

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 10TH _____ 11TH _____ 12TH _____ 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