

GRACE HAVEN RESIDENT APPLICATION

www.gracehavenministries.net

Grace haven is a non-profit organization located in Fairfield County, OH that offers a Christ centered, structured, sober living environment for women, who are in recovery from drugs and alcohol addiction

Please answer all questions, 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. Dismissal will occur if the rules and guidelines are not upheld.

NAME: _____ DATE: _____

Reason for application: _____

Referral Source: Name _____ Phone number: _____

Have you been a resident before? Yes/No Reason for leaving _____

Contact Information: Phone _____ Email _____

Current Address: _____

Do you have an Ohio Driver’s License? _____ Driver License Number: _____

Will you have a car for transportation while at Grace Haven? _____

Do you have a bank/savings account? _____

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

Current relationship status: _____

Do you have children? _____ Name(s): _____

Age(s): _____ Do you have custody? _____

Will you require supervised visitation? _____ Guardian Name: _____ Phone: _____

Grace Haven does not permit or encourage dating at any point during residency

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

Date of Birth: _____ Age: _____ Social Security Number: _____

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

PERSONAL HEALTH

Do you have any medical conditions? YES NO

If so, List Diagonoses: _____

Are you currently on any medication(s)? YES NO

Are you under mental health care/ counseling? Explain

Physician: _____ Doctor's Office: _____ Phone: _____

Do you have any of the following?

Depression Bipolar Disorder Sleeping Disorder Schizophrenia Physical Abuse
Rape/Sexual Abuse Phobias Nightmares Heart Conditions Diabetes Personality Disorder

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

Allergies: _____ Pregnant: YES, NO Due Date: _____

Wear glasses? Yes, No Dental problems? Yes No Do you smoke? Yes No

LEGAL ISSUES

Current Incarceration date: ___/___/___ Date of Release: ___/___/___

Offense: _____

Are you or have you ever been charged/convicted of violent offences? Yes No

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

Case Worker: _____ Phone: _____

Restraining Order(s) : _____

Names of person(s) who cannot see you: _____

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

RECOVERY AND TREATMENT

Last Used Alcohol: ___/___/___ Last Date of Illegal Drug Use: ___/___/___

Type of drug(s) used: _____

Age of first use? _____ Are you in AA/NA? ___ Sponsor: _____

Longest period of abstinence from drug use: _____ Have you tried other Treatment centers _____

Do you have a family history of Chemical Dependency? YES NO

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

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

Residents are required to participate in all household activities

RELIGION/ SPIRITUAL WALK WITH CHRIST

Have you been Baptized? _____ Date: ___/___/___ Church: _____

Describe your Christian Experience: _____

References

Please list strong references

Name: _____ Phone: _____ Relationship: _____

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Two contacts who would be eligible as pre-approved(non-user) 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 deliberately falsifying any information given will lead to dismissal from Grace Haven and result in non-acceptance of my application

Signed: _____ Date: ____/____/____

Please submit completed application:

By Mail:

*Grace Haven Ministries
PO Box 2345
Lancaster OH 43130*

Via Email:

gracehavenministries0@gmail.com

Upload to Website:

www.gracehavenministries.netⁱ

ⁱ Disclosure:

Grace Haven recognizes the role of Buprenorphine and Methadone, in treatment of opiate addiction, but believes the role is best fulfilled by residential treatment facilities and in supporting living environments where staff are qualified to dispense, store and manage the use of these medications assisted treatment drugs. Residents will no longer be permitted to take the above related medications while residing at Grace Haven. Because Grace Haven is a sober living home for women, who are recovering from drugs and alcohol addiction, applications will only be accepted from women seeking a sober living environment during their transition back into society.ⁱ