Sober By Grace

Application for Admission

Name_____Cell Phone # _____

Home phone _____ E-mail_____

Current Address _____ City_____ State_____ Zip_____

DOB   _____DL # _____SS # _____

Vehicle Year_____ Make_____ Model_____
Is your vehicle currently insured?   ☐ yes ☐ no

☐ Married   ☐ Divorced   ☐ Single   ☐ Widowed   ☐ Children (how many) _____

Sobriety Date: _____

- If other than alcohol only, what was(were) your drug(s) of choice? _____
_____

Sponsor's Name: _____Sponsor's Phone # _____
What step are you on?_____ Home group _____
*If you do not have a sponsor, we can assist in putting you in touch with one

Place of employment: _____Work Phone # _____
Pay period: ☐ weekly   ☐ bi-weekly   ☐ commission   ☐ on the 1st and 15th

Prior treatment facilities_____
Average length of stay_____   Do you typically finish the program? ☐ yes ☐ no

Criminal history (all offenses)_____

_____

Probation/Parole Officer: _____Phone#_____

1

Sober By Grace

Length of sentence: _____County: _____Felony record: _____

Referred by:-
_____**phone#_____**

Are you currently receiving psychiatric services, professional counseling, or psychotherapy?
☐ yes ☐ no
Therapist/Counselors name_____
phone#_____
Mental health diagnosis
_____

Please list all medications you are currently taking including over-the-counter
meds:_____
_____
_____

Do you have a disability?   ☐ yes ☐ no   if yes, please describe
_____
Do you currently collect SSI or a disability check?   ☐ yes ☐ no
        If yes, what is the amount _____ day of the month it
pays_____
        Are you able to work?   ☐ yes ☐ no

Have you ever been a victim of violence (including sexual abuse, domestic violence, threats,
rape, incest, etc)   ☐ yes ☐ no

Do you have a history of cutting/eating disorders/suicidal thoughts/attempts?   ☐ yes   ☐ no
Explain: _____

Allergies (medicines, stings, etc.) _____

Describe any medical condition or diagnosis _____
_____
Include infectious diseases such as: Hep C, HIV,etc (Sober By Grace does not discriminate)

Are you currently in a romantic relationship?   ☐ yes ☐ no

Sober By Grace

Is your "significant other" supportive of you and your decision to enter supportive transitional living?　　　☐ yes ☐ no

Who do you turn to for emotional/financial support?_____phone#_____

Fiscal Sponsor or person/persons supplying funding for residential housing:

Name:_____

Mailing address:_____

City_____State_____Zip_____

Home phone:_____Cell phone:_____

Signature of fiscal sponsor_____
(This person understands that in the event of relapse, no refunds are given. Refunds of any kind are only available via Director approval. Fiscal support is given in the hope of someone's continued sobriety)

EMERGENCY CONTACT INFORMATION

Persons to contact in case of emergency:

Name	Relationship	Phone #

All information provided is true and accurate. I understand that omitting or lying on this application can result in my immediate removal from Sober By Grace and its programs.

_____
Signature　　　　　　　　　Print Name　　　　　　　　　Date