NAME, PLEASE PRINT CLEARLY | PHONE NUMBER | EMAIL ADDRESS

ANCHORAGE
GOSPEL RESCUE MISSION

More Than a Meal. A Life Made New.

APPLICATION FOR ADMISSION

Beauty In Grace

Women's Re-Entry Program

Amazing grace, how sweet the sound

Beauty In Grace is for women ready to leave addiction behind and rebuild a stable, healthy life. Please complete every page. Nothing you write here disqualifies you from being heard.

STAFF INITIALS AND DATE

ANCHORAGE GOSPEL RESCUE MISSION
2823 East Tudor Road, Anchorage, Alaska 99507
907-563-5603 main · 907-563-3863 fax · anchoragerescue.org

PERSONAL INFORMATION

LAST NAME | FIRST NAME | M.I. | TODAY'S DATE

LAST 4 DIGITS OF SOCIAL SECURITY # | DATE OF BIRTH (MO / DAY / YEAR) | AGE

SUBSTANCE USE

	SUBSTANCE USED	YEARS USED
1		
2		
3		

WHY DO YOU NEED BEAUTY IN GRACE?

Do you have any allergies? ☐ YES ☐ NO If so, what?

TREATMENT HISTORY

List the recovery programs you have been in most recently, the dates you were there, whether you completed the program, and if not, why.

	DATE	PROGRAM	COMPLETED?	IF NOT, WHY?
1			☐ YES ☐ NO	
2			☐ YES ☐ NO	
3			☐ YES ☐ NO	

Have you been in other programs? ☐ YES ☐ NO How many?

Do you have a valid driver's license? ☐ YES ☐ NO If not, why?

WORK HISTORY

List your three most recent jobs by date, employer, and why you left.

YOUR LAST JOB

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

THE JOB BEFORE THAT

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

THE JOB BEFORE THAT

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

OTHER JOBS IN THE LAST TEN YEARS ☐ YES ☐ NO

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

JOB-RELATED CLAIMS

Please note: while in Beauty In Grace you will not be allowed to file any new claims. If you have a claim pending and it is settled in your favor while you are in the program, that money must be deposited in a local bank until your term in Beauty In Grace is completed.

Do you currently have an active claim pending? ☐ YES ☐ NO

AGENCY HANDLING THE CLAIM | CLAIM #

ADDRESS

Have you ever made a claim, now closed, for workers' comp, unemployment insurance, or disability? ☐ YES ☐ NO

What were the results?

EDUCATIONAL HISTORY

HIGH SCHOOL

Have you graduated from high school? ☐ YES ☐ NO When? (mo / yr) _____

NAME OF SCHOOL | CITY / STATE | GRADE COMPLETED

Have you completed the GED? ☐ YES ☐ NO

Would you be interested in receiving your GED if given the opportunity? ☐ YES ☐ NO

If yes, when and where? _____

OTHER SCHOOLS

Have you completed any trade schools? ☐ YES ☐ NO

IF SO, NAME OF SCHOOL | CITY / STATE

ANY OTHERS COMPLETED, NAME OF SCHOOL | CITY / STATE

ANY OTHERS COMPLETED, NAME OF SCHOOL | CITY / STATE

SCHOOLS STARTED BUT NOT COMPLETED

Have you ever enrolled in any others without completing? ☐ YES ☐ NO

IF YES, NAME OF SCHOOL | CITY / STATE

IF YES, NAME OF SCHOOL | CITY / STATE

SKILLS AND TRAINING

Special skills

LEGAL HISTORY

MOST RECENT ARRESTS

	DATE (MO / YR)	REASON FOR ARREST
1		
2		
3		

Any other arrests on your record? ☐ YES ☐ NO How many? _____

MOST RECENT CONVICTIONS

	DATE (MO / YR)	CRIME CONVICTED OF	SENTENCE RECEIVED
1			
2			
3			

Any other convictions? ☐ YES ☐ NO How many? _____

MOST RECENT JAIL OR PRISON TIME

	FROM	TO	INSTITUTION	ADDRESS
1				
2				
3				

SUPERVISION AND WARRANTS

Are you currently on parole or probation? ☐ YES ☐ NO

	BENCH / PO	COURT OFFICE	NAME OF JUDGE / PO
1			
2			
3			

Any outstanding warrants? ☐ YES ☐ NO How many? _____

Where? _____

MEDICAL HISTORY

Do you have a medical card? ☐ YES ☐ NO

Are you currently under the care of a physician? ☐ YES ☐ NO

PHYSICIAN NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

Condition the physician is treating _____

Please note: while in Beauty In Grace you will be financially responsible for your own medical costs. If you do not have insurance, you may use the Anchorage Neighborhood Health Clinic, or a V.A. hospital if you are a veteran.

MEDICATIONS AND PRESCRIPTIONS

Please note: no narcotic or mood-altering prescriptions are allowed in Beauty In Grace unless prescribed by a physician with accompanying documentation.

Are you taking any form of medication or prescription? ☐ YES ☐ NO

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

PHYSICAL CONDITION

Please note: Beauty In Grace does not accept pregnant women.

Are you currently detoxing? ☐ YES ☐ NO If so, explain _____

When did you last use drugs or alcohol? _____

Are you able to walk upstairs? ☐ YES ☐ NO If not, explain _____

PSYCHIATRIC CARE

Are you under the care of a psychiatrist or therapist? ☐ YES ☐ NO

CAREGIVER NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

SECOND CAREGIVER NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

Condition the caregiver is treating _____

FAMILY HISTORY

PARENTS

FATHER'S NAME

MOTHER'S NAME

FATHER'S ADDRESS

MOTHER'S ADDRESS

FATHER'S PHONE

MOTHER'S PHONE

MARRIAGE AND CHILDREN

Are you currently married? ☐ YES ☐ NO If yes, please explain

Do you have living children? ☐ YES ☐ NO

CHILD 1

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 2

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 3

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 4

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby give my permission and consent to any and all persons or entities to release information to the Anchorage Gospel Rescue Mission, 2823 East Tudor Road, Anchorage, AK 99507, concerning any of my information, substance use history, treatment history, criminal record history, medical history, work history, educational records, or family background.

SIGNATURE _____ **DATE** _____

PROGRAM MANAGER SIGNATURE _____ **DATE** _____

What happens next. Return this completed application to the Program Manager or the Front Office, or email it to Terri@anchoragerescue.org. You will be contacted to schedule an interview. Be prompt and comply with all requests, including drug testing.

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