

GRACE HAVEN - RESIDENT APPLICATION

www.gracehavenplace.com

Grace Haven is a non-profit organization located in Fairfield Co. Ohio that offers a *Christ centered, structured, sober living environment for women who are in recovery from drug and alcohol addiction.*

Please fill out the application giving as much detail as possible. Applicants must be able to independently care for their personal, medical and physical needs. Acceptance into Grace Haven is at the discretion of the ministry and dismissal from it will occur if the rules and guidelines are not upheld.

Name _____ Date _____

Reason you are applying: _____

Have you been a resident at Grace Haven prior? Yes / No Reason for leaving? _____

Referral Source / Name _____ Referral Phone #: _____

Date to begin at Grace Haven: _____ Do you need a ride: Yes / No

Current Address: _____

Relationship Status: _____

Grace Haven does not support or encourage dating at any point during your residency.

Date of Birth: ____/____/____ Age: _____ Social Security # ____-____-____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

List Birthmarks / Tattoos: _____

Do you currently have a job: Yes / No. Place of Employment: _____

Personal Health:

Physician: _____ Doctors Office: _____ Phone: _____

Illness/Surgeries/Disabilities: _____

Have you tested positive for HIV: _____ Hepatitis A/B/C: _____

Allergies: _____

Pregnant: _____ Due Date: ____/____/____

Wear Glasses: _____ Dental problems: _____ Do you Smoke: _____

Please Circle All That Apply:

Depression Bipolar Sleeping Disorder Schizophrenia Physical Abuse

Personality Disorder Rape/Sexual Abuse Phobias Nightmares

Are you under mental healthcare / Counseling? (Explain) _____

Current Medications: _____

Drug and Alcohol:

Date last used Alcohol: ____/____/____ Last used drugs illegally: ____/____/____

Type of drugs used: _____

Age you first started using: _____ Are you in NA/AA _____ Sponsor _____

Longest period of abstinence from drug use: _____ Have you tried other treatment centers? Yes / No

Do you have a family history of Chemical Dependency? Yes / No

Do you know your trigger points for using? If so, list them: _____

Do you have a treatment plan _____ If No, are you willing to create a treatment plan? _____

When you reside at Grace Haven, are you willing to submit to the following: Yes / No

Bible Study NA/AA Urine Screens Relapse Prevention

Church 12 Step Substance Abuse

Chemical Dependency Diagnostic Indicator: Check all that apply.

- _____ Use larger amounts over longer period than intended
- _____ Failed attempts to cut down or control use
- _____ Decreased social/occupational/recreational activities due to use
- _____ Prior attempts to quit that have failed
- _____ Clinically assessed as presenting a threat to self / threat to others
- _____ Limited support in your recovery
- _____ History of suicide
- _____ Hospitalized for mental health

History of Trauma. (Circle)

Victim/Perpetrator of physical abuse: Yes / No

Victim/Perpetrator of sexual abuse: Yes / No

Legal Issues:

Current Incarceration Date _____/_____/_____ Date of release: _____

Offense: _____

Past Incarceration Convictions: _____

Are you on probation/parole? _____ Officer: _____ Phone: _____

Case Worker: _____ Phone: _____

Restraining Orders: _____

Names of persons who cannot see you: _____

(IT IS IMPERATIVE TO INCLUDE COPY OF PROBATION TERMS THE DAY YOU ARRIVE)

Children:

Names of Children / Ages: _____

Do you have custody? _____ Will you require supervised visitation? _____

Guardian Name _____ Phone _____

Misellaneous:



Do you have an Ohio driver's license _____ Driver's license number _____
Will you have a car for transportation while at Grace Haven: _____
Do you have a bank/savings account _____ Does someone monitor your funds? _____

Religion / Spiritual walk with Christ:

Have you been baptized _____ Date: _____/_____/_____ Church: _____

Explain your Christian experience:

List Strong References:

Name: _____ Phone: _____ Relationship to you: _____
Name: _____ Phone: _____ Relationship to you: _____

Two contacts who would be eligible as pre-Approved/non-users for you to communicate with while at Grace Haven:

Name: _____ Phone: _____
Name: _____ Phone: _____

I, _____ certify that the above information is true and accurate and I understand that deliberating falsifying any information given will lead to dismissal from Grace Haven and result in non-acceptance of my application>

Signed: _____ Date: _____

Disclosure:

Grace Haven recognizes the role of Buprenorphine and Methadone in the treatment of opiate addiction, but believes the role is best fulfilled by residential treatment facilities and in supportive living environments where staff are qualified to dispense, store and manage the use of these medication assisted treatment drugs. Residents will no longer be permitted to take the above related drugs while residing at Grace Haven.

Because Grace Haven is a sober living home for women who are recovering from drug and alcohol addiction, applications will only be accepted from women who are seeking a sober living environment during their transition back into society.