

The Grace House – Chesterfield
Resident Application

Date: _____

Personal Information

Name: _____ Age: _____

Date of birth: _____ SS#: _____

Marital status: (check one below)

- Single
- Married
- Separated
- Divorced
- Widowed

Ethnicity: (check one below)

- African American
- Caucasian
- Hispanic
- American Indian
- Asian
- Other: _____

Telephone where you can be reached: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Previous address: _____

City: _____ State: _____ Zip Code: _____

Number of children (please circle): 0 1 2 3 More than 3

Please list each child below:

Child's Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all of the above named children legally in your custody? Yes No If no, please explain

Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Health Information

Insurance Coverage: Medicare Medicaid Group Ins. Other: _____

Policy number: _____

Do you have a family doctor? Yes No

If yes, complete the following information:

Doctor's Name: _____ Telephone #: _____

Doctor's Address: _____

City: _____ State: _____ Zip Code: _____

Date of most recent physical exam: _____

Do you have any health needs? (If yes, specify below) Yes No

Are you pregnant? Yes No If yes, how many months? _____

List current prescription medication you use?

1. _____ Dosage: _____

2. _____ Dosage: _____

3. _____ Dosage: _____

Please explain the reason for taking medication(s) _____

Do you have a history of any of the following?

- | | Yes | No |
|----------------------------------|-------|-------|
| 1. Depression or Withdrawal | _____ | _____ |
| 2. Anxiety | _____ | _____ |
| 3. Mood Swings | _____ | _____ |
| 4. Suicide Attempts | _____ | _____ |
| 5. Paranoia | _____ | _____ |
| 6. Hallucinations | _____ | _____ |
| 7. Restlessness or Hyperactivity | _____ | _____ |
| 8. Inappropriate Sexual Activity | _____ | _____ |
| 9. Sexual Offense History | _____ | _____ |
| 10. Substance Abuse History | _____ | _____ |

Do you have a history of chemical dependency? Yes No

If yes, complete the following information:

Number of years of abuse: _____ Amount of time clean/sober _____

Sobriety date: _____ Substance used: _____

Transportation

Do you have a car: Yes No

Do you have a valid Virginia's driver's license? Yes No If no, please explain.

Housing Information

Are you currently living in a shelter or Transitional Housing Program? Yes No

If yes, please give Name: _____ Date entered: _____

How did you find out about our program or were you referred by a person/agency?

Contact person and/or agency: _____

Agency address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Are you applying from out of town? Yes No

Do you have family in this area? Yes No

Do you have friends in this area? Yes No

If you are homeless, please explain why (*circle below*)

Eviction	Domestic violence	Loss of job	Incarceration	Debts
Arrests	Substance abuse	Abandoned	Pregnancy	Property Damage

Please explain your current living situation: _____

Have you pursued other housing options? Yes No If yes, please explain.

Number of past residential placements: _____

Name of previous programs: _____

Reason for discharge from last placement: _____

Legal Information

Have you ever been convicted of a felony charge? Yes No If yes, please explain.

Have you ever been convicted of a misdemeanor? Yes No If yes, please explain.

Have you ever been arrested? Yes No If yes, please explain.

Have you ever been convicted of a sexual offense? Yes No If yes, please explain.

Do you have any pending court dates for any reason? Yes No If yes, please explain.

Are you currently or have you ever been on parole or probation? Yes No If yes, please explain.

Parole Officer's Name: _____ Telephone #: _____

Do you have any outstanding warrants for your arrest? Yes No If yes, please explain.

A background check will be required if admitted to the program.

Educational Information

Please complete each that applies.

High School: _____ Date completed: _____

Vocational School: _____ Date completed: _____

College: _____ Date completed: _____

Major: _____

Highest grade completed: _____ Graduation Date: _____

Do you have a GED Yes No Year completed: _____

Has anyone ever suggested that you have a learning disability? Yes No

What are your educational goals? _____

Employment Information

Are you currently employed? Yes No Full time? Part time?

Employer: _____ Date employed: _____

Position held: _____ Salary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

List previous employers below:

1. Employer: _____

Employed (Month/Year)	
From: _____	To: _____

Position held: _____ Salary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Reason for leaving: _____

2. Employer: _____

Employed (Month/Year)	
From: _____	To: _____

Position held: _____ Salary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Reason for leaving: _____

3. Employer: _____

Employed (Month/Year)	
From: _____	To: _____

Position held: _____ Salary: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Reason for leaving: _____

Financial Information

Your answers in this section will help us assess the services you may need to help you address your financial status. Having good or bad credit is not a factor in this admission process.

How would you describe your credit history? (Circle one) Excellent Good Fair Poor N/A

Do you receive child support? Yes No

Do you have a current copy of your credit history? Yes No

Do you have debt in the following area? Please fill in the amount of debt if known:

School loans Yes No _____

Medical bills Yes No _____

Car loans Yes No _____

Traffic violation debt Yes No _____

Housing Yes No _____

Rent Yes No _____

Utilities Yes No _____

Joint debt with significant other Yes No _____

Credit card debt Yes No _____

Other Yes No _____

What are your sources of income? _____

What is your total monthly income? _____

What is your total amount of debt? _____

Have you filed bankruptcy? Yes No If yes, when. _____

Do you feel you need to file bankruptcy? Yes No If yes, explain. _____

Psychological Information

Have you been treated in the past for any of the following? (Circle Yes or No next to each)

Psychological problems Yes No

Medical problems Yes No

Substance abuse problems Yes No

If yes, please circle all that apply: Individual Couples Group Family

Name of counselor: _____

Name of agency: _____

Telephone number: _____

Length of treatment: _____

Are you currently in treatment for medication management? Yes No If yes, provide frequency of visits, doctor's name, address & phone:

Are you currently in treatment for psychological or substance abuse problems? Yes No

If yes, please explain _____

Have you ever been physically abused? Yes No If yes, please explain below

(by whom, for how long, in how many relationships) _____

Have you ever been counseled for domestic violence? Yes No

Have you ever lived in a group setting before? Yes No If so, when and

where? _____

Character References

Please list three (3) references, include a family member:

Family Member

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship: _____

The Grace House is not responsible for any lost, stolen, or damaged property. All items left at the house longer than 14 days after vacating will be forfeited and donated to a charity organization.

I have read, agreed to and signed a copy of The Grace House rules. I understand all the conditions of the temporary occupancy and agree to abide by them.

I further understand that failure to comply may result in my being asked to vacate the premises of The Grace House.

I certify that the information given in response to the questions in this document is true. I understand that any false information given is grounds for dismissal from The Grace House. (References will be checked)

Print Name: _____

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Grace House Representative: _____

Move-in-date: _____ Room number: _____

Date of on-site interview: _____

Emergency Placement Regular Placement

Source of resident income: _____

Remarks: _____

Move-out-date: _____