



SPONSORSHIP APPLICATION FOR G.R.A.C.E. SOBER LIVING PROGRAM

Date: _____

PRINT FULL NAME: _____

____ MALE ____ FEMALE

Current Address: _____

City _____ State _____ Zip _____

Phone #: _____ Date of Birth: _____

G.R.A.C.E. Sober Living Program does not accept anyone charged with Sexual Predator Offense.

Who is best contact on your behalf? (Family member/friend): _____

Name: _____ Phone#: _____ Relation: _____

Where will you program funding come from? _____

Treatment History

Are you in outpatient treatment? ____ YES ____ NO If yes, where? _____

Do you have an addiction to alcohol and/or drugs? ____ YES ____ NO Date of last use: ___/___/___

What is your core addictive agent? _____

What treatment centers have you been in and when were you there? _____

Where are you coming from? (which treatment, shelter, etc.) _____

Can you pass a drug test and alcohol breathalyzer test today? _____

Other Staff Notes



Are you involved in Drug Court? _____ YES _____ NO
Do you have the ability to pay for program fees? _____ YES _____ NO
Are you involved in Criminal Court? _____ YES _____ NO
Do you have an attorney? _____ YES _____ NO
Attorney's Name: _____ Phone #: _____ Email: _____

Have you ever been charged with any violent crimes in Florida or somewhere else? _____ YES _____ NO
If yes, please describe in DETAIL the events of all violent crimes. Use separate page if necessary. (We Consider Violent Offenders on a case by case basis): _____

Were you under the influence of drugs/alcohol when you committed the crime? _____ YES _____ NO
List all felony convictions, if any: _____

List misdemeanor convictions if any: _____

List current charges if any: _____

When entering the program will you be on Probation or Parole? _____ YES _____ NO
List Probation, Probation Officer if known: Name _____ Phone # _____

Do you have children? _____ YES _____ NO If YES, how many? _____ Ages: _____
Where are they? _____

Do you have a case manager? _____ YES _____ NO
Case Manager's Name: _____ Phone _____ Email _____

Medical History

List all Medical/Psychiatric conditions _____

Describe any Injuries/Disabilities _____



Describe Physical Limitations Resulting from Disabilities _____

Name of Physician _____

Are You Receiving Suboxone, Subutex, Vivitrol, or Sublocade? ___ yes ___ no

IF Yes, List Prescribing Physician _____

Please list any substance abuse housing or halfway houses you have lived in (please provide start and end dates)

Please list any medications currently prescribed and OTC (applications will be declined if using any controlled substances including Methadone) _____

Please describe what these three words mean to you:

Surrender: _____

Acceptance: _____

Honesty: _____

Describe the last year of your life: _____



Finish this statement: "I am a victim of..." _____

Why are you seeking a recovery program now? _____

What are you willing to do to recover: _____

What are your thoughts that the first month in the program there are no cell phones, electronics, employment, or driving privileges: _____

What are your thoughts that there is no interaction with the opposite sex and/or any romantic relations while in the program unless approved by Program Administrators: _____

By signing below, I understand and agree to meet the following expectations and guidelines if accepted for residency into our program Sober living program and obtain my graduation certificate.

- I agree to remain clean and sober at all Homes
- I agree to pay my program fee in advance
- I understand that G.R.A.C.E. is a faith-based program.
- I agree to keep all G.R.A.C.E. Sober living program free from addictive agents at all times
- I agree that if I am accepted into the G.R.A.C.E. Sober Living Program, I will stay until I complete the program and obtain my graduation certificate.
- I certify that ALL information I have provided to Program Ministries INC. Sober living program is true and correct. I have answered each question honestly and want to achieve long-term sobriety from alcoholism and/or drug addiction.

Signature

Date