

2019 GPP PARTICIPANT APPLICATION

APPLICANT INFORMATION

Name:			
Date of Birth:	Age:	Race:	Sex:
Phone:			
Current Address:			
City:	State:	ZIP Code:	
Incarcerated Treatment Center	Transitional Facility Homeless <i>(Please circle)</i>	Release Date:	Case Manager:

EMPLOYMENT & EDUCATION INFORMATION

Are You Employable?	Yes	No	What is the longest time you have ever employed?	
Last Employer:			Dates Employed:	
Phone:	City:	State:	Zip Code:	
Last Grade Completed:	Diploma: Yes No	GED: Yes No	University/College: Yes No	
Degree: Yes No Major:	Do you have transcripts? Yes No		Current Resume: Yes No	

EMERGENCY CONTACT INFORMATION

Name of person to contact in case of emergency:		
Address:		Phone:
City:	State:	ZIP Code:
Alternative Contact:		

IDENTIFICATION INFORMATION

Birth Certificate? Yes No	Social Security Number:	
TX DL#:	Texas ID#:	TDCJ#:

FAMILY INFORMATION

Spouse Name:		
Spouse Address:		Years Married:
Phone:	E-mail:	Divorced: Separated:
City:	State:	ZIP Code:
Dependent Children: Yes or No	Child Support: Yes or No	Amount: Arrears:

PARENTAL INFORMATION

Mother:	Phone:	Supportive: Yes No
Father:	Phone:	Supportive: Yes No
Other:	Phone:	Supportive: Yes No

CHILDREN NAMES

Name / Age	Name / Age
Name / Age	Name / Age

PROBATION/PAROLE INFORMATION

Have you ever been on probation or parole? Yes No	Are you currently on probation or parole? Yes No
How many present (or current) offenses do you have? _____	Are you required to register as an SO? Yes No
Probation Officer:	Phone:
Parole Officer:	Phone:

GPP/TNP PARTICIPANT APPLICATION

HEALTH INFORMATION

Current Medical Concerns:			Current Dental Concerns:		
Health Care Provider: Yes No	Insurance: Yes No	AIDS-HIV TB HEP-C STD'S <i>(Please circle)</i>			
General Health: Excellent Good Average Poor Failing	Vision: Excellent Good Average Poor Failing				
Allergies: Yes No	Smoker: Yes No	Diabetic: Yes No			
Chronic Problems: Yes No	Physical Limitations: Yes No	Seizures: Yes No			

MEDICATION INFORMATION

Please list ALL medications and dosages you are currently taking.

Primary Physician:	Phone:
RX:	RX:
RX:	RX:
RX:	RX:

MENTAL HEALTH INFORMATION

Current Mental Health Diagnosis:

Mental Health Care Provider:	Case Manager:	
Mental Health Meds: Yes No	Taking Properly: Yes No	Family MH History: Yes No
Are you eligible for Disability Benefits? Yes No		

COMMUNITY SERVICE INFORMATION

Are you required to fulfill community service hours? Yes No By Whom?

How many hours required?	Deadline date:	Restrictions:
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ADDICTION INFORMATION

Alcohol/Substance Abuse Concerns:

Past Detox: Yes No	Past Treatment:	Long Term Use: Yes No
Alcohol Abuse: Yes No	Alcohol Last Use:	Alcohol Related Problems: Yes No
Substance Abuse: Yes No	Substance Last Use:	Addiction Related Problem: Yes No
Need Treatment: Yes No	Relapse Plan: Yes No	Sponsor:

FINANCIAL INFORMATION

Total Income Amount:	Food Stamps Eligibility: Yes No	SSI:
Total Expenses Amount:	Medicare/ Medicaid: Yes No	How will you pay TNP program Fees?
Income minus Expenses:	Receive Child Support? Yes No	

CHARACTER REFERENCE INFORMATION

Name:	Phone:	Name:	Phone:
Name:	Phone:	Name:	Phone:

SIGNATURES

I understand and authorize Grace Place Properties, Inc. to request my criminal record from the Texas Department of Public Safety for the verification of the information provided on this form. I also understand falsified or incomplete applications will not be processed.

Signature:	Date:
Witnessed By:	Date:

- A. IN YOUR OWN WORDS TELL US ABOUT YOURSELF. CONSIDER DESCRIBING YOUR LIFE IN 5-10 YEAR INCREMENTS. (For example, on a separate piece of paper, describe your childhood, teenage years, your 20's, 30's, 40's up to the present time. Think about your losses, school experiences, family relationships, alcohol and substance use/addictions, treatment episodes, periods of incarceration, etc.
- B. Thoughtfully consider and answer the following questions. (use additional paper if needed.
1. What do you want and expect from GPP if you are accepted? Be Specific.
 2. What can the GPP community and staff expect from you to contribute to the GPP community if you are accepted? Be Specific.
 3. What's different about you today than when you were incarcerated or in treatment most recently?
 4. What current daily, weekly, and monthly activities demonstrate you are working toward a changed life?
 5. What length of time do you think it will take for you to achieve your goals? Why?
 6. Do you have a relapse prevention plan? What are your thoughts concerning recovery meetings? How often do you attend meetings currently?
 7. List the obstacles that might hinder your progress? Why?
 8. List your greatest fears of transitioning safely into your community?
 9. What are you willing to commit to in order to accomplish walking daily with the Lord?