



OLIVIA'S PLACE

Residential Program Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ E-mail _____

Estimated Date of Arrival: _____

Who referred you to Olivia's Place? _____

Are you a citizen of the United States? YES NO If not, are you authorized to live and work in the U.S.? YES NO

Are you a previous client of Olivia's Place / Saved By Grace Recovery? YES NO If yes, when? _____

Are you currently in prison, on parole, on probation, or on a sex offender registry? YES NO

If yes, explain: _____

Emergency Contact

Please list a person or organization you permit Olivia's Place / Saved By Grace Women's Recovery Residence, Inc. to contact in case of emergency, concern about your well-being, or questions about your residency.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____



Medical / Psychological History

Please list any pre-existing medical/psychological conditions or allergies you have been diagnosed with This **will not** affect your consideration for acceptance into the program. This information will be treated as confidential and help us better assist you in case of an emergency.

Medical

Conditions: _____

Psychiatric

Conditions: _____

Allergies: _____

Previous Treatment / Residential Programs

Please list any previous inpatient, outpatient, and sober living programs you've been to.

Name of Facility: _____

Dates: _____

Reason for Admission _____

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Name of Facility: _____

Dates: _____

Reason for Admission: _____

Motive

Please explain why you want to come to Olivia's Place?

What do you want to get out of your time with us?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance into Olivia's Place / Saved By Grace Women's Recovery Residence, Inc., I understand that any false or misleading information in my application or interview may result in my immediate dismissal.

Signature: _____ Date: _____



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APPLICANT INTAKE CONTINUED

Please explain about your biological family history and family dynamics:

Please explain about any trauma history throughout your lifetime

Please tell us about your substance abuse history (age started, drugs used, any prior treatment(s), DOC, etc..)

Tell us why you want to stay clean and sober

PLEASE RETURN THE COMPLETED APPLICATION TO: sherri@oliviasplacevaldosta.com

SAVED BY GRACE WOMEN'S RECOVERY RESIDENCE
VALDOSTA, GEORGIA

113 East Gordon St ~ Valdosta, GA 31602