

GRACE HOUSE APPLICATION

NAME _____ DL OR STATE ID # _____

DOB _____ AGE _____ HEIGHT _____ WEIGHT _____ DRESS SIZE _____ SHOE SIZE _____

RACE: WHITE _____ AFRO AMERICAN _____ HISPANIC _____ OTHER _____

NAME OF NEAREST RELATIVE _____ PHONE # _____

MARRIED _____ SINGLE _____ COMMON LAW _____ BOYFRIEND _____

SEXUAL ORIENTATION:

HETEROSEXUAL _____ HOMOSEXUAL _____ BISEXUAL _____

WHEN DID YOU LAST USE:

DRUGS _____ ALCOHOL _____ TOBACCO _____

NUMBER OF CHILDREN _____ AGES _____

WHO HAS LEGAL CUSTODY OF YOUR CHILDREN

_____ PHONE # _____

EDUCATION: GRADUATED HIGH SCHOOL **Y / N** GED **Y / N**

TRADE SCHOOL ATTENDED _____ HOW MANY YEARS ATTENDED _____

COLLEGE ATTENDED _____ HOW MANY YEARS ATTENDED _____

DEGREES EARNED _____

SPECIAL TALENTS OR GIFTS _____

LIST ANY HEALTH OR MENTAL PROBLEMS _____

LIST ANY PRESCRIPTION MEDICATIONS _____

LIST ANY CURRENT AND PAST LEGAL CHARGES, TICKETS, VIOLATIONS:

NUMBER OF TIMES YOU'VE BEEN INCARCERATED _____ # YRS _____ # MONTHS _____

ATTORNEY NAME _____ PHONE # _____

PAROLE OR PROBATION OFFICER _____ PHONE # _____

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WHY DO I WANT TO RESIDE IN GRACE HOUSE: (**Please Print**)

RELEASE OF INFORMATION

I, _____, hereby authorize Grace House to obtain any information pertaining to any charges, convictions, medical data, and personal information. I also give Grace House permission to use any information on this form.

_____	_____	_____
(Print name)	(Signature)	(Date)

OTHER NAMES USED _____