

# GRACE HOUSE APPLICATION

Date of Application \_\_\_\_\_

PLEASE PRINT PLAINLY-With a Black or Blue Ball Point Pen

NAME \_\_\_\_\_ ID OR SID# \_\_\_\_\_ POD \_\_\_\_\_

NAME OF NEAREST RELATIVE \_\_\_\_\_ PHONE # \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ Dress Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

RACE: HISPANIC \_\_\_\_\_ AFRO AMERICAN \_\_\_\_\_ ANGLO \_\_\_\_\_ OTHER \_\_\_\_\_

LANGUAGES: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

CHARGES: (Include all present and past violations, traffic violations & date of each violation)

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

NUMBER OF TIMES YOU HAVE BEEN INCARCERATED? \_\_\_\_\_ No. of Years \_\_\_\_\_ Mos. \_\_\_\_\_

EDUCATION: HIGH SCHOOL 10<sup>TH</sup> \_\_\_\_\_ 11<sup>TH</sup> \_\_\_\_\_ 12<sup>TH</sup> \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_ GED \_\_\_\_\_

TRADE SCHOOL \_\_\_\_\_ OR COLLEGE \_\_\_\_\_ NO. OF YEARS? \_\_\_\_\_ GRADUATE? YES \_\_\_ NO \_\_\_

TYPE OF DEGREE \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_

RELATIONSHIP STATUS: Married \_\_\_\_\_ Single \_\_\_\_\_ Common Law \_\_\_\_\_ Boyfriend \_\_\_\_\_

SEXUAL ORIENTATION: Heterosexual \_\_\_\_\_ Homosexual \_\_\_\_\_ Bisexual \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ WHO HAS CUSTODY?

\_\_\_\_\_ CUSTODIAN'S PHONE NUMBER \_\_\_\_\_

LEGAL CUSTODY? YES \_\_\_\_\_ NO \_\_\_\_\_ IS CPS INVOLVED? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST ANY DENTAL, PHYSICAL OR MENTAL HEALTH PROBLEMS \_\_\_\_\_

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

LIST MEDICATIONS \_\_\_\_\_

DATE YOU LAST USED: Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Illegal Drugs \_\_\_\_\_

Type of Drugs \_\_\_\_\_

DATE OF COURT HEARING \_\_\_\_\_ EXPECTED DATE OF RELEASE \_\_\_\_\_ PAROLE OR

PROBATION OFFICER\*\* \_\_\_\_\_ PHONE\*\* \_\_\_\_\_

ATTORNEY'S NAME\*\* \_\_\_\_\_ PHONE\*\* \_\_\_\_\_

JUDGE'S NAME \_\_\_\_\_ COURT # \_\_\_\_\_ \*\* Very Important

DRIVERS LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ LICENSE SUSPENDED? YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR RESIDENCY IN GRACE HOUSE? Check all that apply:

FURTHER SPIRITUAL GROWTH \_\_\_\_\_ OVERCOME DRUG/ALCOHOL ABUSE \_\_\_\_\_ JOB

TRAINING \_\_\_\_\_ FINANCES \_\_\_\_\_ SHELTER \_\_\_\_\_

TALENTS & GIFTS \_\_\_\_\_

WHY DO I WANT TO RESIDE IN GRACE HOUSE? (USE SECOND SHEET IF NEEDED) 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 \_\_\_\_\_

**If accepted you will be given an acceptance letter to show to your attorney, probation officer, and judge. Please mail your completed application to the address below:**

**GRACE HOUSE  
P.O. BOX 781283  
SAN ANTONIO, TEXAS 78278**

Phone : 210 493 7884 (No collect calls)  
210 573 5419 (No collect calls)  
Email: leeann@gracehousesa.org  
Website: www.gracehousesa.org