

3. Have you ever been in treatment or recovery housing before?
 Yes No
If yes, where and when? _____
4. Are you currently on probation, parole, or involved with the court system?
 Yes No
If yes, please explain: _____
5. Do you have a sponsor, mentor, or pastor involved in your recovery?
 Yes No
Name/Contact: _____

MEDICAL INFORMATION

1. Do you have any current medical conditions?
2. List current medications (all prescriptions will be reviewed and stored per policy):
3. Do you have any allergies? Yes No
If yes, please list: _____
4. Have you completed detox? Yes No
If no, when is completion expected? _____

SPIRITUAL BACKGROUND

1. Do you believe in Jesus Christ as your Lord and Savior? Yes No Unsure
2. Briefly describe your spiritual journey or testimony:
3. Do you currently attend church? Yes No
If yes, where? _____
4. Are you willing to participate in daily devotionals, Bible study, prayer, and worship as part of this program?
 Yes No

If Checked "no," Please explain why?

PERSONAL COMMITMENT

Why do you want to join *Encounter Grace Recovery House for Women*?

What are your personal goals for recovery and spiritual growth?

FINANCIAL AGREEMENT

- Weekly Program Fee: \$_____
- How will you cover your program fees?
 Self-Pay Family Support Church/Community Support Other: _____

APPLICANT DECLARATION

I, _____, affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that admission into *Encounter Grace Recovery House for Women* is based on honesty, willingness, and my commitment to live according to the program's faith-based values.

Signature: _____ Date: _____