

Resident Application



Name    
First Last

Address

City  State  Zip

Phone

List a number where you can be reached

Email

Financials and Logistics:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I will have transportation                                |
| <input type="checkbox"/> | <input type="checkbox"/> | I will be financial responsible for my own program fees   |
| <input type="checkbox"/> | <input type="checkbox"/> | I will have support from family/other for my program fees |
| <input type="checkbox"/> | <input type="checkbox"/> | I will be enrolled in a form of higher education          |
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed   |

Recovery Information:

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a recovering alcoholic                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a recovering drug addict                |
| <input type="checkbox"/> | <input type="checkbox"/> | I am planning to attend an aftercare program |
| <input type="checkbox"/> | <input type="checkbox"/> | I am planning to attend an IOP program       |
| <input type="checkbox"/> | <input type="checkbox"/> | I am planning to attend 90 days of meetings  |

Sobriety Date

Are you discharging from a substance abuse program? Yes  No

If yes, list facility name, address, counselor and phone number:



Do you take prescription drugs? Yes  No

If yes, list prescribed drugs, reason, prescribing doctor frequency of doses

- 1.
- 2.
- 3.
- 4.

Use back of page if needed

Do you have any pending court cases other than moving violations? Yes  No

If yes, explain: (bond, probation, pending court case)

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

Have you ever lived in a sober living home? Yes  No

How did you hear about Simply Grace?

Print Name

Signature

By signing your name above, you understand this application is for internal use only. The questions are designed to assist in utilizing resources to assist you in your recovery through accountability and aiding you in any obstacles you may need to overcome. Simply Grace respects privacy and anonymity and does not share applicants information. Simply Grace reserves the right to accept or deny any application.

Please email this form to [info@simplygracehouse.com](mailto:info@simplygracehouse.com)