

# House of Grace Application

Today's Date:

Name (Last, First. Middle)		Date of Birth (Month/ Day/ Year)	
Present Street Address (Add Name if Treatment Facility)		Home/Cell Phone	
Treatment Center Information		What is your drug of choice?	
How long have you been in treatment?		Insurance Information	
Did you like treatment? Why or why not?		Have you been in the psych ward? For what? How often?	
How many treatments have you attended? How long at each?		Mental Health Diagnosis	
If you have attended multiple treatments, what did you do between treatments?		Do you have a history of self-harm? (cutting, purging, eating disorder)	
What will be different this time?		What have you done toward a solution?	
		Have you been in a 12-step program?	
Are you an Alcoholic? (Yes or No)		Date of last drink?	
Are you addicted to drugs? (Yes or No)		Date of last drug use?	
How many AA/NA meetings do you attend per week?	List your weekly AA/NA meetings.		
Do you have a desire to stop drinking and/or using drugs?	Are you currently employed? (if yes list employer)		
Are you getting welfare/ GA/ or any other income?	If you don't have a job, will you get a job? (What plans do you have?)		
What is your monthly income now? \$	What do you expect your monthly income to be next month?		\$

Send completed form to Fax: 612-246-4211  
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