

NEW HOPE TRANSFORMATION HOUSE MINISTRIES, INC.  
GRACE HOUSE

APPLICATION FOR RECOVERY HOUSING

Are you a woman over the age of 18, a resident of St. Lawrence County, aware that this is a faith-based program, ready and able to be involved in education/volunteer work/employment, and able to live without intense supervision?

Name:

Mailing Address:

Current Location (if different from the referral location):

Phone(s):

Age:

Date of Birth:

SSN:

**REFERRED BY (agency):**

Contact Person:

Phone:

Address:

**SUPPORT:**

Open Public Assistance Case ( ) Yes ( ) No

If yes, what county:

Caseworker:

Phone:

If no, have you applied?

Date of application:

Medicaid/Other Insurance

Medicaid: County

Number

Managed Care Carrier

Other Insurance: Company

Number:

In whose name:

Date of Birth:

Phone number:

**HEALTH CONDITION(S)**

Chemical Dependency Diagnoses:

Mental Health Diagnoses:

Other Medical Diagnoses:

**MEDICATIONS INCLUDING OVER-THE-COUNTER (name/dosages):**

**TREATMENT HISTORY**

Chemical Dependency Treatment – include ALL types and levels of care

Date	Agency/Counselor	Type of Treatment	Completed?
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Mental Health Treatment – include both in and out patient

Date	Agency/Counselor	Type of Treatment	Completed?
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Other Medical Conditions

What medical conditions are you currently being treated for?

Date

Physician or Procedure

Type of Treatment

Other information that you would like us to know about your health status and recovery process and/or treatment history:

**Problem Areas To Be Addressed**

In each of the areas below, please check all that apply.

**ACTIVITIES OF DAILY LIVING**

- |                             |                                    |
|-----------------------------|------------------------------------|
| Personal hygiene            | Nutrition/cooking meals            |
| Managing medications        | Accessing community services       |
| Handling personal finances  | Keeping living area clean and neat |
| Making/keeping appointments | Living on my own                   |
| Other _____                 |                                    |

**SOCIAL BEHAVIORS**

- |   |   |
|---|---|
| Problems with authority   | Insensitive to rights/feelings of others      |
| Self-esteem   | Following rules                               |
| Aggressive behavior   | Assertiveness skills                          |
| Disregard for safety of self or others  | Do/say things without regard for consequences |
| Manipulative behavior   | of actions/speech                             |
| Engaging in family activities/<br>Developing/maintaining healthy sober<br>friendships | Handling conflict                             |
| Communicating clearly asking for help<br>when needed                                  | Anger management                              |
| Engaging in leisure activities conducive<br>to recovery                               | Being responsible                             |
|   | Domestic violence                             |
|   | Maintaining appropriate boundaries            |
|   | Other _____                                   |
|   | _____   |

**EDUCATION/VOCATION**

- |                               |  |
|-------------------------------|--|
| Lack of work experience       | Lack of adequate education/vocational training     |
| Lack of marketable job skills | Problems with reading/writing                      |
| ADD/ADHD/Dyslexia/other       | Problems with attendance/punctuality               |
| Lack of GED                   | Problems understanding directions/job expectations |
| Other _____                   |  |

**OTHER**

- |   |   |
|---|---|
| In need of Nicotine Replacement Therapy | Chronic medical condition not well controlled |
| Issues around spirituality              | Grieving recent death(s)                      |
| Understanding the 12-Step Programs      | Grieving recent loss by suicide               |
| Other _____                             |   |

**Additional Comments:**

Please address anything you wish below most especially things you might feel we need to know about you in order to make a decision about whether or not to interview you for Grace House.

In your comments please include your level of education and a brief description of your volunteer/job experience.

Thank you.