

GRACE & MERCY HOUSE, INC. RESIDENT APPLICATION

Application Date: _____ Referred by: _____

Program Type : Status: Approved _____ Denied _____ Date Notified: _____ Approved by: _____
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Name: _____

Address: _____

City: _____ State: _____

Telephone: Home: _____ Work: _____

Cell: _____

Age: _____ DOB: _____ Sex: Male _____ Female _____

Race: _____ Religion _____

Marital Status: Single Married Divorced Widowed
(If married, give name of spouse) _____

Occupation: _____ SSN: _____

Employment History: (most current)

Employer: _____ Date of

Employment: _____

Position Held: _____ Number

Supervised: _____

Reason for leaving:

Employer: _____ Date of
 Employment: _____
 Position Held: _____ Number
 Supervised: _____
 Reason for leaving:

Employer: _____ Date of
 Employment: _____
 Position Held: _____ Number
 Supervised: _____
 Reason for leaving:

Education History:

Highest grade completed: _____
 Technical Degree: _____
 College degree: _____

Comments:

Have you ever been homeless? Yes _____ No _____
 If, yes how many times? _____
 What locations?

Do you consider yourself? Able Bodied _____ Disabled _____
 If disabled, describe amount of disability.

Do you have Medicaid? Yes No

Military Service? Yes _____ No _____ Honorable Discharge _____
Dishonorable Discharge _____ Medical Discharge _____

Child/(Children) Information:

Name _____

Age _____

Location of Child _____

Financial Obligation _____

Is child currently enrolled in school? Yes _____ No _____

If yes, Name of School _____

Other agencies involved: DSS _____ Juvenile Court _____ GAL _____

Other: _____

Custody of child: _____

Name _____

Age _____

Location of Child _____

Financial Obligation _____

Is child currently enrolled in school? Yes _____ No _____

If yes, Name of School _____

Other agencies involved: DSS _____ Juvenile Court _____

GAL Other: _____

Custody of child: _____

Name _____

Age _____

Location of Child _____

Financial Obligation _____

Is child currently enrolled in school? Yes _____ No _____

If yes, Name of School _____

Other agencies involved: DSS _____ Juvenile Court _____

GAL Other: _____

Custody of child: _____

Notify in case of emergency:

Name: _____
Address: _____
City: _____ State: _____
Zip code: _____
Telephone:
Home: _____ Work: _____ Cell: _____
Relationship: _____

Rehab programs completed:

Name	City	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of current rehab program: _____
Counselor: _____ Phone: _____
Social Worker: _____ Phone: _____
Sobriety and/ or Clean Date: _____

Reason for applying to live at Grace & Mercy House:

Have you ever been a victim of domestic violence? Yes _____ No _____
If yes, please describe:

Legal:

Have you ever been convicted of a crime? Yes _____ No _____
If yes, please give the nature of the charge and date of conviction

Did any of these convictions lead to incarceration? Yes _____ No _____

If so, please list institution and year of confinement:

Have you ever been convicted of a sexual offense? Yes_____ No_____

If so, please list where and circumstances around the offense_____

Please list any classes that you attended while incarcerated (i.e. GED, Anger Management, and Reentry to Life):

Parole or Probation Officer:

Name:_____

Address:_____

Phone:_____

Miscellaneous:

Will you have admission fees? Yes___No___

If yes, please indicate the amount: _____

Source of Income (Job)? _____

Income Amount: \$ _____ . 00

Do you have an NC Drivers License? Yes No

If yes, provide license number: _____

Do you have a picture ID? Yes No

Do you have a Social Security Card? Yes No

If no, will you be able to obtain before coming to Healing Wings, or shortly thereafter?

Yes No

If no, please explain: _____

Do you have a Birth Certificate? Yes No

If no, will you be able to obtain before coming to Grace & Mercy, or shortly thereafter?

Yes No

If no, please explain:

Do you have any future appointments (i.e. Dentist, Doctor, Social Services and/or Court Dates)?

Yes No

If yes, please explain: _____

Do you have transportation to and from these appointments? Yes No
(Out of town appointments are the responsibility of the resident in most cases)

What are your plans for the future?

How long are you expecting to live here?

What do you like to do for fun?

What should others know about you (good or bad)?

What is your motivation for wanting to change your life?

Who is your biggest support person(s)?

Medical History: Please check all that apply

Condition	Y es	N o	If yes, please explain and include medication prescribed
Diabetes			
High Blood Pressure			
Heart Disease			
Stroke			
Seizures			
Liver or Kidney Disease			
Thyroid or Hormonal			
Cancer			
Infectious Diseases (TB, HIV, AIDS, etc)			
Surgeries			
Pregnant			

List any over the counter medications:

Medication	Treatment for?

If you are taking medication that requires a psychiatrist for refills and medication reviews, you will be required to become a client of Alcohol and Drug Services.

Please sign indicating that you will comply: _____

Date _____

You need to bring enough medication with you when you come, to last until you get refills here. If this will be a problem, please describe:

WE CANNOT ACCEPT RESIDENTS TAKING THE FOLLOWING MEDICATIONS**

- ALPROZOLAM (XANAX)
- CHLORDIAZPOXIDE (LIBRIUM)
- CLONAZAPAM (KLONOPIN)
- CLOAZEPATE (TRANXENE)
- DIAZEPAM (VALIUM)
- FLURAZEPAM (DALMANTE)
- LORAZEPAM (ATIVAN)
- OXAZEPAM (SERAX)
- PRAZEPAM (CENTRAX)
- TERNAZEPAM (RESTORIL)
- TRIAZOLAM (HALCION)

These medications are highly addictive and the potential for abuse exists since the residents self-administer their own medication. We feel these medications actually maintain a person in their addiction.

Allergies to environment, food, medication: Yes No

If yes, please explain:

Substance Use: Please check all that apply if you have used any of these substances past or present

Substance	Method of Use (oral, smoking, inhaling, injection, other	Age at first use	Current Frequency (use codes below)	Withdrawal Symptoms (please specify)
Alcohol				
Cocaine/ Crack				
Marijuana/ Hashish				
Heroin				
Methadone				
Opiates				
PCP				
Hallucinogens				
Meth Amphetamine				
Amphetamines				
Stimulants				
Benzodiazepine				
Tranquilizers				
Barbiturates				
Sedatives				
Inhalants				
Over the counter				

Frequency Codes:

- 0 Drug not used during the past month
- 1 Drug used 1-3 times in the past month
- 2 Drug used 1-2 times per week
- 3 Drug used 3-6 times per week
- 4 Drug used daily

Mental Status:

Please check all that apply:

Danger to Self

- None
- Threats of suicide
- Plan for suicide
- Preoccupation with death
- Suicide attempts
- Inability to care for oneself

Danger to Others

- None
- Threats to harm others
- Plan to harm others
- Attempts to harm others

Attitude

- Cooperative
- Uncooperative
- Reserved
- Sarcastic
- Suspicious
- Guarded
- Hostile

Emotional State

- Sad/Depressed
- Euphoric
- Hostile

Insight

- Good
- Fair
- Poor

Grace & Mercy House

RESIDENT RELEASE FORM

Resident Name: _____ Date of Birth: _____

I hereby authorize:

To release specified information in my client record to Grace & Mercy House. The data shall include: Alcohol/Drug Assessments results: Recommendations, Treatment Plan Summary, Drug Screen Results and Prognosis.

Specific Purpose: To monitor and comply with agency assessment and recommendations.

This consent shall be valid for a period of 12 months.

This is a reciprocal agreement between parties named above and includes telephone calls.

I understand information released regarding my treatment may include information pertaining to psychiatric or psychological treatment, drug abuse or alcoholism or Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled.

I further acknowledge that I may revoke this consent at any time, except to the extent that action has been taken.

Resident: _____ Date: _____

Staff: _____ Date: _____

BY SIGNING THE ABOVE APPLICATION I AUTHORIZE THE STAFF OF THE GRACE & MERCY HOUSE, INC. TO CONTACT ANY OF THE ABOVE LISTED INDIVIDUALS/ORGANIZATIONS FOR THE PURPOSE OF GATHERING INFORMATION TO MAKE A DECISION ON THIS APPLICATION. THIS AUTHORIZATION APPLIES TO RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES(42CFR PART 2). I FURTHER AGREE THAT ALL INFORMATION GIVING IN THIS APPLICATION AND BOTH TRUE AND CORRECT.

PRINT NAME: _____
SIGNATURE _____ DATE _____

PRINT NAME: _____
STAFF SIGNATURE _____ DATE _____