

Grace House  
10115 - 99th Ave  
Fort St. John, B.C  
V1J 4B3  
250-793-2283

The purpose for this application is to assess eligibility for admission to Grace House. Information disclosed is confidential and will be seen only by the Recovery Team for screening purposes. Completion of this documentation is voluntary. In order to be considered, this application must be completed in full. Failure to complete this application will result in a decline in the possible services. Discovery of falsification of information once the resident is in the program will result in immediate dismissal.

PLEASE PRINT AND FILL OUT COMPLETELY

Residency Application & Agreement

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Previous or Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ E mail \_\_\_\_\_ SIN # \_\_\_\_\_

Valid Drivers Licence:

ID# \_\_\_\_\_ Province \_\_\_\_\_ Expiry date \_\_\_\_\_

Do you have your Birth Certificate? Y / N

Emergency Contact & Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health care card # \_\_\_\_\_

**Current Living Situation/Marital Status:** [Circle one]

Single   Married   Separated   Divorced   Widowed

**Name of significant other:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationships with Nuclear Family**

Do you have children? **Y / N**   If yes, list names, ages, & sex: \_\_\_\_\_

\_\_\_\_\_

Who has Custody & Relation: \_\_\_\_\_

What arrangements are being made for your children while at Grace House?

\_\_\_\_\_

Are you currently pregnant? **Y / N**   If yes, when is your due date? \_\_\_\_\_

Are you planning to stay in the Fort St. John area after your time at Grace House?  
**Y / N**

**Current status of relationship with:**

Spouse/significant other: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Siblings: \_\_\_\_\_

**Referred By:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Circumstances leading to admission:

: \_\_\_\_\_

\_\_\_\_\_

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**Current Employment Information**

Place of Employment [if employed]: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employment Phone# \_\_\_\_\_

Describe your previous work history or trade: \_\_\_\_\_

**Spiritual Background [Circle Yes or No]**

Religious affiliation: \_\_\_\_\_

Do you attend church? **Y / N**

Do you read the Bible? **Y / N**

Do you pray? **Y / N**

**Education [Circle Yes or No]**

Highest grade completed: \_\_\_\_\_ Diploma: **Y / N**

G.E.D: **Y / N** If yes, date received & where: \_\_\_\_\_

College or Trades Schooling **Y / N** If yes, date and where: \_\_\_\_\_

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**Treatment History [circle Yes or No]**

Have you attended any substance use disorder programs? **Y / N** If yes, name of program & dates attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended A.A, N.A, Al-Anon, or any other mutual support group? **Y / N**

If yes, When? \_\_\_\_\_ Name of Program: \_\_\_\_\_

**Mental health:** \_\_\_\_\_

Currently receiving treatment: **Y / N** By Whom & Where\_\_\_\_\_

**List all Current Medications [prescription and non-prescription]**

<b>Name of Medication</b>	<b>Dosage/How Often</b>	<b>Why Taken</b>	<b>Name &amp; Phone # of Prescribing Dr.</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you allergic to any medications? **Y / N** If so, please list:

\_\_\_\_\_

Have you ever been treated for psychiatric problems: **Y / N** If yes, what was the diagnosis?\_\_\_\_\_

Have you ever **THOUGHT** of attempting suicide? **Y / N**

Have you ever **PLANNED** your own suicide? **Y / N**

Have you ever **ATTEMPTED** suicide? **Y / N**

Do you have any physical problems that you are receiving treatment for? **Y / N** If yes, please identify the problem and the prescribed treatment.\_\_\_\_\_

\_\_\_\_\_

Are you HIV positive? **Y / N**

Do you have any STDs? **Y / N**

Do you have Hep C? **Y / N**

Do you have TB? **Y / N**

**Alcohol/Drug Use & Treatment History [Circle one]**

At what age did you first use drugs and/or alcohol? \_\_\_\_\_

How did you get involved with drugs? \_\_\_\_\_

When was your last drink or other drug use? \_\_\_\_\_

Have you ever experienced any of the following when using alcohol or other

drugs? [circle all that apply]    **Loss of memory**    **Seizures**    **Hallucinations**

**Flashbacks**    **Blackouts**    **Extreme Fatigue**    **“Shakes”**    **Insomnia**

**Drug use history:**

<b>Name of Drug</b>	<b>Last Used</b>	<b>How Often</b>	<b>How Much</b>	<b>Method</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Treatment: **Y / N**    Type of Treatment Program: **Residential / Detox Only**

List previous Treatment Facilities & type; Date admitted & discharged; completed?

Clean time:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

**Drug of Choice:** \_\_\_\_\_

**Current Clean Date:**\_\_\_\_\_

Attempts to stop Substance use outside a treatment setting:\_\_\_\_\_

Current and/or Past involvement in a 12-Step Program: Yes No

[If yes, explain]\_\_\_\_\_

Longest period of complete abstinence/when?\_\_\_\_\_

Perceived Cause of Relapse/ Continued use?\_\_\_\_\_

Do you currently have a Sponsor:\_\_\_\_\_How long:\_\_\_\_\_

Name & Number:\_\_\_\_\_

Have you ever lived in Sober Living Housing/ Women's Shelter/ Halfway House?

[Yes / No] When & Where?\_\_\_\_\_

\_\_\_\_\_

Is there any medical/psychological conditions or medications you are taking that

would hinder you from Grace House recovery process and/or obtaining

employment? **Y / N** If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal/Court History:**

If presently incarcerated, please state for what and your outdate:\_\_\_\_\_

\_\_\_\_\_

Currently on Probation/Parole: Yes / No Location:\_\_\_\_\_

\_\_\_\_\_

What and when was the original charge:\_\_\_\_\_

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Do you have pending charges: Y / N Court Dates: Y / N When & Where: \_\_\_\_\_

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Do you have any past, current, or pending sex offense convictions? **Y / N**

Do you have any prior convictions for arson or exhibiting violent behaviour? **Y / N**

If yes, please explain: \_\_\_\_\_

Incarceration History Dates: \_\_\_\_\_

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Additional comments regarding Legal matters: \_\_\_\_\_

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What is your current motivation for seeking residence at Grace House?:

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What do you hope to get out of the program? \_\_\_\_\_

**List some short term goals you have for your life [next 6 months]**

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**I UNDERSTAND THAT THE PENTECOSTALS OF FORT ST. JOHN ARE IN NO  
WAY RESPONSIBLE FOR PROVIDING HEALTH CARE OR MEDICATION TO  
TREAT ANY CURRENT OR FUTURE HEALTH NEEDS I MAY HAVE!!!**

**By my signature below I agree I have read, understand and agree to comply with all rules, requirements, and expectations of the Grace House program. The information provided on this application is truthful and accurate to the best of my knowledge. I understand that if it is discovered that I have falsified information on this application, then I will be subject to disqualification from participation in the Grace House Recovery program.**

Applicants Name [Print & Sign]: \_\_\_\_\_

\_\_\_\_\_

Coordinators Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

**Please submit full application to:  
[darlene@penfsj.com](mailto:darlene@penfsj.com)  
Contact 250-793-2283 for any further information!**