HOME OF GRACE
Admissions Application

Phone: (228) 826-5283 / Fax: (228) 826-1663
PO Box 5009, Vancleave, MS 39565
admissions@homeofgrace.org

A. BASIC INFORMATION

Today's Date:

I am applying
◯ For myself ◯ For someone else

Previously enrolled? ◯ Yes ◯ No

What year?

Did you graduate? ◯ Yes ◯ No

APPLICANT INFORMATION

Gender ◯ Male ◯ Female

Last 4 of SSN

First Name **M.I.** **Last Name**

Suffix (Jr, Sr, III) **Maiden Name** **Date of Birth**

Address 1

Address 2

City **State** **Zip**

Email

Cell Phone **Home Phone**

How did you hear about the Home of Grace?

Marital Status:
◯ Single
◯ Married
◯ Separated
◯ Divorced
◯ Widowed

Race/Ethnicity:
◯ American Indian or Alaskan Native
◯ Asian or Pacific Islander
◯ Black or African American
◯ Hispanic
◯ White or Caucasian
◯ Multiple Ethnicity / Other

Religious Denomination:

Highest level of education:
◯ Primary school
◯ Some high school, but no diploma
◯ High school diploma (or GED)
◯ Some college, but no degree
◯ 2-year college degree
◯ 4-year college degree
◯ Graduate-level degree
◯ None of the above

Those without a high school diploma or GED must participate in the Adult Education Program. The GED test fee is $85 plus practice testing fees.

Occupation, skills, trade:

Are you a U.S. Veteran? ◯ Yes ◯ No

B. ADDICTION HISTORY

Check all addictions abused in the past 5 years:

- ☐ Alcohol
- ☐ Amphetamine / Stimulants
  e.g. Adderall, Ritalin
- ☐ Barbiturates
- ☐ Bath Salts
- ☐ Benzodiazepines / Sedatives
  e.g. Librium, Klonopin, Valium, Xanax
- ☐ Cocaine
- ☐ Ecstasy
- ☐ Gambling
- ☐ GHB / GBL
- ☐ Hallucinogens
  e.g. Acid / LSD, PCP, Shrooms
- ☐ Heroin
- ☐ Inhalants
- ☐ Marijuana / THC
- ☐ Methamphetamine
- ☐ Over-the-Counter
- ☐ Pornography / Sex
- ☐ Prescription Opioids
  e.g. Lorcet, Lortab, Methadone, Morphine, Oxycontin, Suboxone
- ☐ Spice
- ☐ Steroids
- ☐ Tobacco / Nicotine
- ☐ Other Addiction:

Do you use tobacco products?
◯ Yes ◯ No

How many packs per day?

- We STRONGLY urge residents to stop using tobacco.
- Smokeless tobacco of any kind is NOT allowed.
- eCigarettes and vapors are NOT allowed.
- Pregnant residents and residents using inhalers are NOT allowed to smoke.

Which is your PRIMARY addiction?

Which is your SECONDARY addiction?

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C. MEDICAL INFORMATION

Health history (check all that apply):

- ☐ Allergies [1]
- ☐ Anxiety attacks
- ☐ Blackouts
- ☐ Broken bones
- ☐ Cancer
- ☐ Convulsions
- ☐ Dental or bad teeth
- ☐ Diabetes
- ☐ Eating disorder
- ☐ Epilepsy
- ☐ Eye problems
- ☐ Hallucinations
- ☐ Handicaps [2]
- ☐ Hearing voices
- ☐ Heart problems
- ☐ Hepatitis [3]
- ☐ High blood pressure
- ☐ HIV
- ☐ Respiratory
- ☐ Seizures [4]
- ☐ Severe depression
- ☐ Sleep disorder
- ☐ STD's
- ☐ Suicide attempts [5]
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Liver disease
- ☐ None
- ☐ Other:

Have you ever been in treatment for substance abuse? ◯ Yes ◯ No

How many times?

Who is responsible to pay your medical expenses?

[1] List all allergies:

[2] Describe any handicaps:

[3] Hepatitis Type:

[4] Most recent seizure:

[5] No. of suicide attempts:

[5] Most recent suicide attempt:

Height

Weight

Recent or upcoming hospitalizations or surgeries:

Have you ever been diagnosed with a psychiatric or mental disorder? ◯ Yes ◯ No

If so, please describe:

Will you need medication refills? ◯ Yes ◯ No

List all currently prescribed medication (name, purpose, how long have you been taking?):

MATERNITY INFORMATION

Are you pregnant? ◯ Yes ◯ No

Deliver due date: **No. weeks pregnant:** **No. of previous deliveries:**

Any premature deliveries? ◯ Yes ◯ No

If so, please explain:

- **Pregnancy test results are required by ALL WOMEN**
- **You will need to submit medical records, pregnancy assessment or doctor's visit documentation as well as a statement from a medical professional confirming the due date and a healthy pregnancy.**
- **Pregnant residents must not be more than 15 weeks pregnant at intake. Pregnant residents are NOT allowed the use of tobacco products.**
- **OUT-OF-STATE MEDICAID is NOT accepted at Mississippi Pharmacies or Medical Facilities. Therefore, prior arrangements must be made before entering the program for physician payment and pre-approved prescribed medications. Ex. Prenatal vitamins, etc.**
- **OBGYN Physicians DO NOT accept Out-of-State Medicaid. For maternity fees, please contact one of our local OBGYN clinics. Gulf Coast OBGYN (Pascagoula, MS): (228) 762-8136 or Mississippi Coast OBGYN (Ocean Springs, MS): (228) 872-1505.**
- **Home of Grace staff will arrange escorted transportation to and from physician appointments when all financial arrangements have been completed.**

- **Misrepresentation of your medical condition will result in immediate dismissal with no refund. Ensure that all medical information submitted is complete and accurate.**
- **Resident must be physically detoxed and able to participate in required daily activities prior to enrollment. The Home of Grace is NOT a medical facility and CAN NOT provide medically supervised detox. Contact your local hospital for a list of detox facilities.**
- **You must submit TB test results and proof of HIV testing prior to intake.**
- **PROHIBITED MEDICATIONS include (but are not limited to) antidepressants, barbiturates, narcotics, opiate blockers, sleep-aids, and mood altering drugs.**
- **ALL MEDICATIONS (prescribed and over-the-counter) must be PRE-APPROVED prior to intake and turned in upon arrival.**
- **Prior arrangements should be made BEFORE entering the program for a PRE-APPROVED 3-month supply of prescribed medication refills (ex. blood pressure medication, etc). Request local pharmacy list from Admissions for prescription transfers.**

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D. EMERGENCY CONTACTS

CONTACT #1

Name

Relationship to applicant

Contact Information (phone, address, email, etc):

CONTACT #2

Name

Relationship to applicant

Contact Information (phone, address, email, etc):

E. LEGAL EVALUATION

Do you have any pending legal obligations? ◯ Yes ◯ No
e.g. DHS, Family Court, Civil, etc.

Will you be under court order while enrolled? ◯ Yes ◯ No

Court order MUST be provided at check-in

Do you have court dates pending? ◯ Yes ◯ No

Are you under probation / parole? ◯ Yes ◯ No

Are you applying from jail? ◯ Yes ◯ No
If so, where?

Have you ever pled guilty or been convicted of a crime?
◯ Yes ◯ No

List any felonies, misdemeanors or pending charges:

Attorney Contact Information (name, email, phone, fax):

Probation / Parole Officer Contact Information (name, state and county, phone, email):

List all pending court dates (with court name, city and state):

It is the responsibility of the resident to have ALL appointments postponed (legal, medical, personal, etc) until completion of the three month program.

F. AGREEMENTS

INITIAL EACH BOX:

☐ **Detoxification**
I understand that I (applicant) must be safely detoxed before intake, otherwise, I will not be admitted.

☐ **Medical Policy**
I understand that misrepresentation of my (applicant's) medical condition will result in dismissal with no refund. I affirm that all information submitted is complete and accurate.

☐ **Postpone Obligations**
I understand that I (applicant) am responsible to postpone ALL appointments (legal, medical, personal, etc) until the completion of the three-month program.

☐ **Program Fee**
I understand the program fee is firmly set at $3,000 for the three-month residential program and must be paid in full at the time of intake.

☐ **Intake Reschedule Policy**
I understand that I (applicant) am responsible to arrive no later than my appointed intake time, and a postponement for any reason will require a non-refundable deposit of $500 before another intake can be rescheduled.

☐ **No Refund Policy**
I understand that NO REFUND of any amount will be offered under any circumstance.

Signature of applicant:

Signature of cardholder / primary payer:

Date:

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