/> Impolite    |
| <input type="checkbox"/> Anger        | <input type="checkbox"/> Moody    | <input type="checkbox"/> Loneliness    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dishonesty   | <input type="checkbox"/> Defeated | <input type="checkbox"/> Talkative     |                                      |
| <input type="checkbox"/> Confused     | <input type="checkbox"/> Defiant  | <input type="checkbox"/> Hopeless      |                                      |
| <input type="checkbox"/> Proud        | <input type="checkbox"/> Bossy    | <input type="checkbox"/> Inconsiderate |                                      |

**Emotional Issues:**

*Check those areas which apply.*

- | <b>Current Problems</b>                   | <b>Mental Problems</b>                         | <b>Help Wanted Areas</b>                      |
|---|--|---|
| <input type="checkbox"/> Eating           | <input type="checkbox"/> Unable to concentrate | <input type="checkbox"/> Finances             |
| <input type="checkbox"/> Sleeping         | <input type="checkbox"/> Lack of ambition      | <input type="checkbox"/> Career choice        |
| <input type="checkbox"/> Marriage         | <input type="checkbox"/> Fears                 | <input type="checkbox"/> Child Discipline     |
| <input type="checkbox"/> Dating           | <input type="checkbox"/> Memory loss           | <input type="checkbox"/> Marital counseling   |
| <input type="checkbox"/> Sexual           | <input type="checkbox"/> Suicidal              | <input type="checkbox"/> Outlook toward life  |
| <input type="checkbox"/> Child discipline | <input type="checkbox"/> Nightmares            | <input type="checkbox"/> Religious motivation |
| <input type="checkbox"/> Finances         | <input type="checkbox"/> Panic attacks         | <input type="checkbox"/> Health               |
| <input type="checkbox"/> Body image       | <input type="checkbox"/> Combative             | <input type="checkbox"/> Relationships        |
| <input type="checkbox"/> Alcohol/drugs    | <input type="checkbox"/> Headaches             | <input type="checkbox"/> Work Habits          |
| <input type="checkbox"/> Physical abuse   | <input type="checkbox"/> Depression            | <input type="checkbox"/> Sleep Habits         |
| <input type="checkbox"/> Sexual abuse     | <input type="checkbox"/> Paranoia              | <input type="checkbox"/> Time Organization    |

**IX. Religion**

What is your religious preference? \_\_\_\_\_

Briefly describe your religious beliefs: \_\_\_\_\_

Do you attend Church?  Yes  No Church Name: \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

If you are being referred to the SPARK program by your home congregation, what is the name of the church? \_\_\_\_\_

Address/Phone: \_\_\_\_\_

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## X. Transportation

Do you have a car?  Yes  No

Is it in good working order?  Yes  No

Do you have a current driver's license?  Yes  No

Do you have up to date care license and insurance?  Yes  No

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## XI. Pets

The only pets that residents are allowed on campus are one bird and fish. No resident may have a pet until after three months. Do you have pets?  Yes  No Are you willing to find alternative placement for your pet if accepted into the SPARK program?  Yes  No

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## 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 would be of concern to Potter staff?  Yes  No If yes, what? \_\_\_\_\_

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## 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: \_\_\_\_\_

### Emergency Contact:

List someone in the area that is not already on the application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

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## XIV. Goals

Why are you applying to participate in the SPARK program? \_\_\_\_\_

What would you want to accomplish for yourself and your family if you were in this program? \_\_\_\_\_

Please discuss any of the following issues which are significant concerns for either you or your child(ren).

Family Stressors (Divorce/separation, step-parenting, adoption, parenting concerns) \_\_\_\_\_

Abuse History (sexual, physical, emotional, neglect, other) \_\_\_\_\_

Financial Stressors (debt, income and existing expenses) \_\_\_\_\_

Mental Health Concerns (substance abuse, eating disorders, alcoholism, anger, depression, other) \_\_\_\_\_

Losses (deaths, relationships, jobs, etc.) \_\_\_\_\_

**In each category below, please list some specific goals you would like to work on during your stay at Potter:**

Family Goals (way of life, issues, etc): \_\_\_\_\_

Financial Goals (budgeting, paying old bills, etc.): \_\_\_\_\_

Spirituality (get a closer relationship to God): \_\_\_\_\_

Education (GED, Vocational, College, etc): \_\_\_\_\_

Housekeeping: \_\_\_\_\_

Personal (areas of your life you may want to change): \_\_\_\_\_

Please list any specific goals or special needs that your child(ren) might have: \_\_\_\_\_

Other significant information: \_\_\_\_\_

How did you hear about the SPARK program? \_\_\_\_\_

“Please think about how you are coping with your current situation. On a scale of 1 to 10, 10 being the best and 1 being the worst, what number best describes how you are coping now.”

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_