



GRACE HOUSE, INC APPLICATION

Instructions for Application: Please download and print this application. We understand that returning this application may be difficult depending on your situation. Please refer to the bottom of the application for the different ways you can submit it. For your convenience, you may take a picture of the completed form and email it back to us. Complete the application as honestly and thoroughly as possible, and return it at your earliest convenience. If you have any questions, feel free to contact us at 210-493-7884. (Collect calls are not accepted.)

DATE OF APPLICATION	FULL NAME	SOCIAL SECURITY NUMBER

			YES NO		
PHONE NUMBER	DATE OF BIRTH	AGE	U.S. CITIZEN?	ID OR SID#	POD

		YES NO	
DRIVERS LICENSE NUMBER	STATE WHERE ISSUED	SUSPENDED?	ADDRESS INCLUDING ZIP CODE

				M F	MALE FEMALE TRANS
YOUR HEIGHT	YOUR WEIGHT	YOUR HAIR COLOR	YOUR EYE COLOR	GENDER AT BIRTH	IDENTIFY AS: (CIRCLE ONE)

ANGLO HISPANIC AFRICAN AMERICAN OTHER _____ RACE: (CIRCLE ONE OR FILL IN)	ENGLISH SPANISH OTHER _____ LANGUAGES
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NAME _____	PHONE# _____
NAME _____	PHONE# _____

NAME(S) AND PHONE NUMBER(S) OF NEAREST RELATIVE(S)

_____ _____ _____

CHARGES (LIST ABOVE): INCLUDE ALL PRESENT AND PAST VIOLATIONS, TRAFFIC VIOLATIONS AND DATE OF EACH

# OF TIMES INCARCERATED _____	# OF YEARS _____	MOS. _____	NAME OF CURRENT PRISON/JAIL _____
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INCARCERATION DETAILS

9th 10th 11th 12th		YES NO /	YES NO /	YES NO /
HIGHSCHOOL COMPLETED	GRADUATION YEAR	GED/YEAR	TRADE SCHOOL/YEAR	COLLEGE/# OF YEAR(S)

YES NO /		
GRADUATED COLLEGE/YEAR	TYPE OF DEGREE	NAME OF SCHOOL

<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> COMMON LAW	<input type="checkbox"/> BOYFRIEND	<input type="checkbox"/> HETEROSEXUAL (STRAIGHT)	<input type="checkbox"/> HOMOSEXUAL (LESBIAN)	<input type="checkbox"/> BISEXUAL (BOTH)
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RELATIONSHIP STATUS: CHECK THOSE THAT APPLY ABOVE

NAME:	DOB:	AGE:	CUSTODIAN:	<input type="checkbox"/> Y <input type="checkbox"/> N
NAME:	DOB:	AGE:	CUSTODIAN:	<input type="checkbox"/> Y <input type="checkbox"/> N
NAME:	DOB:	AGE:	CUSTODIAN:	<input type="checkbox"/> Y <input type="checkbox"/> N

CHILDREN (LIST ABOVE & CONTINUED ON NEXT PAGE): NAME(S), BIRTH DATES AND AGES; WHO HAS CUSTODY AND DO THEY HAVE LEGAL CUSTODY?



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CHILDREN CONTINUED FROM PAGE 1

NAME:	DOB:	AGE:	CUSTODIAN:	<input type="checkbox"/> Y <input type="checkbox"/> N
NAME:	DOB:	AGE:	CUSTODIAN:	<input type="checkbox"/> Y <input type="checkbox"/> N

CHILDREN: NAME(S), BIRTH DATES AND AGES; WHO IS CUSTODIAN AND DO THEY HAVE LEGAL CUSTODY (YES OR NO)

YES	NO	
CPS INVOLVED?		CUSTODIAN PHONE NUMBER (COMMENTS IF NECESSARY) PHYSICAL, MENTAL OR DENTAL ISSUES

ISSUE:	MEDICATION(S):
ISSUE:	MEDICATION(S):
ISSUE:	MEDICATION(S):
ISSUE:	MEDICATION(S):
ISSUE:	MEDICATION(S):
ISSUE:	MEDICATION(S):

MEDICAL ISSUES: PLEASE LIST ANY PHYSICAL, MENTAL OR DENTAL HEALTH ISSUES ABOVE

YES	NO	YES	NO	YES	NO	
DIAGNOSED HIV?	DIAGNOSED HEP C?	DIAGNOSED OTHER?				LIST OTHER DIAGNOSIS(S)
						LIST TYPES OF ILLEGAL DRUG(S)
LAST USED ALCOHOL	LAST USED TOBACCO	LAST USED ILLEGAL DRUGS				

DATE OF COURT HEARING	LOCATION OF COURT HEARING	EXPECTED DATE OF RELEASE
PAROLE OR PROBATION OFFICER	PHONE NUMBER OF PAROLE OR PROBATION OFFICER	
ATTORNEY'S NAME	PHONE NUMBER OF ATTORNEY	

REASONS FOR RESIDENCY AT GRACE HOUSE

SHELTER
 SPIRITUAL GROWTH
 OVERCOME DRUG/ALCOHOL ABUSE
 CLASSES
 CPS
 OTHER

PLEASE CHECK ALL THAT APPLY ABOVE

PLEASE LIST YOUR GIFTS AND TALENTS ABOVE



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REASONS FOR RESIDENCY AT GRACE HOUSE CONTINUED

WILL YOU MAKE A COMMITMENT TO COMPLETE THE 9 MONTH GRACE HOUSE PROGRAM? YES NO

PLEASE ANSWER QUESTION ABOVE

Large empty rectangular box with horizontal lines for writing the answer to the commitment question.

PLEASE WRITE IN THE SPACE ABOVE WHY YOU WANT TO RESIDE IN GRACE HOUSE

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. **I acknowledge that all information I have submitted is true and accurate.**

(print name)

(signature)

(date)

OTHER NAMES USED _____

Whether accepted or denied, you will receive a confirmation letter within 2 weeks. Acceptance letters include information for your release and should be kept confidential.

Kindly scan, photograph, or make a copy of this document and submit it via mail or email to one of the addresses provided below. Should you have any questions, please do not hesitate to contact us. We kindly ask that you complete this at your earliest convenience.

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

PHONE: 210-493-7884
EMAIL: LEEANN@GRACEHOUSESA.ORG
WEBSITE: WWW.GRACEHOUSESA.ORG

FOR OFFICE USE ONLY

DATE RECEIVED

DATE ACCEPTED

DATE DENIED

DATE NOTIFIED