



The Lord declares to you that the Lord Himself will establish a house for you. 2 Sam 7:11

House of Grace is a non-profit, non-denominational Christian ministry. We are dedicated to assisting formerly incarcerated women to gain skills in a safe environment in order to assimilate well into the community. We were founded in 2019 as a non-profit corporation under the Laws of the State of Arizona. We are a 501(c)3 organization.

APPLICATION FOR RESIDENCY

DATE _____ EXPECTED RELEASE DATE _____ BOOKING NUMBER _____

PERSONAL INFORMATION

NAME _____ E-MAIL _____ PHONE _____

OTHER NAMES USED (AKA, OR MAIDEN) _____

SOCIAL MEDIA NAME (FB, TIK-TOK, IG, ETC.): _____

CURRENT ADDRESS/FACILITY _____

CITY, STATE, ZIP _____

PREVIOUS 3 ADDRESSES WITH DATES: _____

SOCIAL SECURITY NUMBER _____ MARITAL STATUS _____

IF MARRIED, NAME OF SPOUSE OR PARTNER _____

DATE OF BIRTH _____ CITY, STATE OF BIRTH _____

PRIMARY LANGUAGE _____ US CITIZEN? _____

WHO RAISED YOU? _____ HOW MANY SIBLINGS? _____

WHICH CHILD WERE YOU IN THE ORDER? _____

WERE PARENTS OVERPROTECTIVE? PERMISSIVE? YOUR FRIEND? INVOLVED? ABSENT? _____

DO YOU HAVE COMMUNICATION WITH FAMILY NOW? _____

DO YOU HAVE CHILDREN? LIST NAME/AGES: _____

WHO CARES FOR THEM AT THIS TIME? _____

REV. 03-07-24

WOULD FAMILY/CHILDREN BE SUPPORTIVE OF THIS PROGRAM? _____

HOW DO THESE RELATIONSHIPS AFFECT YOUR DAILY LIFE? _____

DO YOU FEEL YOU HAVE A STRONG NETWORK OF SUPPORT? _____

DRIVERS LICENSE? YES / NO # _____ STATE _____

IF LICENSE IS SUSPENDED, WHAT FINES ARE ASSOCIATED WITH REINSTATEMENT? \$ _____

MILITARY VETERAN? YES / NO BRANCH SERVED: _____

LIST YOUR CURRENT FRIENDS: (NAME, ADDRESS, PHONE, HOW LONG HAVE YOU BEEN FRIENDS?)

I AGREE TO HAVE NO CONTACT WITH THESE PEOPLE FOR 45 DAYS AS I WORK WITH MY CASE MANAGER TOWARD MY NEW GOALS. Initial _____ Date _____

PERSONAL REFERENCES

NAME	PHONE	RELATIONSHIP

INCARCERATION HISTORY

DATE	CHARGE	TIME SERVED

TIME SERVED TOTAL _____ HOW MANY SEPARATE TIMES? _____

CHARGES _____

DISCIPLINE RECORD WHILE INCARCERATED _____

DO YOU CURRENTLY OWE RESTITUTION? _____ WHAT IS MONTHLY PAYMENT? _____

PROBATION FEES? _____ WHAT IS MONTHLY PAYMENT? _____ FOR HOW LONG? _____

TERM OF PAROLE/PROBATION _____ APPLYING FOR EARLY RELEASE? _____

ANY OF THE FOLLOWING?

ARSON _____ SEX CRIME _____ RESTRAINING ORDERS _____

ASSAULT _____ THEFT _____ DOMESTIC VIOLENCE _____

HAVE YOU EVER BEEN HOMELESS? _____ HOW MANY TIMES IN THE LAST TWO YEARS? _____

ARE YOU CURRENTLY PREGNANT? _____ ON BIRTH CONTROL? _____

I understand that House of Grace does not accept anyone with a conviction or plea bargain of a violent crime, sex offence or arson. I understand that acceptance into House of Grace is conditional and dependent upon the outcome of my background check. Initials _____ Date _____

MENTAL HEALTH INFORMATION

HAVE YOU BEEN A PATIENT OF A BEHAVIORAL HEALTH OR MENTAL HEALTH CLINIC?

If so, please provide the diagnosis, provider’s name and contact information, and when you sought treatment _____

How would you rate your current emotional/mental state? _____

Participation in counseling or therapy is required while at the House. Initials _____ Date _____

MEDICAL INFORMATION

Do you have medical insurance? If so, name of plan _____ OR AHCCCS _____

Last Physical Exam/where _____ Last Dental Exam/where _____

Dental issues/concerns: _____

Last Vision Exam/where _____ Do you wear glasses? _____ Need glasses _____

How would you rate your overall health? (Excellent, Good, Fair, Poor)

Any current medical/physical concerns? _____

To protect confidentiality under HIPPA, you must sign a Release of Information at any place you receive/received medical or mental health services in order for us to have access to that information for your ongoing Case Management. I am willing to sign a HIPPA disclaimer at each of my medical and mental health providers. Initials _____ Date _____

Have you ever used drugs/alcohol? YES / NO Are you an alcoholic? _____

Drug use: last time/type used _____

Are you a smoker? _____ Do you vape? _____

House of Grace is a smoke/vape free residence. Initials _____ Date _____

Do you currently participate in a 12 step program? _____

Where are you in that program? _____

HAVE YOU EVER HAD ISSUES WITH OTHER ADDICTIONS (Gambling, Sex, Eating, Pornography, Cutting, Purging, Excessive Spending)?

Details: _____

KNOWN TRIGGERS: _____

CURRENT MEDICAL CONDITIONS (MARK AN “X” BY ANY ISSUES)

- | | |
|--|--------------------------------|
| ____ HEART | ____ LUNGS |
| ____ DIABETES: (INSULIN/PILLS/DIET CONTROLLED) | ____ ALLERGIES (SPECIFY) _____ |
| ____ HIGH BLOOD PRESSURE | ____ EPILEPSY |
| ____ HIGH CHOLESTEROL | ____ MIGRAINES (TYPE) _____ |
| ____ CANCER | ____ HEP C, HIV, RB, STD |

_____ ULCERS
 _____ THYROID
 _____ LUNG ISSUES
 _____ CURRENTLY HAVE UNTREATED HEALTH ISSUES? _____
 _____ CURRENTLY UNDER PHYSICIANS CARE (WHY?) _____
 _____ OTHER (SPECIFY) _____

_____ ARTHRITIS
 _____ BLOOD CLOTTING PROBLEMS
 _____ EYE DISORDER

DETAIL OF ANY ITEMS MARKED WITH AN "X":

CURRENT MEDICATIONS

Medication	Dose	Condition	How Long?	Dr.

What previous medications have you taken, and why did you stop taking them?

EDUCATION AND OTHER CLASSES

Last grade completed _____ HS diploma YES / NO GED? YES / NO

What is your educational goal?

Classes or programs you have participated in before/during/after incarceration:

Any Anger Management Classes Recommended or taken? _____

Ever contemplated suicide? Explain _____

Do you have any physical/mental limitations that would prevent you from working? Full-time employment is mandatory as part of your residency in the House.

Do you currently receive or have plans to apply for SSI? _____

Do you have plans to apply for Medical Marijuana? _____

WORK HISTORY

Place of employment _____ Length of time employed? _____

Place of employment _____ Length of time employed? _____

Place of employment _____ Length of time employed? _____

Any trades you wish to pursue? _____

Skills/Interests/ Hobbies _____

Certifications held _____

PUT A CHECKMARK BY ALL THE FOLLOWING THAT APPLY TO YOU:

- | | |
|---|--|
| <input type="checkbox"/> LACK OF JOB TRAINING/EMPLOYMENT SKILLS | <input type="checkbox"/> NEED HELP FINDING A JOB |
| <input type="checkbox"/> HAVING FOOD ON A REGULAR BASIS | <input type="checkbox"/> HAVING PROBLEMS AT WORK |
| <input type="checkbox"/> HAVING PROBLEMS WITH SCHOOLWORK | <input type="checkbox"/> TRANSPORTATION ISSUES |
| <input type="checkbox"/> ABUSE OR NEGLECT OF SPOUSE/OTHERS | <input type="checkbox"/> CHILD ABUSE/NEGLECT |
| <input type="checkbox"/> BEING DISCRIMINATED AGAINST | <input type="checkbox"/> NEED GED |
| <input type="checkbox"/> NEED HELP WITH PLANNING | <input type="checkbox"/> DOMESTIC VIOLENCE |
| <input type="checkbox"/> NEED MORE CLOTHING | <input type="checkbox"/> HAVING LEGAL PROBLEMS |
| <input type="checkbox"/> SETTING BOUNDARIES WITH FAMILY | <input type="checkbox"/> PROBATION |
| <input type="checkbox"/> SETTING BOUNDARIES WITH CHILDREN | <input type="checkbox"/> OUTSTANDING WARRANT |
| <input type="checkbox"/> SETTING BOUNDARIES WITH EX | <input type="checkbox"/> CHILD SUPPORT |
| <input type="checkbox"/> NEED HELP WITH READING, MATH, WRITING | <input type="checkbox"/> ALIMONY |
| <input type="checkbox"/> FEELING OF IMPENDING DANGER | <input type="checkbox"/> TRAFFIC VIOLATION |
| | <input type="checkbox"/> CPS CASE |

OTHER PERSONAL INFORMATION

Have you been in a recovery program? Which ones? Why did you leave? _____

Describe your hopes and fears? _____

How do you think House of Grace can help you? _____

House of Grace is a drug-free and alcohol-free program. As a resident, I voluntarily give informed consent for all required testing. Initials _____ Date _____

House of Grace maintains a safe environment. If you are a victim of a previous incident of domestic violence (physical, emotional, verbal) and you are accepted into residency in our program, any contact or attempted contact with former abusers will be cause for immediate termination from the program. As a resident, I voluntarily will supply all House of Grace management with a photo and police documentation of the abuser. Initials _____ Date _____

House of Grace will use a team of volunteers to help residents develop and advance. Each volunteer is required to sign a confidentiality agreement. I give my permission to House of Grace to share my application information with program volunteers that may be assisting me in the program. Initials _____ Date _____

Have you ever been the victim of abuse? YES/NO If so, what type? _____

Did you tell anyone? Were police involved? _____

Is there an active restraining order? _____ When did you last see this person? _____

Have you received counseling for this? _____ Is there an unsafe area of the city? _____

Have you ever been an abuser? _____ Is there an active restraining order? _____

House of Grace will provide all furnishings and household items. Please list any critical items you wish to bring with you _____

List items you pay for regularly or circle them here: cell phone, car loan, charge cards, cigarettes, manicures, PO Box, storage shed, other lease agreements. Include amount paid, how much do you owe? _____

It is our desire to help guide you to live within your means. I am willing to release these former things if necessary to make a short-term sacrifice to serve my long term goal of financial stability. Initial _____ Date _____

What is your goal in 3 months? In one year? How will these goals be achieved? What do you believe is the cause of your homelessness? _____

How did you hear about House of Grace? _____

EMERGENCY CONTACT:

Closest Relative/Relationship _____

Their phone number _____

Their Address _____

LIST 3 EMPLOYERS WE COULD USE FOR A REFERENCE:

BUSINESS NAME	NAME	JOB TITLE	PHONE

Your Clothing size: Shirt _____ Pants _____ Shoes _____

Your Favorite Meal _____ Favorite Color _____

Upon acceptance into this program, I agree to abide by all the general policies, guidelines and acknowledgements as stated in the House of Grace Rules and Regulations and Application.

Initials _____ Date _____

I acknowledge that I am providing all documents that apply to me and I am not withholding any information. I understand that supplying any misleading or inaccurate information, failing to respond to any question, purposely omitting information, or failing to include all required documentation could disqualify me from entering and remaining in the House of Grace program.

Initials _____ Date _____

I am required to participate in Case Management and will be required to sign Release of Information Forms for all pertinent information such as medical, psychological, educational, credit, employment, and any other information determined to be necessary by Case Management. Initials _____ Date _____

The House of Grace program is 12 months long. After the first 3 months you must be readmitted to another 3 months if showing progress and commitment to learn and grow. If you are willing and motivated, you will be able to succeed with our support. You will need to set aside your own desires to sacrifice for your goals. This will require a strong effort, a financial plan, household chores while working full time, as well as growth in your Christian life. It will only work if you are truly seeking a positive change. Thank you for considering the House of Grace to assist in guiding you into God's new creation, and the next chapter of your life!

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature _____ Date _____

PRINTED NAME: _____

REQUIRED DOCUMENTS:

Please mark as follows: A check mark means you have this document, N means you need it, and NA means it does not apply to you.

- | | |
|---------------------------------------|---|
| _____ AZ State Driver's License/ID | _____ Birth Certificate |
| _____ Social Security Card | _____ Employment Verification--Stub, Timecard |
| _____ Proof of Auto Insurance | _____ Educational Documents |
| _____ Marriage License/Divorce Decree | _____ Probation Terms |
| _____ Medical Insurance Card | _____ Food Stamp Card |

APPLICATION REVIEW DATE: _____ **STAFF MBR:** _____

NOTES: _____

IF YOU ARE CONSIDERING THE HOUSE OF GRACE AND HAVE NOT BEEN INCARCERATED, WHAT BRINGS YOU HERE?

HAVE YOU BEEN TO PREVIOUS REHAB FACILITIES OR TRANSITION HOMES?

[A series of 25 horizontal dashed lines providing a space for handwritten answers.]