

## Simply Grace Application

Please email application to: [jennifer@simplygracehouse.com](mailto:jennifer@simplygracehouse.com) Call 214-774-9808 with any questions.

Date Submitted:

Submitted By:

### Client Information

Name:	Expect to Enroll:
Gender:	Ethnicity:
DOB:	Race:
Age:	Height:
SSN:	Weight:
Address:	School Grade:
City/State/Zip:	Religious Pref:
Country:	
Home Phone:	
Mobile Ph.:	
Email:	

### Parent/Guardian/Sponsor Information

Parent/Guardian/Sponsor: (PRIMARY)

Relationship:	Contact Method:
Name:	Sponsor:
Address:	Legal Cust.:
Home Phone:	Physical Cust.:
Mobile Phone:	Emerg. Contact:
Home Email:	Parent Guardian:
Home Fax:	DOB:
	Job Title:
	Employer:
	Work Phone:
	Work Email:
	Preferred Email:

Briefly describe the relationship between this person and the applicant:

Referral Information

How did you first hear about Simply Grace?

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

Name: Phone: Fax: Email: Can we Contact?

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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.)

### Financial and Logistics

I will have Transportation YES/NO  
I will be financial responsible for my own program fees YES/NO  
I will have support from family/other for my program fees YES/NO  
I will be enrolled in a form of higher education YES/NO  
I am employed YES/NO

**Recovery Information**

I am recovering alcoholic YES/NO  
I am a recovering drug addict YES/NO  
I am planning to attend an aftercare program YES/NO  
I am planning to attend an IOP program YES/NO  
I am planning to attend 90 days of meetings YES/NO  
Sobriety Date  
Are you discharging from a substance abuse program? YES/NO  
If yes, list facility name, address, counselor, and phone number:  
Do you take prescription drugs? YES/NO  
*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? YES/NO  
If yes, explain: (bond, probation, pending court case)  
Have you ever been convicted of a felony? YES/NO  
If, yes please explain.  
Have you ever been accused or convicted of a sexual offense? YES/NO  
If, yes please explain.

**Previous Treatment**

**Insurance Information**

Primary Insurance Company:  
Address:  
Benefits Phone:  
Group Number:  
Policy Number:  
Policyholder's Name:  
Employer:  
Date of Birth:

Secondary Insurance Company:

Address:

Benefits Phone:

Group Number:

Policy Number:

Policyholder's Name:

Employer:

Date of Birth: