

**GRACE RECOVERY INTAKE APPLICATION FORM**

**General Information:** (PLEASE PRINT)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License/State ID: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Background: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sober House Only (L-1)  Sober House w/additional services (L-2\*)

**Emergency Contact Information:** (PLEASE PRINT)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Status:** (PLEASE PRINT)

Are you on: Probation:  Y  N DHS Involved:  Y  N Court Involved:  Y  N

DHSCW, PO, Etc.. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Military or Veteran:  Y  N (Branch: \_\_\_\_\_) Referred By: \_\_\_\_\_

**Requested Level of Services in House (check one):**

Level 1 – Sober House Only (\$542 per month)

Level 2 – Sober Home w/additional Services (\$650 per month)

**General Background & Substance Abuse History:** (PLEASE PRINT)

List all mood or mind-altering substance(s) that you have ever taken (non-prescribed legal or illegal)? \_\_\_\_\_

Are you on any of the above substances(s) now?  Y  N

If yes, please list which ones: \_\_\_\_\_

List your substance(s) or “drug(s)” of choice: \_\_\_\_\_

Most Recent Substance(s) Used: (Including Alcohol) \_\_\_\_\_

Date of last Use: \_\_\_\_\_

List Prior Sober Living Homes and Include Date and Length of Stay for Each:

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List Current Length of Sobriety: \_\_\_\_\_ Longest Period of Sobriety: \_\_\_\_\_

How old were you when you first used alcohol and drugs? \_\_\_\_\_

Have you ever been in a Drug/Alcohol Treatment Center?  Y  N

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever resided in a halfway house?  Y  N

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

What is your highest level of education?

High School Graduate

College/University

GED

Other (Please explain) \_\_\_\_\_

Have you ever been convicted and/or arrested of a crime?  Y  N

If yes, please list and describe each: \_\_\_\_\_

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Have you ever been in prison/incarcerated?  Y  N

If yes, please list and describe each: \_\_\_\_\_

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Have you ever been ARRESTED AND/OR CONVICTED of a sex related crime/offense?

Y  N If yes, please describe: \_\_\_\_\_

Have you ever received any DUI's or DWI's?  Y  N If yes, how many? \_\_\_\_\_

Where and with whom do you currently reside?

(Name(s) & Address) \_\_\_\_\_

\_\_\_\_\_

**Physical & Emotional Well Being:** (PLEASE PRINT)

1. If so, please list each, and indicate treatment (prior and/or current)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you been diagnosed with any mental condition(s)/disorder(s)?  Y  N

If yes, please list each and indicate treatment (i.e. counseling): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever attempted suicide?  Y  N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

If yes, how long ago \_\_\_\_\_, Did you have a plan?  Y  N

Did you seek counseling or other help at that time?  Y  N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_



Are you having any thoughts of harming yourself or others now?  Self  Others  N/A

How did you hear about the Grace House? \_\_\_\_\_

Were you referred?  Y  N If yes, by whom? \_\_\_\_\_

**Employment:** (PLEASE PRINT)

Are you currently employed? If yes, what kind of work do you do? \_\_\_\_\_

If so, how much is your weekly income after taxes (net)? \_\_\_\_\_

Do you have any other sources of income? \_\_\_\_\_

What are your current means of transportation? \_\_\_\_\_

What is current status? (Check one)  Married  Single  Divorced  Separated

Have you ever received any DUI's or DWI's?  Y  N If yes, how many? \_\_\_\_\_

What kind of problems has drinking and/or drug use caused you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any problems with rules or authority?  Y  N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you prejudiced towards any ethnic group or race?  Y  N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer: By signing below, I am stating that my answers to the above questions have been truthful and accurate to the best of my knowledge. I understand that deliberately making false statements and responses to any of the above questions may result in immediate eviction from the premises.**

***The Grace House Requires Your Honesty, a core principle, vital to maintaining a healthy and sober life.***



# Grace Recovery

*Where the lost are found*

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_