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
		Do you have a history of self-harm? (cutting, purging, eating disorder)
		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)	
re you getting welfare/ GA/ or any If you don't have a job ther income?		b, will you get a job? (What plans do you have?)
What is your monthly income now?	What do you expect y	your monthly income to be next month? \$
Sand completed form to East 612 246 4211		

Send completed form to Fax: 612-246-4211

Email: jhmedia@comcast.net

House of Grace Application Today's Date: Marital Status? (check one) Do you take presciption drugs? (if yes list them) Married Single Separated Divorced Do you have a AA/NA sponsor? What steps have you completed? Describe when & where?

Sponsor's Name: Sponsor's Number: Date you would like to move in? (Check one) Immediately _____ Other _ (If other is checked, what date?) Explain why the future date? Emergency Contact Information: List doctor, if you have one, and 2 family members Relationship Name & Address **Phone Number** 1 2 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. 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. Applicant Signature Accepted _____ Not Accepted ____ Move in date _____ Move out date _____ \$250/\$300 Sobriety Deposit Collected (Y/N) Date Received _____ \$600 Bed Fee Collected (Y / N) Date Received ___

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