

# GRACE HOUSE AUGUSTA, INC. RESIDENT APPLICATION



## APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Desired date to move in to the Grace House: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Current physical address: \_\_\_\_\_

Current mailing address (if different from physical):  
\_\_\_\_\_

Do you own or rent: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Homeless: \_\_\_\_\_

How long: \_\_\_\_\_ What is your monthly gross income: \_\_\_\_\_

Are you receiving welfare or other non-job related income: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Marital status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partnership ☐

Level of education completed: H.S. ☐ College ☐ Grad school ☐ Other: \_\_\_\_\_

Are you a Veteran: \_\_\_\_\_

Do you have a valid driver's license: Yes ☐ No ☐ License Number: \_\_\_\_\_

Do you have a car: \_\_\_\_\_ Is it registered and insured: \_\_\_\_\_

Current Treatment Center: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

Who referred you to us: \_\_\_\_\_

Are you incarcerated: Yes ☐ No ☐ If yes Facility Name: \_\_\_\_\_

Expected release date: \_\_\_\_\_

## SUBSTANCE USE

Do you have a problem with alcohol: \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have a problem with drugs: \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Primary addiction: \_\_\_\_\_ Date of last use: \_\_\_\_\_

List drugs/alcohol you used addictively:

1st \_\_\_\_\_ Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

2nd: \_\_\_\_\_ Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

3rd: \_\_\_\_\_ Date of last use: \_\_\_\_\_ Age of 1st use: \_\_\_\_\_

## EMERGENCY CONTACT

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of person not residing with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have a medical Doctor: Yes ☐ No ☐

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYMENT

Current employer: \_\_\_\_\_

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

Position: \_\_\_\_\_

Current work schedule: (Show hours)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

List your last 3 employers: Company Name:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list your vocational skills/specialized training or certifications:

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## MEDICAL

Do you take any prescription medications: Yes ☐ No ☐ If yes, Please list

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Do you have any medical conditions or allergies: Yes ☐ No ☐ If yes, please explain:

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Hepatitis C Yes ☐ No ☐

HIV Yes ☐ No ☐

Pregnant Yes ☐ No ☐

## LEGAL

Have you been arrested in the past 30 days: Yes ☐ No ☐

If yes, explain:

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Are you currently on probation or parole: Yes ☐ No ☐ If yes:

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you Mandated: Yes ☐ No ☐

Are you experiencing legal problems (i.e. Court dates, warrants, active restraining orders):

Please describe:

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## RECOVERY HISTORY

When did you attend your last AA or NA meeting? \_\_\_\_\_

How many meetings have you attended in the last 30 days: \_\_\_\_\_

Do you already have a sponsor or a Recovery Coach: Yes ☐ No ☐ If yes:

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

Do you have any other recognized addictions or disorders :

Eating Disorder Yes ☐ No ☐ Bulimia, Anorexia, Food Addict (Circle all that apply)

Sex Addict Yes ☐ No ☐

A Cutter Yes ☐ No ☐

Gambling Addict Yes ☐ No ☐

Kleptomania Yes ☐ No ☐

Pyromania Yes ☐ No ☐

How long have you been clean/Sober: \_\_\_\_\_

What is the longest you have gone substance free: \_\_\_\_\_

How many previous recovery attempts/relapses have you had:

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Have you ever lived in a home shared by other people: Yes ☐ No ☐

Do you anticipate any problems with this: Yes ☐ No ☐

If yes, Please explain:

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What is your main goal at this time: \_\_\_\_\_

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Please list anything else you feel is relevant to this application : \_\_\_\_\_

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I authorize the verification of the information provided on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_