



## Grace Oasis Adult Application

Grace Oasis is Rescue 1 Global's Residential Restoration Program for females, who are survivors of Human Trafficking (CSEC). This application is to be filled out by YOU, the RESIDENT, to the best of your ability and in your own words. Share only what you are comfortable with, and please know these answers are 100% confidential and will not negatively impact your care, but will help us know how to best gather resources to assist you.

### PERSONAL INFO:

Applicant's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender:  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you:  Married  Separated  Divorced  other: \_\_\_\_\_

Do you have a boyfriend/girlfriend?  Yes  No Where do they live?

Do you have any means to assist in covering the cost of placement (insurance, family support, disability, food stamps, etc.)? This will not determine acceptance, but help us understand your situation. Please explain:

Insurance Name: \_\_\_\_\_ (Please include a copy of card)

Policy # \_\_\_\_\_

Social Media Communications:

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Snapchat: \_\_\_\_\_ Tumblr: \_\_\_\_\_

KIK: \_\_\_\_\_ VSCO: \_\_\_\_\_

Instagram: \_\_\_\_\_ Other Social Media: \_\_\_\_\_

Current Living Arrangements:

Emergency Contact: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

**FAMILY INFO: (please share only what is relevant or comfortable for you)**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents:  Married  Separated  Divorced  other: \_\_\_\_\_

Do you have any siblings?  Yes  No

What else would you like to share with us about your family and relationships (example: grandparents, step-parents, biological or adopted parents, deceased parents)? \_\_\_\_\_

Are you currently pregnant?  Yes  No Due Date: \_\_\_\_\_

Have you ever been pregnant?  Yes  No # of pregnancies \_\_\_\_\_

**Children's Names and Ages and Living situation**

\_\_\_\_\_ Age \_\_\_\_\_ Custody  Yes  No Living with \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Custody  Yes  No Living with \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Custody  Yes  No Living with \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Custody  Yes  No Living with \_\_\_\_\_

Are you needing placement for your children at Grace Oasis as well?  Yes  No

**EDUCATIONAL INFO:**

Name of last school attended: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Have you completed highschool or received a GED  Yes  No

Are you interested in a GED program?  Yes  No

**MEDICAL INFO:**

Primary Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

When was the last time you visited the dentist? \_\_\_\_\_

Mental Health Professional \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have pre-existing medical conditions that we should know about? (allergies, asthma, heart problems, etc.) \_\_\_\_\_

When was the last time you visited the doctor and the reason? \_\_\_\_\_

Are you currently taking any prescription or over-the-counter medications?  Yes  No If "yes", what kind and for what illness? Do they seem to help?

Do you know of any illnesses that run in your family? \_\_\_\_\_

Have you ever taken/used any illegal drugs?  Yes  No (If yes please indicate)

Cocaine/Crack

Hallucinogens (LSD, "magic mushrooms")

Amphetamines

Inhalants (gas, glues, thinners)

PCP (Angel dust)

Heroin (morphine)

Marijuana

Other \_\_\_\_\_

When was the date of last use and frequency of use? \_\_\_\_\_

What is the longest period of abstinence from drug use? \_\_\_\_\_

Do you feel you need substance abuse treatment or intensive outpatient program (IOP)? Yes No

Do you smoke? Yes No      Do you have a desire to stop? Yes No

How would you rate your current physical health? (Please circle)

Poor              Unsatisfactory   Satisfactory              Good              Very good

Please list any health concerns: \_\_\_\_\_

\_\_\_\_\_

How would you rate your current sleeping habits? (Please circle)

Poor              Unsatisfactory   Satisfactory              Good              Very good

Please describe \_\_\_\_\_

Please list any difficulties you might be experiencing with appetite or eating patterns.

\_\_\_\_\_

**SOCIAL/EMOTIONAL INFO:**

Please share any significant social/emotional concerns at this time?

\_\_\_\_\_

\_\_\_\_\_

Give a brief description of your:

Strengths: \_\_\_\_\_

Growth Areas: \_\_\_\_\_

Have you experienced sexual abuse or trauma, other than the trafficking situation?  Yes  No

Have you ever, or currently experiencing self-harming thoughts? Yes No

If yes, please describe, noting dates/duration:

\_\_\_\_\_

\_\_\_\_\_

Have you ever exhibited any form of self-harm behavior, such as cutting?  Yes  No

If "yes", please explain: \_\_\_\_\_

Have you ever threatened or attempted suicide?  Yes  No If "yes", please explain:

\_\_\_\_\_

Are you currently experiencing anxiety, panic attacks or phobias? Yes No

If yes, please describe, noting frequency/duration:

\_\_\_\_\_

Have you ever set anything on fire?  Yes  No If "yes", please explain:

\_\_\_\_\_

Have you ever been cruel to animals?  Yes  No If "yes" please explain:

\_\_\_\_\_

How often do you feel sad or depressed? (circle)

once or twice per month

once or twice per week

nearly every day

What do you do to cope with feeling depressed or sad? \_\_\_\_\_

\_\_\_\_\_

How often do you feel lonely? (circle)

once or twice per month

once or twice per week

nearly every day

Are there certain times that you feel lonely?  Yes  No \_\_\_\_\_

What do you do when you are angry? \_\_\_\_\_

When you are angry, what do you need from others to help you cope?

\_\_\_\_\_

How often do you worry or feel anxious? (circle)

once or twice per month

once or twice per week

nearly every day

What causes anxiety for you?

\_\_\_\_\_

Do you have any fears, nightmares, or phobias?  Yes  No \_\_\_\_\_

\_\_\_\_\_

Do you have any triggers that cause you extreme stress or anxiety?

\_\_\_\_\_

How do you feel about being given advice? \_\_\_\_\_

If you could talk about your feelings; would you choose to do so? Yes or No

**SPIRITUAL INFO:**

What relationships have the greatest influence in your life right now?

\_\_\_\_\_

Are there any persons from your past that have played a significant part in shaping your view of life? (If yes, please list each):

\_\_\_\_\_

What beliefs or values have been most important in guiding your life?

\_\_\_\_\_

Are you open to being in a faith-based program?  Yes  No

Is there anything you do to help nurture or maintain your faith/spirituality?

\_\_\_\_\_

Rescue 1 Global is a program for women involved either voluntarily or forcibly in commercial sexual exploitation, i.e. stripping, escorting, prostitution, sex or labor trafficking, etc. We are here to partner with you to develop a plan to meet your individual needs for a thriving future.

**PLANNING INFO:**

How long have you been impacted by trafficking, prostitution, or sexual exploitation?

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Are you still actively in the life?  Yes  No If no, how long have you been out? \_\_\_\_\_

If yes, do you desire to get out and stay out of that life and why? \_\_\_\_\_

What do you feel are your immediate needs and how could Rescue 1 assist in meeting those needs?

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Do you feel like you are in a stable state at this time to discuss long-term goals, such as committing to this program for a 9-18 month period?  Yes  No

Have you ever been in another program?  Yes  No Reason for Leaving \_\_\_\_\_

From what agencies/professionals have you sought or been given help? Specify services and results:

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Are you high risk for running away?  Yes  No If "yes", please explain:

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Do you feel like you are in danger?  Yes  No Do you think anyone is following you?  Yes  No

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Is your trafficker in custody?  Yes  No Please Explain: \_\_\_\_\_

On a scale of 1-10, with 10 being lethal danger, where would you assess any threat to your safety from previous companions/traffickers? (circle): 1 2 3 4 5 6 7 8 9 10

How did you escape the person exploiting you?

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Have you ever been involved in gang activity?  Yes  No

If "yes", please explain: \_\_\_\_\_

Have you been taken across state lines to be exploited?  Yes  No If "yes", which states? \_\_\_\_\_

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Have you ever been arrested, and if so, what for? What state were you in? \_\_\_\_\_

Are you currently on probation or have pending legal issues?  Yes  No (If "yes", please provide – on separate letterhead from the probation officer – all information regarding the terms of the probation.)

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Have you ever been physically violent (including threats) toward someone else?  Yes  No

If "yes", please explain: \_\_\_\_\_

Do any of your charges relate to abuse of minors:  Yes  No If "yes," Please Explain:

Due to minors being in the Grace Oasis home; are there any reasons why it would not be suitable for you to be with them?  Yes  No If "yes", please explain: \_\_\_\_\_

**\*Upon arrival at Grace Oasis, please provide original copies of any and all records available.**

- \_\_\_\_ Social Security Card
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Recent Photo
- \_\_\_\_ Insurance Card
- \_\_\_\_ Immunization Records

- \_\_\_\_ Most recent Psych Evaluation
- \_\_\_\_ IEP/School Records
- \_\_\_\_ Driver's License
- \_\_\_\_ Resident's Current Prescriptions
- \_\_\_\_ Recent Physical/Medical Clearance

\_\_\_\_\_ (initials) I have answered these questions as completely and honestly as possible.

\_\_\_\_\_ (initials) I confirm that I have been given a GRACE OASIS ADULT RESIDENTIAL HANDBOOK and have been given the opportunity to ask any questions.

\_\_\_\_\_  
(Signature of Resident Applicant and Date)

\_\_\_\_\_  
(Signature of Grace Oasis Representative and Date)

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For office Use Only: Date received: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

NOTES:

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### APPROVED CONTACT LIST

For your safety, and the safety of all residents, we ask that you limit your contacts to safe people that will be a healthy part of your restoration process. We also ask that you limit your phone conversations to those within the program guidelines, as stated in the handbook.

*Are you willing to commit to this?  Yes  No*

Contacts that you would like to be able to talk to while in the program (limit to 5):

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

*\*Additional persons can be added upon arrival as approved by your care coordinator.*



### TRAVEL CONSENT

During the course of placement, the resident may require routine travel and transportation to appointments, various activities, community outings, and trips in the State of Tennessee.

I, \_\_\_\_\_, give permission for the Grace Oasis by use of personal or agency vehicles. This consent is valid until discharge from the program or by written termination by resident.

I have read and understand this consent form and any questions have been answered. As evidenced by my signature below, I agree with the above consent.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact	Address		
Home phone #	Work phone #	Cell phone #	





## CONFIDENTIALITY AGREEMENT

### Confidentiality

Professional ethics and Tennessee State law indicate that confidential information is controlled by the client. This means that as a general rule, information shared in sessions with a counselor will be held in confidence. However, there are limits to confidentiality. They are as follows:

1. Confidentiality is waived when a client is a danger to self or others
2. Confidentiality is waived when a client is engaging in or is aware of abuse or neglect of minors. Tennessee law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.
3. Confidentiality is waived if a lawsuit is brought against the counselor.
4. Confidentiality is waived when requested information is court ordered and signed by a judge.
5. Confidentiality information must be accessible to any supervisor from R1G.
6. Confidentiality is limited if counselor must engage collection agencies for the purpose of receiving payment for services rendered.
7. Confidentiality is limited for purposes of professional consultation between counselor and other practicing therapists.

\_\_\_\_\_ By initial, client agrees that full disclosure has occurred regarding the limits of confidentiality, and agrees to the limits as listed.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RELEASE OF LIABILITY

In exchange for participation in any programs offered by Rescue 1 Global and volunteers, personnel/staff or partner ministries:

I, \_\_\_\_\_, agree for myself and (if applicable) for the members of my family, to the following:

1. As consideration for being permitted to participate in the programs of Rescue 1 Global and their partner ministries, I forever release Rescue 1 Global and its staff, and /or but not limited to board members and volunteers, any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "releases") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, and property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however cause by any releasee, or (iii) the condition of the premises where these programs, shelter and/or will not make a claim against, sue, or attach the property of any Release in connection with any of the matters covered by the foregoing release.
2. Any legal or equitable claim that may arise from participation in the above shall be resolved under State Law and solely my responsibility.
3. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that am free to have my own legal counsel review this agreement if I so desire.
4. This agreement and each of its terms is the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
5. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
6. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in the accordance with the Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.
7. In case of an emergency, please call \_\_\_\_\_, my \_\_\_\_\_,  
(Name) (Relationship)  
at \_\_\_\_\_.  
(Phone Number)

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. I HEREBY SIGN BELOW OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date