

House of Grace Application

Today's Date:

Name (Last, First. Middle)		Date of Birth (Month/ Day/ Year)	
Present Street Address (Add Name if Treatment Facility)		Home/Cell Phone	
Treatment Center Information		What is your drug of choice?	
How long have you been in treatment?		Insurance Information	
Did you like treatment? Why or why not?		Have you been in the psych ward? For what? How often?	
How many treatments have you attended? How long at each?		Mental Health Diagnosis	
If you have attended multiple treatments, what did you do between treatments?		Do you have a history of self-harm? (cutting, purging, eating disorder)	
What will be different this time?		What have you done toward a solution?	
		Have you been in a 12-step program?	
Are you an Alcoholic? (Yes or No)		Date of last drink?	
Are you addicted to drugs? (Yes or No)		Date of last drug use?	
How many AA/NA meetings do you attend per week?	List your weekly AA/NA meetings.		
Do you have a desire to stop drinking and/or using drugs?	Are you currently employed? (if yes list employer)		
Are you getting welfare/ GA/ or any other income?	If you don't have a job, will you get a job? (What plans do you have?)		
What is your monthly income now? \$	What do you expect your monthly income to be next month? \$		

Send completed form to Fax: 612-246-4211
Email: jhmedia@comcast.net

House of Grace Application

Today's Date: _____

Marital Status ? (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Do you take prescription drugs? (if yes list them)	
Do you have a AA/NA sponsor? Sponsor's Name: _____ Sponsor's Number: _____	What steps have you completed? Describe when & where?	
Date you would like to move in? (Check one) Immediately <input type="checkbox"/> Other <input type="checkbox"/> (If other is checked, what date?) _____ Explain why the future date? _____		
Emergency Contact Information: List doctor, if you have one, and 2 family members		
Name & Address	Relationship	Phone Number
1		
2		
3		
<p>I understand that House of Grace to which I am applying for residency has been established in compliance with the conditions of 2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that the house requires the house residents to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payments, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws.</p> <p>I have read all of the materials in this application including the limitations set forth in the preceding paragraph, House of Grace's Participation Expectations and Responsibilities, and I have also answered each question honestly and am committed to a life of recovery from alcoholism and/or drug addiction.</p> <p>Applicant Signature _____ Date _____</p>		
Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Move in date _____ Move out date _____		
\$250 Sobriety Deposit Collected (Y / N) Date Received _____		
\$600 Bed Fee Collected (Y / N) Date Received _____		

Send completed form to Fax: 612-246-4211
 Email: jhmedia@comcast.net