

Grace House Application

Name _____ Date _____
Date of Birth _____ Age _____ Social Security Number _____
Marital Status: ___ Married ___ Divorced ___ Single ___ Separated Cell# _____

EMERGENCY CONTACT

Name: _____ Address: _____
Phone #: _____ Relationship: _____

SUBSTANCE ABUSE HISTORY

What was your drug of choice? _____ Last use _____
Have you ever received substance abuse counseling? If yes, where _____
When _____ Inpatient _____ Outpatient _____
Longest period of sobriety? _____ When? _____ W/Program(y/n) _____
Are you still involved with counseling? _____ Where? _____
Do you have a sponsor? _____ May we contact him? _____ Fellowship? _____
Sponsor name _____ Phone number _____

EMPLOYMENT HISTORY

Are you currently working? _____ If yes, where _____
Work Schedule (Days and hours) _____
Position held _____ Weekly income _____
How long have you been employed here? _____

MEDICAL BACKGROUND

Any disabilities: _____
Are you currently on any prescribed medication? _____
If yes, for what reason? _____
Please list all medications: _____

LEGAL HISTORY

Do you have any charges pending against you now? _____ If yes, what are they? _____
_____ What County: _____
Are you on parole or probation? _____ If yes, where? _____
Are you a registered sex offender? _____ Violent offender? _____

**I further acknowledge that the above information is correct to the best of my knowledge.
If I have been deceptive in any way my residence will be terminated immediately.
If I am accepted, I will abide by The Grace House rules and regulations.**

Applicant Signature: _____ Date: _____

Staff Signature: _____