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\_\_\_\_\_\_\_\_\_BOYFRIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 YEAR 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 HAVE BEEN INCARCERATED\_\_\_\_\_\_\_# OF YEARS\_\_\_\_\_\_\_# OF MONTHS\_\_\_\_\_\_\_

ATTORNEY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAROLE OR PROBATION OFFICER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRACE HOUSE APPLICATION PG 2

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

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