



Grace House Resident Application

Grace House for women provides a nurturing, affirming, and supportive environment. Women in recovery from substance use disorders can successfully pursue recovery, personal, intellectual and professional goals for the purpose of enhancing their quality of life. Our goal is to empower women by providing quality recovery housing with structure and support in early stages of recovery.

Application Date: _____

Applicant Name: _____

Address: _____

Date of Birth: _____ Cell Phone: _____

Home Phone: _____ Best Times to Call: _____

Email: _____

Emergency Name and Contact Information: _____

List all of your alcohol and drug use and recovery date:

CLEAN, SOBER & HEALTHY

What does recovery mean to you? Also, please explain how recovery plays a part in all areas of your life. Add additional sheet if necessary.



CONNECTED IN YOUR COMMUNITY

How are you connected to your current recovery community (home group, treatment center, church fellowship, sponsor, etc)? How will you connect to the Madison area recovery community? Add additional sheets if necessary.

COMMITMENT TO INTELLECTUAL DEVELOPMENT

How do you see intellectual pursuits enhancing your recovery and supporting your objectives? Add additional sheet if necessary.

School Attending/To Be Attended: _____

Admission Date/Course of Study/Credits per Semester: _____

Circle one (current status): FR SOPH JR SENIOR GRAD

EMPLOYMENT

Current Employer: _____

Position: _____ Hourly/weekly income: _____

Hours per week: _____ How long you have worked there? _____

Volunteer Work, if applicable: _____

Frequency: _____ daily _____ weekly _____ monthly _____ sporadically



MEDICAL- We ask this information for support service purposes only. Please identify any medical conditions and age of onset that indicate a need for staff and residents to be aware or trained about your condition in order to safely aid you in times of medical crisis or could potentially pose a threat to the health of others. Please also list any physical limitations due to disability that may require special accommodations. The presence of a medical condition or physical disability does not constitute ineligibility for services.

MENTAL HEALTH- We ask this information for support service purposes only. Please list any previous or current mental health diagnoses and age of onset for each.

MEDICATIONS- We ask this information for support service purposes only. Please list any medications prescribed for medical, mental health or substance abuse needs over the last 3 years, excluding anti-biotic treatments. Listed with each, please indicate the purpose of the medication and whether the drug is a current or discontinued prescription along with the prescribing doctor's name.

HOSPITALIZATIONS- We ask this information for support service purposes only. Please list any medical or psychiatric hospitalizations in the past 10 years. Include location, dates, duration, purpose, and completion status of each.

ADDICTIONS TREATMENT- We ask this information for support service purposes only. Please list clinicians (physician, counselor...) or treatment centers that provide(ed) service to you. Identify type of treatment (detox, residential, outpatient...), dates of treatment, and treatment status (still involved, successfully completed, withdrew, etc).

CRIMINAL JUSTICE INVOLVEMENT- We ask this information for support service purposes only. Please list your involvement with criminal justice. Identify type and dates of involvement (arrests, incarceration, probation, parole...).



Student Resident Interests Inventory

This section is to help us understand areas of life where our potential residents would like community support, companionship, or learning opportunities through mentorships, classes, or the development of sober social clubs. Please check all items that interest you.

Activity	Activity
Adventure/Extreme sports	Personal Fitness
Animals	Political Issues/Social
Art	Psychology/Self-Help
Biking	Reading/Book Club
Camping/Hiking	Recovery Work
Car Repair/Mechanics	Running
Career Guidance	School Help/Tutoring
Cooking	Sober Social Activities
Craftsmanship/Building/Construct	Spirituality/Religion
Dance/Expressive Movement	Sports - Participatory
Do It Yourself Projects/Home	Sports- Spectator
Environmental Concerns/Activism	Theatre
Financial Planning/Budgeting	Travel
IT/Computers/Electronics	Volunteerism/Leadership
Music	Other hobbies



YES	NO	ELIGIBILITY REQUIREMENTS SURVEY
		I am committed to my recovery and ongoing abstinence from alcohol and drugs (other than prescribed)
		I will support my peers in recovery to the best of my ability
		I will attend school, work or volunteer as specified in my Recovery Plan
		I will abide by my contractual agreement with Grace House
		I will treat the house property and my housemates with respect
		I will take personal responsibility for notifying the house representatives of any issues or concerns while I'm a resident
		I will contribute to a cooperative, peer support house culture
		I will follow the house rules established between myself and my housemates
		I will give back to my community through volunteer projects
		I will work with mentors who can help me fulfill my personal goals and growth

I hereby certify that all the information I provided in this application is accurate to the best of my knowledge. I also understand that AJM Foundation, Grace House will not disclose any of this information to any other party without my written authorization via a specific release/disclosure form. I am aware that additional information may be necessary before final approval is made regarding this application.

Applicant Signature & Date

Fill out and return application by email to drs@ajmfoundation.org.