LOVINgrace

## *Application for Admission*

***Date: _____***

***Name_____***
***Address_____***
***City, State, Zip_____Date of Birth_____***
***Email_____ Phone_____***
***Social Security#_____ Medicaid # _____***
***Drivers License/ID#_____ State Issued_____ Expiration_____***
***Do you own a vehicle_____ is it insured? _____ Proof ☐Yes ☐No***
***Vehicle Insurance_____ Expires_____***
***Do you have medical insurance: ☐Yes ☐No***
***Names of insurance company_____***
***Insurance Contact Information _____***
***Other identification _____***
***Birth Certificate _____ State and County issued_____***
***Race: (optional) ☐White ☐Hispanic ☐Native American ☐Asian ☐African Amer.***
***☐Other, if other please list. _____***

Physical Identifiers: Height____ Weight____ Eye Color_____ Hair Color ____

Scars/Tattoos/Piercings: _____
_____

***Describe you recent living situation over the last four months: (Select all that apply)***
***☐On street ☐Jail or Prison ☐Staying with family ☐Shelter ☐Group Home ☐Foster Care ☐Own Place ☐With Spouse ☐Hospital or Treatment Facility***
***☐Other if other, please list here and explain_____***
_____

***How did you learn about LovinGrace? _____***
***Education: (Check highest completed) ☐High School ☐9 ☐10 ☐11 ☐12***
***College: ☐1 ☐2 ☐3 ☐4 any learning disadvantages/disability_____***
_____

***Do your future plans include completing: ☐High School ☐GED ☐Vocational Training ☐College Degree***

***Is there anyone in your life currently who could help you achieve your goals?***
***☐Yes ☐No If yes who_____***

***Would you like to reconcile with them? ☐Yes ☐No If no, why not? _____***

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***FAMILY HISTORY INFORMATION***
***(Include contact information if known)***

***Briefly describe your relationship with…***

***Father:***
_____
_____
_____

***Mother:***
_____
_____
_____

***Siblings:***
_____
_____
_____

***Extended Family/Dependent Children: _____***
_____
_____

***References: List 3 references that are aware of your situation and could verify your need and willingness to work with the program.***

***Name of reference 1_____ How you know them_____***
***Phone_____ Email _____***
***How long have they known you? _____***

***Name of reference 2 _____How you know them _____***
***Phone_____ Email _____***
***How long have they known you? _____***

***Name of reference 3 _____ How you know them _____***
***Phone _____ Email _____***
***How long have they known you? _____***

***Resources:***
***How do you support yourself? _____***

*How do you see supporting yourself at Loving Grace?* _____

_____

*What debts do you currently have:* _____

_____

*What regular income do you receive:* _____

_____

*Do you have a bank account: ☐Yes ☐No If yes, what kind:*

_____

*What is your current balance:* _____ *are you overdrawn at this time ☐Yes ☐No*
*If yes how much?* _____
*Do you receive government assistance? ☐Yes ☐No If yes, what kind?* _____

_____

## *EMPLOYMENT HISTORY:*

***Please list employment starting with the most recent.***

*Employer*_____ *Address/City* _____
*Managers Name and Phone #* _____#_____
*Title* _____*Salary/Hourly*_____
*Dates* _____ *if no longer employed, why did you leave?*

_____

_____

*Employer* _____ *Address/City* _____
*Managers Name and Phone #* _____#_____
*Title*_____ *Salary/Hourly* _____
*Dates*_____ *If no longer employed, why did you leave?*

_____

_____

## *LEGAL*

*Have you ever been arrested? ☐Yes ☐No If yes, why?*

_____

_____

_____

*Did you do jail time for the offence: ☐Yes ☐No If yes, when and where?*

_____

_____

*Are you on probation or parole? ☐Yes ☐No If yes, who do you report to and phone #*

_____

_____

_____

***Do you currently have charges pending? ☐Yes ☐No if yes, where and for what charge?***

_____

_____

***When is your next court date?*** _____

***Have you ever been questioned or charged for physical violence against another person? ☐Yes ☐No if yes, please explain***

_____

_____

***Have you ever been questioned for the sale of illegal drugs? ☐Yes ☐No if yes please explain.***

_____

_____

_____

***Have you ever been or currently associated with a gang? ☐Yes ☐ No if yes please explain.***

_____

_____

_____

## *MENTAL HEALTH*

***Have you ever been treated for wanting to hurt yourself or others? ☐Yes ☐No***
***If yes, please give date and explain.***

_____

_____

_____

***What treatment did you receive for healing?*** _____ ***Who provided your treatment?*** _____

***Is a physician or mental health professional currently treating you? ☐Yes ☐No, if yes, please list name, address and phone number.***

_____

_____

_____

***Have you taken illegal drugs? ☐Yes ☐No***
***We require a drug screen to enter the program; do you think you will pass the drug screen? ☐Yes ☐No if no, would you like to seek treatment? ☐Yes ☐No***

***Do you attend AA and/or NA meetings? ☐Yes ☐No if yes, where are the meetings held and what time do you attend?***
_____

***Who is your sponsor? Name: _____phone_____***

## *HEALTH*

***How is your physical health? _____***
***Do you have any health concerns we should know about?***
_____
_____
***☐High blood pressure***
***☐Diabetes***
***☐Heart disease***
***☐Any communicable diseases ☐Yes ☐No if yes please list, _____***
***☐Any allergies ☐Yes ☐No if yes please list, _____***
***☐Do you carry an epi-pen?***
***☐Kidney disease***
***☐Hepatitis***
***☐Seizure disorder***
***☐Asthma*** *☐Yes ☐No if yes do you use/have an inhaler*
***☐HIV/AIDs*** *☐Yes ☐No if yes when were you diagnosed? What doctor/s do you see and what medications are you on?*
_____
_____
_____
*When was the last time you saw a doctor? _____*
*Who is your primary care physician? _____*
*Do you take any medications on a daily basis ☐Yes ☐No if yes what and how often.*
_____
_____
_____
_____
***D****o you take any over the counter medications? ☐Yes ☐No if yes what? What for? How often?*
_____
_____
_____
***Are you or could you be pregnant? ☐Yes ☐No***

***Things you would like us to consider about you regarding your application to Lovin Grace:***

_____

_____

_____

***In case of Emergency please notify:***

***Name: _____Address_____Phone_____***
***Relationship: _____***
***Name: _____Address_____ Phone_____***
***Relationship_____***

***I understand an application is not a guarantee of admission and LovinGrace determines applicant's eligibility for admission and does not disclose rationale for denial or admission.***

***By signing below, I acknowledge and understand this application will be used to consider my eligibility to live at the LovinGrace Home. If accepted, I will sign a conduct covenant, occupancy/rental agreement and other documents outlining the terms for living at Loving grace to uphold my safety and the safety of the other residents and staff. I understand my references will be contacted to verify the honesty of my statements. I also understand my eligibility will be based on the availability of space in the home and to assist me with my particular needs. LovinGrace will make a decision based on this application, my interview, and available space. If my statements are found to be misrepresented at any point or I have demonstrated an unwillingness to work within the expectations and terms of my admission, I may be exited from LovinGrace immediately. I also give permission for LovinGrace to request official documents, make professional inquiries, or complete background checks on me to verify the information I have given them.***

_____ _____ _____
***Signature*** ***Printed Name*** ***Date***

_____ _____ _____
***Signature of Witness*** ***Printed Name*** ***Date***