

GRACE & MERCY
RESIDENTIAL HOUSING
FOR WOMEN, WOMEN & CHILDREN
1001 CLARK AVE., BLUFFTON, IN 46714
260-353-1006
HANNAH'S HOUSE
RECOVERY HOME FOR WOMEN



APPLICATION FOR RESIDENTIAL HOUSING PROGRAM

Please fill out the following application as truthfully as possible. Mail or Drop off at Grace & Mercy Transitional Housing.

PERSONAL AND FAMILY INFORMATION

Full Legal Name: _____

Maiden or Other Names Used _____ Date of Birth: _____ Age: _____

Phone Number: (____) - _____ Cell (____) - _____ Email _____

Current Address: _____ City _____ Zip code _____

Emergency Contact: _____

Relationship to Emergency Contact: _____ Phone Number: _____

Veteran? Yes _____ No _____ Dates and Branch of Service? _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Living With Someone _____

Spouse's Name: _____ Phone Number: _____

Spouse's Current Address: _____

Court Legal Separation Yes _____ No _____ Restraining Order filed? Yes _____ No _____ Date Filed _____

Do you have any children? Yes _____ No _____ How many? _____

Who is taking care of them right now? _____

Child's Name	Relationship to Head of House	Gender	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of your children enrolled in school? _____
Current school of enrollment _____

Are you currently pregnant? Yes _____ No _____ Miscarriages? _____ Abortions? _____ Step Children _____

Do you have a valid driver's license? Yes _____ No _____

Do you own a car? Yes _____ No _____

Do you have current insurance on the vehicle? Yes _____ No _____

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CURRENT OR PREVIOUS HOUSING SITUATION

Previous Past 2 Addresses: _____

How long did you stay at your previous address? _____ Date left previous address: _____

Emergency shelter _____ Transitional housing _____ Substance abuse facility _____

Hospital (non-Psychiatric) _____ Jail, Prison, or Juvenile detention facility _____ Apartment or house that you

owned _____ Rented _____ Living with family _____ Living with friend _____ Hotel paid for without _____

Emergency shelter voucher _____ Place not meant for habitation _____ Foster Care home or Foster Care group

home _____ Other _____

Reason for lack of Housing:

Benefits loss/reduction _____ Job income loss/reduction _____ Eviction _____ Relocation _____ Release

from prison or jail _____ Release from hospital _____ Release from psych facility _____ Illness _____

Injury _____ Domestic violence _____ Asked to leave a shared residence _____ Drug/alcohol abuse _____

Natural disaster _____ Not currently homeless _____ Foreclosure _____ Other _____

For how many days have you been without housing? _____

How many times have you been homeless in the last three years? (counting this time) _____

Are there any relatives or close friends living in this area? If so, please list name, relationship, address, and phone number:

Have you ever been to a shelter before? If so, when and where: _____

What is your monthly income? (earned, SSDI, worker's comp, retirement, child support, unemployment, veteran's disability, TANF, veteran's pension, alimony or other spousal support, SSI, private disability insurance, general public assistance, other)

Write down any above incomes that apply with the monthly amount included: _____

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Do you receive any of the following non-cash benefits? (food stamps, Medicare, WIC, childcare vouchers, Medicaid, HIP, state children's health insurance program, VA medical services, TANF transportation services, any kind of housing assistance, any health insurance)

Please write down above benefits that you are receiving: _____

EDUCATION AND WORK EXPERIENCE

Are you currently employed? Yes _____ No _____ If yes, what are the hours that you worked in the past week? _____

What is the highest level of education you have completed?

No degree _____ GED _____ High School Diploma _____ Some college _____

Associates degree _____ Bachelor's degree _____ Master's degree _____ PhD _____

Do you have a vocational training or apprenticeship certificate? _____ Type? _____

Please list the last five places you were employed starting with the most recent.

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

COMMUNITY SUPPORT

Are you willing to volunteer with Community Thrift Store in our community to improve your life skills? Yes _____ No _____

If you are selected for the Grace & Mercy residency program, do you give permission to Grace & Mercy to obtain records, evaluations, and other confidential information that will be helpful in your life journey? Yes _____ No _____

Who are some people who will be supportive and helpful in your life journey?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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Who are some people who will be harmful to your life journey that you need to avoid contact with?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDHOOD AND FAMILY HISTORY

List your family members (biological and / or step parents & siblings)

Name & Age	Relationship	Mental & Emotional Health
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you describe your childhood?

How would you describe your relationship with your parents?

Parent's Relationship: Single___ Married___ Separated___ Divorced___ Widowed___

If your parents were / are separated or divorced, how old were you when that happened? _____

Who did you live with? Parents___ Mother___ Father___ Other___

If a parent(s) remarried, how would you describe your relationship with your step-parent(s)?

Physical and/or verbal abuse between parents? Yes___ No___ Between parents and children? Yes___ No___

How old were you when you first moved away from home? _____

Why did you first move away from home? _____

Indicate which of the following conditions were / are present in your family.

- Alcoholism___ Physical Abuse___ Criminal Behavior___ Mental Illness___
- Drug Abuse___ Sexual Abuse___ Compulsive Gambling___
- Compulsive Promiscuity___ Suicide___ Verbal Abuse___

Indicate if you have ever lost someone close to you as a result of any of the following.

- Divorce___ Prison___ Death___ Suicide___
- Murder___ Separation___ Overdose___

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ALCOHOL & DRUG HISTORY

Briefly describe your history of substance abuse.

List the top three substances that you are currently (or recently) having problems with.

SUBSTANCE	AGE OF FIRST USE	FREQUENCY OF USE	DATE OF LAST USE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any occurrence of overdose and/or withdrawal and/or adverse reactions to substance(s).

Relapse History (If Applicable) _____

Have you participated in: AA ___ NA ___ Recovery Programs ___ Other Programs _____

Other known addictions.

Describe your family's response to your substance abuse.

Does substance abuse exist in your family history? Yes ___ No ___
If yes, describe _____

Has any family member(s) been treated for substance abuse? Yes ___ No ___

SEXUAL HISTORY

Indicate whether you have been a victim of any of the following & the Age of Occurrence:
Rape _____ Molestation _____ Incest _____

Indicate if you have ever participated any of the following:
Individual counseling _____ Group counseling _____ Victim Assistance _____ Support Group _____

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PSYCHOLOGICAL HISTORY

Have you ever been hospitalized for mental health problems? Yes _____ No _____

If so, please check all that apply:

Depression _____ Suicide Attempts _____ Paranoia _____ Personality Disorder _____
Schizophrenia _____ Anxiety _____ Bipolar _____ Other _____

If you have checked any of the above, when and where were you admitted?

HEALTH

Do you smoke or vape? _____ If so, how much? _____ At what age did you start? _____

Does anyone have a special diet? _____ What kind? _____

Is anyone currently taking medication? (Name, Reason, Medication, Dosage)

Have you participated in any drug/alcohol/mental health recovery programs in the past? Yes _____ No _____

If yes, when and where:

Dates: _____ to _____ Program _____

Dates: _____ to _____ Program _____

Dates: _____ to _____ Program _____

Do you currently see a Doctor, Psychologist, Specialist, Counselor for any ongoing treatment? Yes _____ No _____

If yes, who and where:

Name: _____ Location: _____ Number: _____

Name: _____ Location: _____ Number: _____

Name: _____ Location: _____ Number: _____

Name: _____ Location: _____ Number: _____

If yes, would you be willing to sign a release of information to allow us to work with other professionals in your life to assist with you physical, emotional, and spiritual healing? Yes _____ No _____ Any lifting restrictions? _____

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INCARCERATION

Are you currently incarcerated, on probation or house arrest? Yes _____ No _____ If yes, where? _____

When are you scheduled to be released? _____ Modified Date? _____

What is your current conviction or charge? _____

What city or town were you living in prior to incarceration? _____

Who were you living with? _____

Do you have other housing options for after you are released? Yes _____ No _____

Please fill out the information below concerning any past incarcerations:

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

EXTERNAL PROGRAMS

Are you currently enrolled or required to be in any other programs? Probation _____ Court Appointed Programs _____ Visitations _____
Parenting Classes _____ DCS _____ House Arrest _____ Work Release _____ Community Service Hours _____

Is this program voluntary or required? _____

If so, who has requested the program? _____

How long do you have in this program? _____ How much Longer do you have? _____

Who is the Point of Contact for this program? _____

Number for the Point of contact or email? _____

If yes, would you be willing to sign a release of information to allow us to work with others in your life to assist with you physical, emotional, and spiritual healing? Yes _____ No _____

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PROGRAM INTEREST

How did you hear about our program? _____

Why do you want to be a part of our program? _____

Why is now a good time in your life to be a part of our program? _____

What is your religious affiliation?

Christianity _____ Islam _____ Buddhism _____ Hinduism _____ Atheism _____

Agnosticism _____ None _____ Other _____

If you are selected to participate in Grace and Mercy programming, would you have an issue living with others who have different religious beliefs? Yes _____ No _____

Grace and Mercy is a faith-based organization that follows Christian practices. You do not have to be a Christian to participate in our program, but we do have specific expectations for our program participants that are built on the Christian principles. Will you be willing to participate in these areas of the program? Yes _____ No _____

Do you currently have a faith community? Yes _____ No _____ If yes, where? _____

What areas do you need support with in order to live a lifestyle of recovery? Select all that apply:

Education/Literacy _____ Career _____ Life Skills _____ Addictions Counseling _____ Parenting Skills _____

Healthy Relationships _____ Financial Skills _____ Mental Health _____ Other _____

What are some things that cause stress in your life? _____

What are some of your strengths? _____

What are some of your weaknesses? _____

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What are some of your passions? _____

What are some of your goals? Be specific _____

The above information is correct and accurate to the best of my knowledge. I understand that if I am accepted for this program, I will be expected to take certain steps to better my situation. I agree to cooperate with Grace & Mercy staff in this endeavor to the best of my ability. If I have been untruthful in any way, I may be denied/removed from the program.

Head of household signature Date

Staff signature Date

Office use only:

Nationality: Black/ African Amer. _____ Hispanic/ Latino _____ Asian _____ American Indian _____
White _____ Other _____

Intake date: _____ Exit date: _____ Room number: _____

Homeless status (at risk, homeless (HUD defined), not currently homeless, precariously homeless)

This application for acceptance into:

Hannah's House: Accepted _____ Denied _____

Grace & Mercy: Accepted _____ Denied _____

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Client Name: _____

Address: _____

Phone: (____) - _____ - _____ Date of Birth: ____/____/____

Social Security Number ____ - ____ - ____

I give consent for Grace & Mercy Transitional Housing staff to obtain and/or release written and/or verbal confidential information regarding my status/involvements to the agencies/persons listed below. The type of information obtained and/or released will be for the purpose of eligibility determination, implementing, monitoring a plan or service. Types of information obtained and/or released may include, but not be limited to, income information, status with a particular agency, service rendered, problem situations, general progress, etc.

Indiana Family & Social Service Admin.
Department of Child Services
Township Trustees
Landlords
Pastors – Mentors – Emergency Contact
Unemployment office
Community and Family Services
Local food banks
Utility Companies
Family Centered Services

Employment Agencies - Employers
Law Enforcement Agencies and Court Systems
Legal Authority / Agents
Lifeline Youth & Family Services
Renovate Counseling Services / In House Counseling
United Way/Faith Fund/ Indiana Housing
Helping Hands CPC, Forgotten Children,
Any agency, institution, company, or person that
may have given assistance or in which I have had
resources available to me.

I further agree that I will hold harmless any person, agency, company or institution who gives Grace & Mercy Transitional Housing information about me.

This consent form is valid for one year from date signed and may be revoked by me, in writing, at any time.

All information will be kept confidential.

Client Signature

Date

Representative

Date