



SIMPLY *Grace*

## Simply Grace Application

Date Submitted:

Submitted By:

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### Client Information

Name:

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Gender:

DOB:

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SSN:

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Address:

City/State/Zip:

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Country: United States

Home Phone:

Mobile Ph:

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Email:

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Date Expected to Enroll:

Race:

Height:

Weight:

Ethnicity:

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School Grade:

Religious Pref:

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## Parent/Guardian/Sponsor Information

Parent/Guardian/Sponsor Name: (PRIMARY)

Relationship:

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Address:

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Country: United States

Primary Phone:

Secondary Phone:

Email:

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Preferred Contact Method:

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Sponsor: Y/N If Yes: Name:

Phone

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Emerg. Contact Name and Phone: Briefly describe the relationship between this person and the applicant:

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## Parent/Guardian/Sponsor Information

Parent/Guardian/Sponsor: (SECONDARY)

Relationship:

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Name:

DOB:

Job Title:

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Address:

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Country: United States

Home Phone:

Mobile Phone:

Email:

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**Preferred Contact Method:**

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**Sponsor: Y/N If Yes: Name:**

**Phone**

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**Emerg. Contact Name and Phone: Briefly describe the relationship between this person and the applicant:**

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### **Referral Information**

**How did you first hear about Simply Grace?**

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**Please give the name(s) of the referral source including phone, fax number and email:**

**Name:**

**Phone:**

**Fax:**

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**Email: Can we Contact? Y/N**

**Reason for referral: Chief complaint and symptoms (please be very specific including issues at home and school as well as any symptoms noticed such as mood changes, etc.)**

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### **Financial and Logistics**

**I will have Transportation Y/N I will be financial responsible for my own program fees Y/N**

**I will have support from family/other for my program fees:Y/N**

**I will be enrolled in a form of higher education Y/N**

**I am employed Y/N If yes: Where?**

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### **Recovery Information**

I am recovering alcoholic: Y/N  
I am planning to attend an aftercare program Y/N  
I am planning to attend 90 days of meetings Y/N

I am a recovering drug addict Y/N  
I am planning to attend an IOP program:Y/N

**Sobriety Date:**

**Are you discharging from a substance abuse program? Y/N**  
**If yes, list facility name, address, counselor, and phone number:**

**Do you take prescription drugs? Y/N**  
**If yes, list prescribe drugs, reason, prescribing doctor frequency of doses**

**Please list all allergies and medical restrictions:**

### **Legal History**

**Do you have any pending court cases other than moving violations? Y/N**  
**If yes, explain: (bond, probation, pending court case)**

**Have you ever been convicted of a felony? Y/N      If, yes please explain.**

**Have you ever been accused or convicted of a sexual offense? Y/N      If, yes please explain.**

**Previous Treatment**

**Referral Information**

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**Insurance Information**

**Primary Insurance Company:**

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**Address:**

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**Benefits Phone:**

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**Group Number:**

**Policy Number:**

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**Policyholder's Name:**

**Employer:**

--	--

**Date of Birth:**

**Social Security Number:**

--	--

**Secondary Insurance Company:**

**Address:**

**Benefits Phone:**

**Group Number:**

**Policy Number:**

**Policyholder's Name:**

**Employer:**

**Date of Birth:**

**Social Security Number:**

Thank you for completing your application. You can email it to [paige@simplygracehouse.com](mailto:paige@simplygracehouse.com) or mail it to:  
Simply Grace, PO Box 180172, Dallas, TX 75218

Call with any questions 214-774-9808