

GRACE HAPPENS, INC.

Faith-based, Transitional Recovery for Women

P. O. Box 733, Nicholasville, Ky. 40340-0733

(859)433-8112

fax (859)881-8369

email: www.gracehappens4u@gmail.com

web: www.gracehappensky.com

APPLICATION

Date: _____

OFFICIAL USE

Name: _____

Date enrolled: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: () - _____

DL/I.D. _____
State

DOB: ___/___/___

S.S.#: ___-___-___

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

Scars, birthmarks, tattoos: _____

Race: Hispanic _____ African American _____ Asian/Pac. Islander _____ White _____

Native American _____ Other _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Children: Yes [] No []

If Yes:

<u>Name</u>	<u>Age</u>	<u>Sex</u>

Custody: Yes [] No [] Court Ordered Visitation Yes [] No [] How often _____ Children Reside with _____
Address _____ City _____ State _____
Zip _____ Phone _____. Is this family? [], Foster parents? []
Other? [] Relationship _____.

EMERGENCY CONTACT: Name: _____

Address: _____, City _____, State _____, Zip _____

Phone: _____, Relationship: _____

Alternate Contact: _____ Relationship: _____

Spouses Full Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____

Do you consider yourself: Heterosexual [] Bisexual [] Homosexual [] Transsexual []

Do you have a boyfriend? Yes [] No [] Fiance? Yes [] No [] Significant other? Yes []

If yes:

Name _____ Address _____ City _____ State _____ Zip _____

Phone: _____ Do you live together? Yes [] No [] How long? _____

When did you meet(month/year)? _____.

Are you willing to address sexual activities in your life that oppose Biblical teaching?
Yes [] No []

Are you willing to abstain from sexual activity that opposes Biblical teaching? Yes []
No []

LEGAL ISSUES

Are you;

Court Ordered? Yes [] No [] Judge? _____

Address: _____, City _____ Zip _____

Phone _____.

Parole/Probation? Yes[] No[] Officer? _____
Address: _____, City _____, County _____
State _____, Zip _____, Phone _____.

What are the terms of your court action? _____
_____.

Do you have;
Court date pending? Yes[] No[] Date _____, Location _____

If yes, explain purpose of court date. _____
_____.

Have you been convicted of a;

Felony? Yes[] No[]

Misdemeanor? Yes[] No[]

Explain; _____
_____.

How many times have you been arrested? _____. Charged with? _____
_____.

Are you in jail now? Yes[] No[]
Charged with; _____

Have you ever been in prison? Yes[] No[]
Charged with; _____

Are you in prison now? Yes[] No[] If yes, convicted of; _____
Length of sentencing? _____.

What are the terms of your release from jail or prison? _____
_____.

Child Protection Service? Yes[] No[] Case Worker? _____
Address _____, City _____, County _____,
State _____, Zip _____, Phone _____.

Current Goal? _____
_____.

Next Family Team Meeting? _____ Next Review? _____
What steps have you taken to fulfill the requirements of your case plan? _____
_____.

What steps do you still need to complete? _____

What is your relationship with your case worker? Good[] Indifferent[] Bad[]
List any concerns you have regarding your case. _____

MEDICAL HISTORY

*Are you currently taking any medication(s)? Yes[] No[] If yes. What?(Be Specific)

**Grace Happens, Inc., does not accept clients who are being treated with opiates, barbiturates, bezodiazepines, or any other narcotic or mood altering drug. If you are interested in participating in this program, consult with your physician, as to alternative, non-narcotic medications.*

Prescribing Physician? _____, Phone _____
Address _____, City _____ State _____ Zip _____
Why are taking any medication(s)? _____

Have you recently stopped taking any medication? Yes[] No[] If yes. Why? _____

Did you stop, under your Doctor's supervision? Yes[] No[]
Will you have a 30 day supply of your medication, if you are enrolled into this program? Yes[] No [] If no. Why? _____

Are you allergic to any medication? Yes[] No[] If yes. Please list: _____

Are you allergic to any food(s)? Yes[] No[] If yes. Please list: _____

List any physical limitations or disabilities you have: _____

Are you pregnant? Yes[] No[] If yes; How far along? _____
OB/GYN: _____, Address: _____
City: _____, State: _____, Zip: _____, Phone: _____
What are your plans, concerning the child after birth? _____

Do you have any communicable diseases? Yes[] No[] If yes, please list: _____

Please explain[x] _____

SUBSTANCE ABUSE HISTORY

At what age did you first began using? _____ Have you used continually? _____
When did you last use drugs or alcohol? _____ What substance(s) did you use, how
often did you use it, and how much did you use? _____
_____.

Why did you start using drugs? Cope with life challenges [], because you friends
do it [], for pleasure [], to escape reality [], other [] _____

Has your drug/alcohol use ever caused you problems? Yes[] No[], If yes, explain:

What is your drug of choice?[1] _____, [2] _____,
[3] _____, [4] _____. Cost per day? \$ _____.
Longest period clean: _____. What kept you clean? _____

Have you ever received treatment for alcohol/drug abuse? Yes[] No[] If yes, was
this a rehab program? Yes[] No[] When(year)? _____ How long? _____
Where? _____. Why do you think you used again? _____
_____.

Are you sincere, in your desire to be completely free from all addictions and
substance abuse? Yes[] No[] If yes, what steps are you willing to take in order to be
completely free? _____

Have you considered what this sincerity will cost you? Yes[] No[] If no, think about
it. If yes, what is the cost? _____

EDUCATION/EMPLOYMENT

High School Diploma? Yes[] No[] GED? Yes[] College/Tech. Yes[] No[]
If yes; Do you have a degree? Yes[] No[] Major? _____
Do you have a desire to further your education? Yes[] No[] If yes; what is your
educational interests? _____

Are you employed? Yes[] No[] If yes, answer the following: Position _____,
Supervisor _____, Employer _____, Address _____,
Phone _____, Date hired? _____.
Please list any job skills and previous experience you may have? _____

MILITARY SERVICE

Are you, or have you ever been in the military? Yes[] No[] If yes; What branch
of service? _____. Ranking and assignment. _____

Date(s) of service. _____. Discharge status: Honorable [],
Less than Honorable [], Dishonorable [], Other [].

SPIRITUAL HISTORY

Do you consider yourself a Christian? Yes[] No[] If yes, give a brief statement
of Faith. _____

Do you attend church? Yes[] No[] If yes; Where: _____
_____. How often? _____ Do you have a
Pastor or Christian mentor? Yes[] No[] If yes; Name: _____
_____. Phone: _____. Have you ever been weak in your
faith, to the point of not relying on God for your daily living? Yes[] No[] If yes,
do you feel you are presently in such state? Yes[] No[] Do you feel God is
responsible for your present state in addiction? Yes[] No[] If yes, Are you
mad at God? Yes[] No[] Do you believe God loves you? Yes[] No[] If yes,
Why do you believe this? _____

Do you have a Bible? Yes[] No[] Do you have a version preference? Yes[]
No[] If yes. What version? _____. Do you read the Bible? Yes[]
No[] If yes, how often? _____.

How did you hear of Grace Happens? _____
Are you a relative to, or do you know anyone who is or has been in our program?
Yes[] No[] If yes, Who? _____

Why do you desire to enroll at Grace Happens, Inc.? _____

What expectations do you have in regard to your acceptance? _____

What do you hope to achieve from your stay at Grace Happens, Inc.? _____

***A COPY OF YOUR PICTURE ID IS REQUIRED UPON ENTRANCE TO THE PROGRAM.**

A \$25.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

Mail to: GRACE HAPPENS, INC., P. O. Box 733, Nicholasville, Ky. 40340-0733

All services offered by Grace Happens, Inc., and our employees, are available without regard to: Race, Color, Religion, National Origin, Sex, Disability, or Family Status.

ALL INFORMATION WITHIN THIS APPLICATION, IS CONFIDENTIAL,
AND IS TO BE REVIEWED ONLY BY AUTHORIZED GRACE HAPPENS,
INC., PERSONEL.

FOR OFFICIAL USE ONLY

Accepted? Yes [] No []

Date: _____

Potential client notified? Yes [] No []

Date: _____

If applicable;

Courts and probation notified? Yes [] No []

Date: _____

Family services? Yes [] No []

Date: _____