



Resident Application

Please complete all questions. This is a 9 month commitment that will require genuine effort from you. After completing this application, turn in as soon as possible and either call G.R.A.C.E. House at **812-365-9339** or continue to write to stay on the waiting list. The director will call you to set up an interview. If you are incarcerated or it is not possible for you to use a phone, then please forward your application via mail or fax. If you are on our waiting list and want to remain on our waiting list, please call daily to demonstrate your willingness to participate in your own recovery. If the phone is not answered, leave a voice mail message.

Please also sign and complete the attached Consent Form and Criminal History Check Form. These documents are required for admission.

Contact Information

Full legal name _____ S.S.N. _____

Reason for application _____

Drivers License # _____ Race _____

Date of Birth _____ Home phone _____ Cell phone _____

Work phone _____ Other phone _____

Home address _____

City, State, zip code _____, _____, _____

Vehicle Model _____ Make _____ Color _____ Plate # _____

Biological/Step family

Father's name _____ Mother's name _____

Step/foster parent's _____ Are your parents still living? _____

How many siblings and/or step-siblings do you have? _____ siblings _____ step-siblings

Are you the oldest, middle, or youngest child? _____

How would you describe your relationship with your parents (even if deceased)? Are they supportive of you?

Father: _____

Mother: _____



Who are you closest to in your family and why? _____

Who in your family uses drugs and or alcohol? _____

Have you or anyone in your family ever been physically, emotionally, or sexually abused? _____

Have you ever physically, emotionally, or sexually abused anyone? _____

Current Family

Marital status () single () married () separated () divorced () widow how long?

Spouse's name: _____

Do you have children? _____

Names and ages: _____

How much contact do you have with your child(ren)? _____

In a few sentences, describe how you believe alcohol or drugs has affected you and your family life.

Educational and Employment History

Last grade completed in school: _____ Do you have: _____ a High School diploma _____ GED

Do you have plans for more education? _____

Current Employer: _____

Title or occupation: _____ Phone: _____

Address _____

Hourly wage or salary: _____ Annual income: _____



Hire date: _____ Work schedule shift: _____ night _____ evening _____ day _____ swing

How many times have you been fired from a job? _____ Are you able to work? _____

What job skills do you have? _____

Are you self-employed? _____ Estimated annual income? _____

List your last 5 years of employment history: _____

Are you on? _____ disability _____ SSI _____ retirement/pension

Financial History

Do you have a budget? _____ Do you want one? _____

What debts or financial amends do you owe? List in order of importance.

1. _____
2. _____
3. _____
4. _____

Other Income

Do you receive any military pay or pension? _____ Do you have a savings or checking account? _____

What is your current child support obligation? _____ Are you behind on child support? _____

Do you receive unemployment benefits or workman's composition? _____

Please list any valuables or cash on hand: _____

Do you receive payment from social security, insurance policies, retirement funds, pensions, trusts, structured settlement, disability, or any other income source? _____

Addiction History

What is your longest period of abstinence? _____

Why do you think so few people, 40% of recovering addicts according to statistics, stay clean and sober? _____



List all street drugs you have used both past and present. _____

List all over the counter and prescribed medications that you currently take. _____

Do you enjoy drinking alcohol? _____ Do you enjoy smoking pot? _____

Have you ever snorted, shot, smoked, or popped pills? _____ How many times? _____

What is your favorite method of getting high? How often? _____

What is the date of the last time you drank, snorted, injected, smoked, ingested, huffed or otherwise used any substance to alter your perception of reality? Be specific about the substance used, how it was used and the date you used it. _____

In a paragraph or two describe your earliest memory of using alcohol or drugs. Include who you were with, how you felt, and what happened? _____

Have you ever received treatment for alcohol or drugs and when? _____

List the facility name(s). _____

What do you know and how do you feel about Alcoholics Anonymous/Narcotics Anonymous? _____

Please list 3 reasons you use alcohol or drugs. Be as honest as possible.

1. _____

2. _____

3. _____



List 3 pressures or reasons that are driving you to the G.R.A.CE. House.

1. _____
2. _____
3. _____

Do you want to stay clean and sober? _____

Who will support you in your recovery journey?

Legal History

List all felony and misdemeanors you have ever been arrested or convicted of. Continue on the back of this page if necessary.

Arrest/Charge (regardless of conviction)	Date	Convicted (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many of your arrests have been alcohol or drug related? _____

Are you court ordered to this program? _____ Are you on pretrial, probation, or parole? _____

List name and phone number of probation or parole office. _____

Have you ever committed violent offenses? List: _____



Have you ever committed sexual offenses? List: _____

Physical and Mental Health

Family doctor: List: _____

Do you have health insurance? Policy # _____ Name if Insurer _____

List any current physical conditions or medical problems. _____

Is there a history of mental illness in your family? _____

Have you ever been referred or sought counseling for yourself or someone in your family? _____

Where? _____ Did it help? _____ What do you believe about therapy? _____

Have you ever seen a psychiatrist? _____

Have you ever been diagnosed as () borderline or anti-social personality disorder:

() bi-polar () schizophrenic () clinical depression

Spiritual and Religious History

Do you or have you ever attend(ed) church or religious services? _____ Denomination? _____

Do you feel your life has a purpose? _____ What gives your life meaning? _____

Do you believe in a Higher Power? Why or why not? _____

How do you feel about religion and spirituality? _____

What is your first memory of a spiritual or religious experience? Perhaps it was in the woods or at church-or maybe with grandma on the back porch, or witnessing a sunset? Did you share this experience with anyone? How did you feel? Do you long for this experience? _____



Psychosocial History

Is it difficult to be yourself around others? _____ Who is in control of our life today? Explain. _____

When you are around authority figures do you feel you have to give in to them all the time? _____

Why? _____

Do you feel pressure to defend yourself when you are around authority figures? _____

Explain. _____

Do you feel trapped by financial and legal pressures. _____ How? _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home phone _____ work _____ cell/other _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are complete and true. I understand that if I am accepted, I must read the G.R.A.C.E. House's rules and agree to those entrance conditions. I also agree to submit to drug/alcohol screenings or test anytime requested. All expenses owed to the G.R.A.C.E. House must be paid on time. I will hold the G.R.A.C.E. House and Crawford County free from all liability for through fire, theft, personal injury while a resident of the G.R.A.C.E. House at **6941 E. S.R. 64 Marengo, IN**. Any false statements, omissions, other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name _____

Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please submit all pages to the G.R.A.C.E. House after you have signed the application. Thank you.



G.R.A.C.E. House Criminal History/Driver Record Check

Authorization & Request Form

I am applying to be a resident of the G.R.A.C.E. House. I understand and authorize them to perform a Criminal History Check as well as a Driver Records Check as part of the application process. I further acknowledge that on the application I have already disclosed all information that may be reported back on these reports. I understand that depending on the position(s) I work in, periodic or additional criminal history checks and driver record checks may be required and I authorize these future updates as long as I remain a resident at the G.R.A.C.E. House I have also been informed by the G.R.A.C.E. House that my application is contingent on the information contained in these clearance checks and could be rescinded if I have failed to properly disclose to them on my application.

To Be Completed by Applicant:

Date: _____ Printed Name _____

SSN: _____ Signature: _____

Address: _____

Date of Birth: _____ Race: _____ Sex: _____

Driver's License Number: _____ Case Number: _____



EXIT INFORMATION FOR OFFICE USE

Admittance () approved () denied Date _____ By _____

Comments:

Completion Date:

Sponsor:

Home group:

Work:

Work phone:

Comments:

Contact numbers:

Termination Record:

Departure date:

Reason:

Work record in the house:

Work record outside of the house: