



Grace House for Recovery
2219 S. Washington St. Marion, IN 46953
765-674-5990 gracehousefr@sbcglobal.net

Dear Applicant,

We at Grace House consider it a privilege to serve those that are serious about pursuing positive changes in their lives. It is our role to supply you with the tools to facilitate those changes. One of the greatest tools that we can share is a safe living environment where you will be surrounded by people that are sincere about their individual transformation as well as the victory of Grace House Residents as a whole.

These changes do not come without cost. Physically and emotionally you will need to be willing to come face to face with those people, places and things that have aided you in your addictions. (Hebrews 12:1) Spiritually you must be ready to be “transformed by the renewing of your mind”. (Romans 12:2) Financially you must be willing to invest in the process through rent and services fees. I ask you to prayerfully consider your personal commitment in all of these areas. (Luke 14:28)

You have already taken the initial step in the process by either accessing this information on our web site (www.gracehouse-marion.org) or by contacting us for this application packet. Your next step is to decide if this is really what you feel led to do. Your sincerity will be evident to all in the first few days at Grace House.

If you are ready to proceed in requesting to become part of the Grace House Community there are a couple of things that you will need to do. Included in this packet is a letter that will guide you through the remaining steps in the application process. The second step is dealing with finances. You will be required to pay both rent and a monthly services fee during your stay at Grace House. Those exact amounts are established on a sliding scale based upon your monthly income. During your stay at Grace House your income will be monitored on a regular basis. Initially however we require you to pay a \$200 non-refundable fee when you move in. This fee will be applied to your first months rent and service fees. This may be paid by you personally or by an individual or organization willing to invest in your recovery process.

Thank you for your consideration of Grace House as a possible part of your recovery and transformational process.

Sincerely,

Richard Sempel, M.S.
Executive Director



Dear Applicant:

Thank you for your interest in the Grace House for Recovery program. In our process for examining whether or not Grace House is a good fit for you, there are a few things that we will require of you:

- A phone call to set up a time when you can come to Grace House for an initial interview with me and/or the Executive Director
- A completed Application for Admittance
- A clean urine screen upon admittance in the Grace House program.
- Display an ability to make rent and services payments
- A desire to seek and gain employment.
- A willingness to comply with all Grace House policies and procedures.

Also, please be advised that Grace House does not make any formal commitments with any Department of Corrections to *guarantee* supportive housing upon release or in lieu of incarceration.

It is my sincere desire that you make the right choices for your future. If you believe that Grace House is what is needed to start down the path to recovery and transformation, it would be my privilege to sit down and talk with you.

If you have any other questions or concerns, or to set up a time to visit, please feel free to call (765-674-5990), email (gracehousefr@sbcglobal.net), or write. The best on time to reach me is during the morning hours during the regular workweek.

Blessings,

Rev. Tyler Hoyt
Program Director

GRACE HOUSE FOR TRANSITION AND RECOVERY
2219 S. Washington Street * MARION, * IN. 46953
(765) 674-5990

APPLICATION FOR ADMITTANCE

(If there is not enough space for your responses feel free to use back of last page)

Personal History

Name: _____

Age: ____ Date of Birth: ____/____/____ Place of Birth: _____

Party to Notify in an Emergency: _____

Address (street): _____

(city): _____ (state): _____ (zip): _____

Relationship: _____ Phone: (____) _____

Are you a citizen of the United States? ____ yes ____ no

Do you receive a pension or any income? _____ Source? _____

Incarceration Information (if applicable)

Name of present institution: _____

DC#: _____ Cell or Dorm: _____

Mailing Address _____

(city): _____ (state): _____ (zip): _____

Expected release or parole date: _____

How long will you be on parole?: _____

Will you be on probation, how long: _____

How many times have you been incarcerated (list below)?

Institution	City	State	Dates
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Personal References

Give three personal references (not inmates):

1. Name: _____

Address (street): _____

(city): _____ (state) _____ (zip): _____

Phone: (_____) _____

2. Name: _____

Address (street): _____

(city): _____ (state) _____ (zip): _____

Phone: (_____) _____

3. Name: _____

Address (street): _____

(city): _____ (state) _____ (zip): _____

Phone: (_____) _____

Employment History

What work skills do you have? _____

What was your last legal job before prison?

Job title: _____ Employer: _____

City: _____ State: _____

Duties performed: _____

What vocational training have you received? _____

List any business courses you have completed (if shorthand or typing, give wpm speed upon completion),

List all machines, equipment, and/or tools you are experienced using,

Have you ever quit or been fired from a job because of alcohol or drugs?

If so please explain: _____

Have you ever received Workman's Compensation? ____ yes ____no

If yes, for what condition and when: _____

Family History

Marital status: ____ married ____ single ____ separated ____ divorced ____ widowed

Spouse's name: _____ Date of Birth _____

Address (street) _____ Phone:(____)_____

(city): _____ (state): _____ (zip): _____

How long have you been married? _____

Number of times you have been married: _____

Number of Children: _____

Please list names, ages, and sex of children:

Where are your children now? _____

Are you required to pay Child Support? _____ How much: _____

Are you legally prevented from having contact with them? _____

Military History

Did you serve in the military? ____ yes ____ no From: _____ To: _____

Type of Discharge: _____

Were you ever court-martialed? ____ yes ____ no If yes please tell why, when, and the result of your court-martial.

Educational History

What was the last grade you completed? _____

If you completed college and/or graduate school please list:

Degree _____ Year received _____ Major _____

Have you attended any trade school? ____ yes ____ no

If yes, what type? _____

What years did you attend _____ Did you Graduate? _____

Medical History

What is the state of your physical health?

____ excellent ____ good ____ fair ____ poor ____ declining

Do you have any physical disabilities which limit your ability to do

certain kinds of work? _____ If yes, explain _____

Have you ever been treated or hospitalized for alcoholism or drug

addiction? _____ If yes, please tell when and where: _____

Have you ever used drugs other than for medical purposes?

What? _____ How long? _____

Are you taking any medication now?

What? _____ How long? _____

Have you ever been committed to a psychiatric hospital? _____

Do you have Medicare? _____ Medicaid? _____

Special Interests

What are your hobbies or special interests? _____

What do you like most to do in your free time? _____

Religious History

Are you a church member? _____ Have you ever been one? _____

What denomination? _____

Are you a Christian? ____ yes ____ no ____ not sure

Do we have your permission to contact your present Chaplain or Pastor in regard to your Spiritual walk? _____

Pastor's Name: _____

Address: _____

City _____ State _____ Zip _____

If you consider yourself a Christian, how does your faith come through in your lifestyle?

Share Your Heart

What do you feel is the most serious problem(s) you have to overcome?

Have you been involved in other discipleship programs/ministries or rehabilitation programs before? _____ If so, please list them, include dates of participation:

In your own words, explain why you would like to become a resident at Grace House, and how we can best serve you.

Do you understand what is expected of you as a resident of Grace House, and are you willing to become a full and sincere participant? _____

(Applicant Signature) Date: ____/____/____

