



savinggracenwa.org

## Application for Admission

**A Christ centered, safe harbor offering acceptance, restoration and hope to young women of Northwest Arkansas, preparing them for interdependent living.**

Saving Grace Inc. is a boarding home community dedicated to offering safe and affordable housing to young women ages 18-24 who are committed to healthy life choices and taking advantage of the opportunities Saving Grace has to offer.

In order to maintain a safe and healthy environment for all, Saving Grace reserves the right to screen applicants through an application, interview, and if needed, a considerable follow up process. Follow up may include a review of records, direct consultation with a counselor, pastor, or other relevant figure to assess the applicants readiness and willingness to conduct themselves appropriately. Any inquiries will be conducted only to the extent as it relates to admission and only if authorized by the applicant.

Since participation is voluntary — applications will be accepted only if complete and legible. The application must be signed in the presence of an SGI representative.



Application for Admission

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicaid \_\_\_\_\_

Drivers License / ID \_\_\_\_\_ State issued \_\_\_\_\_ Expiration \_\_\_\_\_

Do you own a vehicle \_\_\_\_\_ Is it insured? Proof Yes No

Do you have medical insurance? Yes No

Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_

Insurance Contact Information \_\_\_\_\_

Other identification \_\_\_\_\_

Birth Certificate \_\_\_\_\_ State and County Issued \_\_\_\_\_

Race:(optional) White Hispanic Native American Asian African American Other

If other, please list \_\_\_\_\_

Physical Identifiers: Height _____ Weight _____ Eye Color _____ Hair Color _____ Scars/ Tattoos/ Piercings: _____ _____
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Describe you recent **living situation** over last four months: (Select all that apply)

- On street Staying with Friends Staying with family Shelter Group Home Foster Care
- Own Place Jail or Prison With spouse Hospital or Treatment Facility Other:

If other, please list: \_\_\_\_\_

How did you learn about Saving Grace? \_\_\_\_\_

**Education:** (Check highest completed:) High School 9 10 11 12 College 1 2 3 4

Learning disadvantages / disability: \_\_\_\_\_

Do your future plans include completing:

- high school GED vocational training college degree

Is there anyone in your life currently who could help you achieve your goals?

Yes No If yes, who? \_\_\_\_\_

Would you like to reconcile with them? Yes No If no, why not? \_\_\_\_\_

\_\_\_\_\_



**Family History Information (include contact information if known)**  
**Briefly describe relationship with ...**

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

Mother \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Siblings \_\_\_\_\_  
 \_\_\_\_\_

Extended Family / Dependent Children \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References:** List three references who are aware of your situation and could verify your need and willingness to work with the program.

Name of reference 1 \_\_\_\_\_ How you know them \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 How long have they known you? \_\_\_\_\_

Name of reference 2 \_\_\_\_\_ How you know them \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 How long have they known you? \_\_\_\_\_

Name of reference 3 \_\_\_\_\_ How you know them \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 How long have they known you? \_\_\_\_\_

**Resources:**

How do you currently support yourself? \_\_\_\_\_

How do you see supporting yourself at SGI? \_\_\_\_\_

What debts do you currently have? \_\_\_\_\_

What regular income do you receive? \_\_\_\_\_

Do you have a bank account? Yes No If yes, where? \_\_\_\_\_

Do you receive government assistance? Yes No If yes, what? \_\_\_\_\_  
 \_\_\_\_\_



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**EMPLOYMENT HISTORY:**

Please list employment starting with the most recent. .

Employer \_\_\_\_\_ Address /City \_\_\_\_\_

Managers Name and Phone # \_\_\_\_\_

Title \_\_\_\_\_ Salary/Hourly \_\_\_\_\_

Dates \_\_\_\_\_ If no longer employed, why did you leave?

Employer \_\_\_\_\_ Address /City \_\_\_\_\_

Managers Name and Phone # \_\_\_\_\_

Title \_\_\_\_\_ Salary/Hourly \_\_\_\_\_

Dates \_\_\_\_\_ If no longer employed, why did you leave?

Employer \_\_\_\_\_ Address /City \_\_\_\_\_

Managers Name and Phone # \_\_\_\_\_

Title \_\_\_\_\_ Salary/Hourly \_\_\_\_\_

Dates \_\_\_\_\_ If no longer employed, why did you leave?

**Legal**

Have you ever been arrested ? Yes No If yes, why? \_\_\_\_\_

Did you do jail time for the offense? Yes No If yes, when and where?

Are you on probation or parole? Yes No If yes, who do you report to and phone number?

Have you ever been questioned or charged for physical violence against another person?

Yes No If yes, please explain \_\_\_\_\_

Have you ever been questioned or charged for the sale of illegal drugs?

Yes No If yes, please explain \_\_\_\_\_

Have you even been or currently associated with a gang?

Yes No If yes, please explain \_\_\_\_\_





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I understand an application is not a guarantee of admission and Saving Grace determines applicant eligibility for admission and does not disclose rationale for denial of admission.

By signing below, I acknowledge and understand this application will be used to consider my eligibility to live at Saving Grace. If accepted, I will sign a conduct covenant, occupancy agreement and other documents outlining the terms for living at Saving Grace to uphold my safety and the safety of the other residents. I understand my references will be contacted to verify the honesty of my statements. I also understand my eligibility will be based on the availability of the space in the home to assist me in my particular needs. Saving Grace will make a decision based on this application, my interview, and availability of space. If my statements are found to be falsely represented at any point or I have demonstrated an unwillingness to work within the expectations and terms of my admission, I may be exited from Saving Grace immediately. I also give permission for Saving Grace to request official documents, make professional inquiries, or complete background checks on me to verify the information I have given them.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature of Witness Printed Name Date

**SGI Office use only:**

Application Date \_\_\_\_\_ By: M E F I/P Other \_\_\_\_\_

APP RVW \_\_\_\_\_ YN \_\_\_\_\_

RF \_\_\_\_\_

ACA1 \_\_\_\_\_ ACA2 \_\_\_\_\_ ACA3 \_\_\_\_\_ ? \_\_\_\_\_

Ref1 \_\_\_\_\_ Ref2 \_\_\_\_\_ Ref3 \_\_\_\_\_ SCH \_\_\_\_\_ EMP1 \_\_\_\_\_ EMP2 \_\_\_\_\_

EMP3 \_\_\_\_\_ PHY \_\_\_\_\_ / \_\_\_\_\_

Ref Y/N \_\_\_\_\_

IV YN \_\_\_\_\_ DATE \_\_\_\_\_ IV Fup YN \_\_\_\_\_

REFER \_\_\_\_\_

Y? \_\_\_\_\_

INI \_\_\_\_\_ Date \_\_\_\_\_