

# POTTER CHILDREN'S HOME & FAMILY MINISTRIES

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

# **SPARK ADMISSION APPLICATION**

Date: Person completi	ng Application:	
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 S		
II. Marital Status		
Marital Status: Single Married	Separated Divorced	Widowed
Number of significant relationships (mar	ried 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:

## III. Children

Name	Se	×	DOB	Age	_ Grade
Name Father's Name	Se			Age	Grade
Name Father's Name					
Name Father's Name	Se	×	DOB	Age	Grade
Do all of these children live w Do you have other children no Do you have sole custody of th Are any of your children havir conditions, or emotional probl Describe the problems.	ilisted? Yes No What e children or do you share cus g issues such as behavioral pro ems? Yes No If yes, w	t is the tody? bblems vhich o	eir status? s at home or a child(ren)	at school, n	nedical
IV. Military Service					
If applicable, branch of service	and years served:				
Discharge Status:					

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

## V. Education

High School: Loca	tion:
Graduation/GED Date: Year? GED Plans: _	
Vocational/Technical Training: Dates attended: Graduated? Yes No Certin	fication?
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	
VII. Medical	
Do you have medical coverage on you, your children, What type?	
Please list all medications that you or your child/childr	ren currently take:
Are you pregnant or is there a possibility that you are p	
VIII. Mental Health	
Have you ever had a psychological evaluation? Ye Have you and/or your children been in a psychiatric ho If yes, list dates and reasons for hospitalizations:	ospital? Yes No
Substance usage How often and how much do you smoke? If yo	ou have quit, when was the last time you smoked?
How often and how much alcoholic beverages do you What do you prefer to drink?	drink?
How often and how much drugs do you use? When was the	What do you prefer to use? e last time you used?
Have you ever been in rehab for alcohol or drug abuse If yes, when, how many times, and where?	
Would you consent to an alcohol/drug screen?	s 🗌 No

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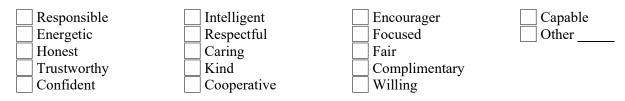
#### Counseling

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 If yes, who, with whom, and the reason:	 <u> </u>	
Personal Character Assessment		

Check those characteristics you consider to be your strengths:

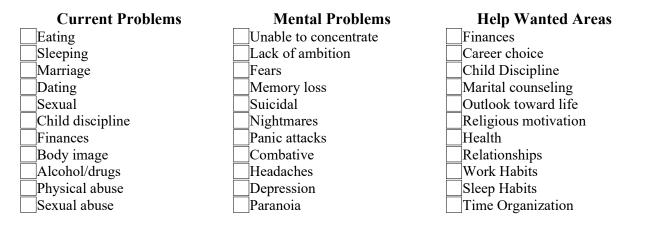


Check those characteristics you consider to be your weaknesses:



#### **Emotional Issues:**

Check those areas which apply.



#### IX. Religion

What is your religious preference?

Briefly describe your religious beliefs:

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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:

# 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

\_\_\_\_\_\_

### 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

### XII. Background Checks

	ackground checks including criminal and child abuse registry checks will be
	No Is there anything that might appear on these checks that would be of
concern to Potter staff?	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:

#### **Emergency Contact:**

List someone in the area that is not already on the application
Name: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_ Relationship: \_\_\_\_ Years Known \_\_\_\_\_

#### 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

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 \_\_\_\_\_