

GRACE HOME

APPLICATION FOR ADMISSION

***Note:** According to North Carolina Law (NCGS 14-208.16), Grace Home is not allowed to accept residents with a sex offense record. The home is located near a child development center.*

APPLICANT INFORMATION

Name: _____		
(First)	(Middle)	(Last)
Prison:	Address:	Phone#:
Date of birth:	Place of Birth:	
Where did you grow up?		Who raised you?
OPUS#:	Marital Status:	
GED (where?):		Year completed:
High School:		Grade completed:
College:		Hours completed:
Last Place of Residence:	State:	ZIP Code:
Spouse's Name:		Phone #:
City:	State:	ZIP Code:
Next of Kin:		Phone #:
City:	State:	ZIP Code:

RELATIONSHIP STATUS

RELATIONSHIP STATUS	RELATIONSHIP SATISFACTION (if currently in a relationship)
<input type="checkbox"/> Single, never married	<input type="checkbox"/> Very satisfied with relationship
<input type="checkbox"/> Separated for ____ years	
<input type="checkbox"/> Widowed for ____ years	<input type="checkbox"/> Satisfied with relationship
<input type="checkbox"/> Divorced for ____ years	
<input type="checkbox"/> Married / Significant Other / Partner for ____ years	<input type="checkbox"/> Somewhat satisfied with relationship
<input type="checkbox"/> Other relationship for ____ years	
<input type="checkbox"/> Previous marriages? If yes, how many ____	<input type="checkbox"/> Dissatisfied with relationship
<input type="checkbox"/> Never been in a serious relationship	
<input type="checkbox"/> Not currently in a relationship	<input type="checkbox"/> Very dissatisfied with relationship
<input type="checkbox"/> Currently in a serious, non marital, relationship	

CHILDREN

#	Name	Age	Sex	Who cares for the child?	Do you have a relationship with the child?
1					
2					
3					
4					
5					

If you have more children, please write their information on the back of this page → → → → → → →

Grace Home Application For Admission

ADDITIONAL CHILDREN					
	Name	Age	Sex	Who cares for the child?	Do you have a relationship with the child?
6					
7					
8					
9					
10					
11					
12					

Grace Home Application For Admission

FAMILY INFORMATION				
	Name	History of Mental Illness / Substance Abuse	Resides in :	Quality of relationship:
Mother		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Father		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 1		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 2		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 3		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 4		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Extended		<input type="checkbox"/> MI <input type="checkbox"/> SA		

If you need to record information about additional siblings, please write their information on the back of this page → → → → →

Family Mental Health Information *(not including yourself)*

For boxes checked above, please provide additional information on type of mental illness(es):

Family Substance Abuse Information *(not including yourself)*

For boxes checked above, please provide additional information on type of substance(s):

Describe childhood family environment *(check all that apply; make notes to the side if you would like to)*

Outstanding home environment:

Normal home environment:

Chaotic home environment:

Witnessed physical / verbal / sexual abuse toward others:

Experienced physical / verbal / sexual abuse by others:

Other:

Grace Home Application For Admission

ADDITIONAL FAMILY INFORMATION				
	Name	History of Mental Illness / Substance Abuse	Resides in :	Quality of relationship:
Sibling 5		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 6		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 7		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 8		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 9		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Sibling 10		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Extended		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Extended		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Extended		<input type="checkbox"/> MI <input type="checkbox"/> SA		
Extended		<input type="checkbox"/> MI <input type="checkbox"/> SA		

Grace Home Application For Admission

PSYCHIATRIC HISTORY

Have you ever been told that you have a mental health or psychiatric diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What diagnosis did you receive (<i>check all that apply</i>)? <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Anxiety		
Other:		
Have you ever received medication for the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please list the medications:		
Are you currently taking medication for the diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please ensure that these medications are listed in the next section under <i>Current prescription and over-the-counter medications</i> .		
Have you ever been hospitalized for a mental health reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?
		How long did you stay?
Have you ever received outpatient care for a mental health reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?
		How long?
		What kind of care?
Have you ever had suicidal thoughts or attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was the last time?
		Did you attempt suicide?

OTHER MEDICAL INFORMATION

Medical History (<i>check all that apply</i>):			
Neurological <input type="checkbox"/>	Circulatory <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Glandular diabetes <input type="checkbox"/>
Orthopedic <input type="checkbox"/>	Speech/Hearing <input type="checkbox"/>	Drug/Alcohol <input type="checkbox"/>	
Other:			
Current medical diagnosis and treatment:			
Current prescription and over-the-counter medications (include instructions and dosage frequency):			
1)	_____		
2)	_____		
3)	_____		
4)	_____		
5)	_____		
6)	_____		
7)	_____		
8)	_____		
9)	_____		
10)	_____		
11)	_____		
12)	_____		
Can you self-administer medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please describe in detail:			
Drug and Food allergies:			

Grace Home Application For Admission

OTHER MEDICAL INFORMATION (cont'd)

Diet restrictions / considerations: Hypoglycemia Diabetes

Other:

Please give details:

Assistive Devices (*check all that apply*): Cane Walker Wheelchair Glasses Hearing Aid

Other:

Do you have any difficulty climbing stairs? Yes No

Medical Restrictions:

Do you have any long term disabling conditions?

Do you have any physical problems that limit your ability to work?

Have you ever received benefits or services for a developmental, physical, or mental disability?

Have you ever been diagnosed with AIDS or tested positive for HIV?

Medical History: Please write next to each item – **Leave blank**=Never **C**=Current) **P**=Past)

- | | | | |
|-------------------------------|-----|-----------------------------|-----|
| Acid Reflux | ___ | Insomnia | ___ |
| Anemia | ___ | Intestinal disorder | ___ |
| Asthma | ___ | Jaw joint surgery | ___ |
| Autoimmune disorder | ___ | Kidney problems | ___ |
| Bleeding easily | ___ | Liver disease | ___ |
| High Blood Pressure | ___ | Low energy | ___ |
| Low Blood Pressure | ___ | Meniere's disease | ___ |
| Bruising easily | ___ | Menstrual cramps | ___ |
| Cancer | ___ | Multiple sclerosis | ___ |
| Chemotherapy | ___ | Muscle aches | ___ |
| Chronic cough | ___ | Muscle shaking (tremors) | ___ |
| Depression | ___ | Muscular Dystrophy | ___ |
| Diabetes | ___ | Nervous system irritability | ___ |
| Difficulty concentrating | ___ | Nervousness | ___ |
| Chronic fatigue | ___ | Neuralgia | ___ |
| Cold hands & feet | ___ | Numbness of fingers | ___ |
| Chronic pain | ___ | Osteoarthritis | ___ |
| COPD | ___ | Osteoporosis | ___ |
| Glaucoma | ___ | Fibromyalgia | ___ |
| Fluid retention | ___ | Scoliosis | ___ |
| Excessive thirst | ___ | Shortness of breath | ___ |
| Frequent stressful situations | ___ | Sleep Apnea | ___ |
| Frequent illnesses | ___ | Skin disorders | ___ |
| Gout | ___ | Speech difficulties | ___ |
| Hay Fever | ___ | Slow healing sores | ___ |
| Hepatitis | ___ | Thyroid disorder | ___ |
| Ovarian cysts | ___ | Tuberculosis | ___ |
| Poor circulation | ___ | Tumors | ___ |
| Psychiatric care | ___ | | |

Dental history and needs:

Grace Home Application For Admission

SUBSTANCE ABUSE HISTORY

Have you ever smoked cigarettes? Yes No If you quit smoking, when did you quit? _____

Do you currently smoke? Yes No How long have you smoked in your lifetime? _____ years _____ months

Please list your primary drugs of addiction (including alcohol), in order of intensity of use:

	Drug	Started Using	Frequency of Use	Last Used
1	Drug: _____ Used for _____ years			
2	Drug: _____ Used for _____ years			
3	Drug: _____ Used for _____ years			
4	Drug: _____ Used for _____ years			

Past substance abuse treatment:

Additional information:

INCARCERATION INFORMATION

What crime were you charged with?

What crime were you convicted of?

Date entered prison or jail:

Release date:

Release special conditions:

Case/Social worker:

Probation officer:

Parole review date:

Number of reviews:

List all write-ups and how resolved:

Prison programs completed:

Are you currently attending Bible Study? _____

Name of program: _____

If so, what is the name of your discussion leader?

Other Faith-Based programs attended: Shepherd's Heart Changed Hearts ReEntry Life Skills Pathways
Others:

Have you had any prior incarcerations? Yes No

If so, how many? _____

What was your longest period of incarceration? _____

How many months/years have you been incarcerated in total? _____

Grace Home Application For Admission

FINANCIAL INFORMATION

Restitution obligations:

Debts / Loans:

Financial Resources:

EMPLOYMENT INFORMATION

Provide employment history starting with most recent job and proceeding backward in time...

Employer 1:

This is a work-release job

City:

State:

Last position held:

From:

To:

Reason for leaving:

Employer 2:

This was a work-release job

City:

State:

Last position held:

From:

To:

Reason for leaving:

Employer 3:

This was a work-release job

City:

State:

Last position held:

From:

To:

Reason for leaving:

Employer 4:

This was a work-release job

City:

State:

Last position held:

From:

To:

Reason for leaving:

Prison work assignments:

Employment skills:

Grace Home Application For Admission

APPLICATION INFORMATION CONTINUED

Goals:	
Hobbies:	
Employment plans:	
Education plans:	
Alternative home plan:	
Sponsor’s name:	Phone#: _____ (h) _____ (w)

References not related to you (at least two):

Name:		
Address:	Phone:	
City:	State:	ZIP Code:

Name:		
Address:	Phone:	
City:	State:	ZIP Code:

PERSONAL COMMENTS: Give a brief explanation on the back of the application telling how you came to know Jesus Christ and why you are applying to Grace Home – a Christian transition home for female returning citizens. → → → → → → → → → → → → → → → → → → → → → → → → → → → → → → → → → → →

DISCLOSURE NOTICE: I acknowledge that the information provided in this application is truthful and complete and I understand that if it is later determined that false or inaccurate information has been given, my application may be rejected or I may be dismissed from Grace Home.

Signature of applicant	Date:
------------------------	-------

Please mail to: Prison Aftercare Christian Ministries, P.O. Box 18332, Raleigh, NC 27619

Grace Home Application For Admission

PERSONAL COMMENTS

A large, empty rectangular box with a thin black border, intended for the applicant to write their personal comments.