

INSTRUCTIONS FOR FILLING OUT APPLICATION:

- 1. ANSWER ALL QUESTIONS HONESTLY AND COMPLETELY.**
- 2. DO NOT SKIP QUESTIONS, PLACE “N/A” IF IT DOESN’T APPLY TO YOU.**
- 3. USE THE BACKS OF THIS APPLICATION IF NEEDED.**
- 4. BE SURE AND SIGN IT AND GET TWO WITNESSES TO SIGN.**
- 5. READ THE WOG HANDBOOK, SIGN THE LAST PAGE AND RETURN IT WITH YOUR APPLICATION. (SIGNATURE PAGE)**
- 6. WRITE A LETTER TO THE BOARD OF DIRECTORS STATING WHY YOU THINK THIS PROGRAM WILL WORK FOR YOU.**
- 7. ENCLOSE THE LETTER WITH YOUR APPLICATION AND SIGNATURE PAGE.**
- 8. BE PREPARED TO CONDUCT TWO SEPARATE INTAKE INTERVIEWS WITH BOARD MEMBERS.**
- 9. IF YOU ARE NOT COMMITTED TO STAY A YEAR, PASS THIS APPLICATION AND HANDBOOK ON TO SOMEONE ELSE. THE PROGRAM IS A YEAR LONG PROGRAM. WE ARE A TRANSITIONAL LIVING FACILITY *NOT TREATMENT.* UNDERSTAND THAT THIS INFORMATION IS CONFIDENTIAL. YOU MUST SIGN RELEASES OF INFORMATION FOR US TO TALK TO ANYONE ELSE BESIDES LAW ENFORCEMENT AND/OR AGREED UPON FAMILY MEMBERS RELATED TO YOUR CASE.**

**KAY HUMBLE, DIRECTOR
WOMEN OF GRACE MINISTRY
TRANSITIONAL LIVING**

Women of Grace Transitional Living Home

P.O. Box 379
Shelbyville, TN 37160

www.women-of-grace.org

(931) 492-6676

APPLICATION FOR ADMISSION

FULL LEGAL

NAME: _____ AGE: _____

FIRST MIDDLE LAST

MAIDEN NAME: _____ ALIASES: _____

SOCIAL SECURITY # _____ DOB: _____ BIRTHPLACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ ETHNICITY: _____

UNMARRIED _____ (# OF TIMES) MARRIED _____ DIVORCED _____ WIDOWED _____

CURRENT ADDRESS: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

IN CASE OF EMERGENCY NOTIFY: _____

TELEPHONE: _____ RELATIONSHIP: _____

IN CASE OF EMERGENCY NOTIFY: _____

TELEPHONE: _____ RELATIONSHIP: _____

CURRENT MARITAL STATUS: _____ SPOUSE/SIGNIFICANT OTHER NAME: _____

HOME PHONE: _____ CELL: _____ E-MAIL _____

NAMES & AGES OF YOUR CHILDREN: _____

WHO CARES FOR YOUR CHILDREN: _____

PARENTAL INFORMATION

MOTHER'S NAME: _____ (DECEASED/WHEN? _____)

ADDRESS: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

FATHER'S NAME: _____ (DECEASED WHEN? _____)

ADDRESS: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

SUBSTANCE ABUSE & MEDICAL HISTORY

AGE AT FIRST USE: _____ WHAT DID YOU USE _____

DESCRIBE THE PROGRESSION & FREQUENCY OF YOUR USE: _____

DID YOU BUILD A TOLERANCE _____ EXPERIENCED BLACKOUTS _____ IV USE _____

DATE OF LAST USE: _____

WHAT WERE YOU USING WHEN YOU QUIT _____

HAVE YOU EVER TRIED TO QUIT BEFORE _____ BEEN TO TREATMENT _____ HALFWAY HOUSE _____

LIST THE DATES & PLACES YOU HAVE TREATMENT: _____ REASON

FOR LEAVING: _____ USE BACK OF PAGE IF NECESSARY.

DO YOU CONSIDER YOURSELF AN ALCOHOLIC/ADDICT? _____ BEEN TO 12 STEP MTGS.? _____
DID YOU GET A SPONSOR? _____ DID YOU DO ANY STEP WORK? _____

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS & WHAT IS
IT? _____ WHEN WERE YOU DIAGNOSED _____
WHERE _____ WHO WAS THE PHYSICIAN _____
DO YOU TAKE OR HAVE YOU TAKEN MEDICATIONS FOR THIS? _____ LIST THEM: _____

SUICIDE ATTEMPTS? _____ THOUGHTS? _____ DO YOU HAVE A PLAN AS TO HOW YOU WOULD
ACCOMPLISH SUICIDE? _____
ARE YOU DEPRESSED NOW _____ AS A CHILD _____ DID YOU GROW UP IN A VIOLENT HOME _____
WHERE DO YOU GET YOUR PRESCRIPTIONS FILLED? _____
ARE YOU PRESENTLY UNDER THE CARE OF A DOCTOR/CLINIC? _____
WHO & WHERE? _____
DATE OF LAST PHYSICAL: _____ HAVE YOU EVER BEEN HOSPITALIZED? _____ DATES: _____
DESCRIBE CIRCUMSTANCES/SURGERIES: _____
HAVE YOU BEEN TESTED FOR: HIV _____ HEPATITIS _____ TB _____ RESULTS: _____
HAVE YOU HAD A CURRENT FLU SHOT? _____ NUMBER OF PREGNANCIES _____ MISCARRIAGES _____
ABORTIONS _____ REGULAR PERIODS? _____ OTHER HEALTH ISSUES: _____

LEGAL INFORMATION

NAME OF ATTORNEY: _____ PHONE: _____
PROB/PAROLE OFFICER _____ PHONE: _____
WHO IS THE D.A. IN YOUR CASE _____ PHONE: _____
LIST ALL PRIOR AND CURRENT
CHARGES/CONVICTIONS: _____

IF INCARCERATED, PROJECTED DATE OF RELEASE: _____ WILL YOU BE
FURLOUGHED? _____ PLACED ON PAROLE OR PROBATION? _____ COUNTY/STATE? _____

EDUCATIONAL HISTORY

LAST GRADE COMPLETED _____ WHEN _____ WHERE _____
ATTEMPTED G.E.D. _____ RECEIVED G.E.D. _____ WHEN _____
TECHNICAL TRAINING IN? _____ WHERE? _____

VOCATIONAL HISTORY

LIST ALL JOBS HELD BEGINNING WITH LAST JOB: _____

ARE YOU INTERESTED IN FURTHER JOB TRAINING _____ WHAT FIELD _____

SPIRITUAL HISTORY

CHURCH AFFILIATION OR DENOMINATION _____ DO YOU PROFESS TO BE A
CHRISTIAN? _____ HAVE YOU BEEN BAPTIZED _____ WHEN _____
IF NOT, WOULD YOU BE INTERESTED IN BECOMING A CHRISTIAN? _____

AFFIRMATION

I UNDERSTAND THAT THE ANSWERS I HAVE GIVEN ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM ACCEPTED TO WOMEN OF GRACE, ANY MISINFORMATION OR DISHONEST ANSWERS WILL BE GOODS FOR AUTOMATIC DISMISSAL. I HAVE PRAYERFULLY CONSIDERED THIS 12 MONTH COMMITMENT AND SINCERELY WANT TO CHANGE MY LIFE. UNLESS COURT ORDERED, I REALIZE MY ADMISSION IS VOLUNTARY AND THAT I MAY LEAVE AT ANY TIME. BY SUBMITTING THIS APPLICATION, I AM STATING THAT I AM READY TO BEGIN THIS JOURNEY.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

WITNESS: _____ DATE: _____