



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 have applied with the Internal Revenue Service for 501(c)3 status.

APPLICATION FOR RESIDENCY

DATE _____ EXPECTED RELEASE DATE _____

PERSONAL HISTORY

NAME _____ BOOKING NUMBER _____

Other Names Used _____

EMAIL ADDRESS & FACEBOOK NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

SOCIAL SECURITY NUMBER _____ MARITAL STATUS _____

DATE OF BIRTH _____ CITY, STATE OF BIRTH _____

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? _____

WOULD THEY BE SUPPORTIVE OF THIS PROGRAM? _____

HOW DO THESE RELATIONSHIPS AFFECT YOUR DAILY LIFE? _____

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

PRIMARY LANGUAGE _____ US CITIZEN? _____

DRIVERS LICENSE? YES / NO # _____ VETERAN? YES / NO

LIST YOUR FRIENDS: (NAME, ADDRESS,PHONE, HOW LONG?)

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? _____

ANY OF THE FOLLOWING?

ARSON _____ SEX CRIME _____ RESTRAINING ORDERS _____

ASSAULT _____ THEFT _____

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

ARE YOU CURRENTLY PREGNANT? _____ ON BIRTH CONTROL? _____

HAVE YOU BEEN A PATIENT OF A BEHAVIORAL HEALTH OR MENTAL HEALTH CLINIC? If so, please
provide the diagnosis and providers name. _____

Would you be willing to receive counseling or participate in a support group if recommended? _____

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 criminal background check. Initials _____ Date _____

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

MENTAL/MEDICAL HISTORY

DO YOU HAVE MEDICAL INSURANCE? If so, name of plan _____

Last Physical Exam _____ Last Dental Exam _____

HOW WOULD YOU RATE YOUR OVERALL HEALTH? (Excellent, Good, Fair, Poor)

HOW WOULD YOU RATE YOUR EMOTIONAL/MENTAL STATE? _____

ANY CURRENT PHYSICAL CONCERNS? _____

*To protect confidentiality under HIPPA, you must sign a Release of Information at any place you 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 A SMOKER? _____

DO YOU CURRENTLY PARTICIPATE IN A 12 STEP PROGRAM? _____ HAVE A SPONSOR? _____ IF YES, NAME AND PHONE # _____

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

DETAILS: _____

KNOWN TRIGGERS:

LAST TIME USED _____ DRUG USED _____

CURRENT MEDICAL CONDITIONS (LIST AN "X" BY ANY ISSUES)

- | | |
|---|---|
| ____ HEART | ____ LUNGS |
| ____ DIABETES: INSULIN/PILLS/DIET CONTROLLED) | ____ ALLERGIES |
| ____ HIGH BLOOD PRESSURE | ____ EPILEPSY |
| ____ HIGH CHOLESTEROL | ____ MIGRAINES (WHAT TYPE) |
| ____ CANCER | ____ HEP C, HIV, RB, STD |
| ____ ULCERS _____ | ____ UNTREATED HEALTH ISSUES CURRENTLY? |
| ____ THYROID | ____ DATE OF LAST PHYSICAL EXAM |
| ____ LUNG ISSUES | ____ PLACE OF LAST PHYSICAL EXAM |
| ____ BLOOD CLOTTING PROBLEMS | ____ MENTAL HEALTH ISSUES/TREATMENT |
| ____ CURRENTLY UNDER PHYSICIANS CARE | ____ DENTAL ISSUES |
| ____ ARTHRITIS | ____ DATE OF LAST MEDICAL EXAM |
| ____ EYE DISORDER | ____ OTHER: |

DETAIL OF ANY ITEMS MARKED WITH AN "X": -

CURRENT MEDICATIONS

Medication	Dose	Condition	How Long?	Dr

EDUCATION AND OTHER CLASSES

_____ GRADE COMPLETED GED? YES / NO

WHAT IS YOUR EDUCATIONAL GOAL?

CLASSES OR PROGRAMS WHILE INCARCERATED: _____

Any Anger Management Classes Recommended or taken? _____

Ever contemplated suicide? Explain _____

Do you have any physical/mental limitations that would prevent you from working? -

Do you 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/Interest/ Hobbies _____

Certifications held _____

LIST 3 EMPLOYERS WE COULD USE FOR A REFERENCE:

BUSINESS NAME	NAME	JOB TITLE	PHONE

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

- LACK OF JOB TRAINING/EMPLOYMENT SKILLS
- HAVING FOOD ON A REGULAR BASIS
- HAVING PROBLEMS WITH SCHOOLWORK
- ABUSE OR NEGLECT OF SPOUSE/OTHERS
- BEING DISCRIMINATED AGAINST
- NEED HELP WITH PLANNING
- HAVE HEALTH/DENTAL PROBLEMS
- HAVE EMOTIONAL/MENTAL PROBLEM
- SETTING BOUNDARIES WITH FAMILY
- SETTING BOUNDARIES WITH CHILDREN
- SETTING BOUNDARIES WITH EX
- NEED HELP WITH READING,MATH,WRITING
- DOMESTIC VIOLENCE
- FEELING OF IMPENDING DANGER
- NEED A BETTER JOB
- NEED HELP FINDING A JOB
- TRANSPORTATION ISSUES
- CHILD ABUSE/NEGLECT
- NEED GED
- HAVING PROBLEMS AT WORK
- NEED MORE CLOTHING
- HAVING LEGAL PROBLEMS
- PROBATION
- OUTSTANDING Warrant
- CHILD SUPPORT
- ALIMONY
- TRAFFIC VIOLATION
- CPS CASE

OTHER PERSONAL

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 what 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 mos? 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? _____

Clothing size: Shirt _____ Pants _____ Shoes _____

Favorite Meal _____ Favorite Color _____

Your cell phone number _____

Your email address _____

Your social media name _____

EMERGENCY CONTACT:

Closest Relative/Relationship _____

Their phone number _____

Their Address _____

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

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 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 6 months you must be readmitted for us to another 6 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 _____

REQUIRED DOCUMENTS:

____ **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**

____ **DES Letter of Eligibility**

____ **Food Stamp Card/Qwest**