

Grace and Purpose Home Entrance Application

GAP House

PLEASE READ BEFORE CONTINUING

Program Commitment Statement

Our mission is to make Disciples of Christ, and our recovery process is built entirely on the principles and disciplines of the Bible. Because of this, every Student/Resident must be willing to surrender fully and give 100% to the structure of the program. If you are unable to be without a romantic relationship, or if you struggle with accountability and correction, this program will not work for you. In fact, you should stop filling out this application now. Recovery requires humility, honesty, and a willingness to be led. Your way has not worked. That is why you are seeking help. To build a new life, you must be willing to let go of the old one and allow us to guide you into a new way of living. We have never had a student who fully surrendered to the structure of a program such as ours and failed. Those who fail are the ones who refuse to surrender and try to hold on to their old patterns, old relationships, and old thinking.

If you are ready to submit, to learn, and to be transformed, then you are ready to continue this application.

Basic Information

Include Photocopy of: SS Card / Picture ID / Birth Certificate

Date _____

Full Name (Last) _____ (First) _____ (Middle) _____

Age: ____ **Gender:** ____ **Height:** ____ **Weight:** ____

Street Address: _____ **Apt/Unit #:** _____

City: _____ **State:** ____ **ZIP Code:** _____

Phone: _____ (Cell) (Home) (Other)

Social Security No: _____ **Date of Birth:** _____

City/State/Country of Birth: _____

ID/Driver's License Number: _____ **Exp:** _____ **State:** _____

Marital Status: M S D W S.P.

Spouse Name: _____

Emergency Contact: _____ **Phone:** _____

Names & Ages of Children: _____

Explain your relationship with your children and their father/guardian:

How did you hear about Grace and Purpose Home (GAP House)?

☐ Friend ☐ Family ☐ Pastor ☐ Parole Officer ☐ Drug Court ☐ Other: _____

Explain why you want to come to the GAP House and what you hope to achieve (Attach separate sheet if needed):

References

3 required

1. Name: _____ **Relationship:** _____ **Phone:** _____

2. Name: _____ **Relationship:** _____ **Phone:** _____

3. Name: _____ **Relationship:** _____ **Phone:** _____

Education Employment and Income

☐ H.S. Diploma ☐ GED ☐ College ☐ Military

Training / Skills: _____ **Employment Goals:** _____

Work Experience: _____ Current Source of Income: ☐ Employment ☐ Unemployment ☐ Other: _____ Total Monthly Income: \$_____ Monthly Payments: \$_____

Do you currently have a bank account? ☐ Yes ☐ No If Yes, do you have access to your funds?

If no, will you need assistance with setting up a budget and/or a bank account? ☐ Yes ☐ No

Legal Records

(Please note, we do not accept sex offenders)

List all arrests, charges, outcomes (attach sheet if needed):

Pending Charges? ☐ Yes ☐ No - If yes, explain: _____

Are you on probation/parole/furlough? ☐ Yes ☐ No - How long? _____

Parole/Probation Officer: _____ Phone: _____

Attorney Name: _____ Phone: _____

Involved in domestic violence situation? ☐ Yes ☐ No - Explain: _____

Order of Protection Against You in MO? ☐ Yes ☐ No - Explain: _____

Medical History

Doctor's Care in last year? ☐ Yes ☐ No - **Duration/Reason:** _____

Medications (name/dosage): _____

Any disabilities, braces, service dog, etc.? ☐ Yes ☐ No - **Explain:** _____

Heart disease/high BP? ☐ Yes ☐ No - **Current treatment:** _____

STDs? ☐ Yes ☐ No - **Type & treatment:** _____

Last Physical Checkup Date: _____ **Doctor:** _____

Counseling for emotional/psych issues? ☐ Yes ☐ No - **Details:** _____

Ever hospitalized for drug/alcohol abuse? ☐ Yes ☐ No - **When/Where:** _____

Treated for: ☐ Bipolar ☐ PTSD ☐ Depression ☐ Anger ☐ Schizophrenia ☐ Suicide ☐ Borderline
Personality Disorder ☐ Other: _____

Current Counselor/Psychiatrist: Name: _____ Phone: _____

Current Treatment/Medications: _____

How would you describe your current mental state? _____

Addiction History

(if not applicable please enter N/A)

List all drugs used, years used, and circle most heavily used:

Tobacco Use? ☐ Yes ☐ No - How Long? _____

First Drug Abused: _____

Drug Use History

- Meth ☐Y ☐N | Last use: _____
- Marijuana ☐Y ☐N | Last use: _____
- Alcohol ☐Y ☐N | Last use: _____
- Cocaine ☐Y ☐N | Last use: _____
- Heroin/Opiates ☐Y ☐N | Last use: _____
- Hallucinogens ☐Y ☐N | Last use: _____
- Inhalants ☐Y ☐N | Last use: _____
- Prescription Drugs ☐Y ☐N - What kind? _____ Last use: _____

Drug(s) of Choice: _____

Treatment History

Have you been in a program before?

- ☐ Inpatient ☐ Outpatient
- **Where:** _____ Complete? ☐ Yes ☐ No
- **Length/Date:** _____

Lifestyle

Ever involved in homosexuality? ☐ Yes ☐ No

Ever practiced witchcraft/occult? ☐ Yes ☐ No - **Explain:** _____

Faith and Spiritual Life

Have you had a conversion experience with Jesus Christ? ☐ Yes ☐ No

Explain: _____

Church attended most: _____ How long? _____

Current Situations

Can you pay the \$100 intake fee? ☐ Yes ☐ No

Are you in any romantic or emotional relationship? ☐ Yes ☐ No

If yes, explain: _____

Note: Emotional/romantic relationships are discouraged while in the GAP House program.

Common Life Concerns

(0 = none, 1 = mild, 2 = moderate, 3 = severe)

___ marriage ___ divorce ___ alcohol ___ weight control ___ work
___ family ___ sexual ___ singleness ___ depression ___ grief/loss
___ anxiety ___ past hurts ___ mood swings ___ drugs ___ children
___ intimacy ___ stress ___ self-esteem ___ anger ___ housing
___ abuse ___ other addictions ___ other: _____

Your current plan to address these concerns:

Covenant and Release of Information Agreement

I, _____, agree to abide by all policies and requests, written or verbal, of Grace and Purpose Home (The GAP House) and its staff. I agree to random drug screens whenever requested. I release all information for the express use of GAP House, its staff, and any other affiliates, organizations, or institutions deemed necessary. I understand this is a 1-year discipleship and accountability program, and I commit to complete it. I release GAP House and its staff from liability for accidents or injuries. I certify all information is true and understand that false statements may result in my release.

Applicant's Signature: _____

Date: _____

Send Applications To

Grace and Purpose Home (GAP House)

Mailing Address: 800 Cherry Street, Chillicothe, MO 64601

Phone: (660) 800-5567

Email: graceandpurposehome@gmail.com

Please understand that responses may take time. Applications are reviewed on a first-come, first-serve basis. We are praying for your next step of obedience.