

COASTAL BEND GRACE HOUSE RESIDENCY APPLICATION

PLEASE PRINT PLAINLY WITH BALL POINT PEN!

Please complete all questions of the application!

Date _____

NAME _____ ID OR SID# _____ POD _____

NAME OF NEAREST RELATIVE _____ PHONE # _____

CURRENT ADDRESS: _____

PHONE NUMBER THAT YOU CAN BE REACHED: _____

Address where we can reach you if you are released: _____

D.O.B. _____ AGE _____ HEIGHT _____ WEIGHT _____

RACE: HISPANIC _____ AFRO AMERICAN _____ ANGLO _____ OTHER _____

LANGUAGES: English _____ Spanish _____ Other _____

CHARGES (Include all present and past violations, traffic violations & date of each violation):

NUMBER OF TIMES YOU HAVE BEEN INCARCERATED? _____

TOTAL TIME OF INCARCERATIONS? YEARS _____ MONTHS _____

EDUCATION: HIGH SCHOOL 10TH _____ 11TH _____ 12TH _____ GRADUATE _____ GED _____

TRADE SCHOOL _____ OR COLLEGE _____ NO. OF YEARS? _____ GRADUATE? YES _____ NO _____

TYPE OF DEGREE _____ NAME OF SCHOOL _____

TALENTS & GIFTS _____

MARITAL OR RELATIONSHIP STATUS (check one):

MARRIED _____ SINGLE _____ COMMON LAW _____ BOYFRIEND? YES _____ NO _____

SEXUAL ORIENTATION (check one): Heterosexual _____ Homosexual _____ Bisexual _____

NUMBER OF CHILDREN _____ AGES _____, _____, _____, _____ WHO HAS CUSTODY? _____

ADDRESS OF CUSTODIAN _____

PHONE NUMBER _____ LEGAL CUSTODY? YES _____ NO _____

LIST ANY HEALTH OR MENTAL PROBLEMS _____

LIST MEDICATIONS _____

WHEN DID YOU LAST USE DRUGS, ALCOHOL OR TOBACCO? Alcohol _____

Tobacco _____ Drugs _____ Type _____

Drugs _____

DATE OF COURT HEARING _____ EXPECTED DATE OF RELEASE _____

PAROLE OR PROBATION OFFICER** _____ PHONE** _____

ATTORNEY'S NAME** _____ PHONE** _____

JUDGE'S NAME _____ COURT # _____

DRIVERS LICENSE? YES _____ NO _____ LICENSE SUSPENDED? YES _____ NO _____

CONTINUED ON BACK →

Have you ever been asked to leave a program or half-way house? Yes _____ No _____

If yes why? _____

Have you ever been denied to a program or half-way house? Yes _____ No _____

If yes why? _____

REASON FOR RESIDENCY IN COASTAL BEND GRACE HOUSE? Check any that apply.

FURTHER SPIRITUAL GROWTH _____ JOB TRAINING _____ FINANCES _____

SHELTER _____ OVERCOME DRUG/ALCOHOL ABUSE _____

WHY DO YOU WANT TO RESIDE IN COASTAL BEND GRACE HOUSE? (USE 2ND SHEET IF NEEDED) Please Print

RELEASE OF INFORMATION

I, _____, hereby authorize Grace House to obtain any information pertaining to any charges, convictions, medical data, and personal information. I also give Coastal Bend Grace House permission to use any information on this form.

I acknowledge by my signature that all information is correct and complete. Any discrepancies or omissions that are discovered after applicant is accepted will be grounds for dismissal from the program.

_____ (Print name) _____ (Signature) _____ (Date)

OTHER NAMES USED _____

IMPORTANT: Please be sure to include any and all medications you are currently prescribed and information concerning other programs that you might have been denied of including reasons for those denials.

Thank you for completing the application. Each potential resident will be thoroughly screened before being invited to participate in our program. Invitation is based on bed availability.
Please send your completed application by mail or email to the address below.

**COASTAL BEND GRACE HOUSE
P.O.BOX 1456
PORTLAND, TEXAS 78374**

**Phone: 361-356-8436 (no collect calls)
Phone: 361-248-4589 (no collect calls)
E-mail: info@gracehousecc.org**