**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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_