



Grace Oasis Minor Resident Application

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 be held against you, but rather to know how to best gather resources and assist you.

PERSONAL INFO:

Name: _____ Age: _____ DOB: _____

Aliases: _____

Race: _____ SSN: _____

Insurance Name: _____ Policy # _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

Social Media Communications-

Facebook: _____ Twitter: _____

Snapchat: _____ Tumblr: _____

KIK: _____ VSCO: _____

Instagram: _____ Other Social Media: _____

Current Living Arrangements:

FAMILY INFO:

Mother/Guardian's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Father/Guardian's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Parents: Married Separated Divorced other:

Do you have any siblings? Yes No List Name(s) and Age(s):

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

EDUCATIONAL INFO:

Most Recent School: _____ Grade: _____

What kind of grades do you receive in school _____

Have you ever repeated a grade? Yes No If so, which one(s)? _____

Have you ever received special education services? Yes No

Are you involved in any extracurricular activities? Yes No If yes, which ones?

Do you have any learning problems or complications? Yes No

Do you get along with your classmates? Yes No

MEDICAL INFO:

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? _____ Please Explain _____

Primary Doctor's Name _____ Phone Number _____

Mental Health Professional _____ Phone Number _____

Are you currently taking any prescription or over-the-counter medications? If so, what kind and for what illness? Do they seem to help?

When was the last time you visited the dentist? _____

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

Do you feel that you need substance abuse counseling? Yes or No

Do you smoke? _____ Do you have a desire to stop? _____

Have any of your family members ever done illegal drugs? If so, are they still using?

PAST INFO: *These questions help us know best how to keep you safe.*

Have you ever intentionally injured yourself (cutting, taking too many pills, etc.)?

Have you ever attempted to end your life? How? When?

Have you ever run away? Why? How many times?

How did you survive on the streets?

Do you have a boyfriend/girlfriend? Where do they live?

Did you ever travel when you were on the run? What states have you visited?

When you were on the streets, did anyone ever keep you from trying to return home?

Are you still in touch with people you met while on the run?

Do you feel like you are in danger? Do you think anyone is following you?

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?

Have you ever been, or are you currently involved with a gang? What was that like for you?

EMOTIONAL INFO: *These questions are to help us know how to best support you.*

How often do you feel depressed or sad?

What do you do to cope with being sad or depressed?

How often do you feel lonely?

Is there certain times that you feel lonely?

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? What causes anxiety for you?

Do you have any fears or phobias?

Do you have any nightmares (please explain)?

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

What would you say are some of your strengths and growth areas?

How do you respond to people in authority positions over you? (Teachers, parents, guardians, employers, etc.) _____

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?

What feelings or emotions do you have when you think of God?

Is your faith/spirituality helpful to you? Yes or NO

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

GRACE OASIS:

What makes you nervous/anxious about residing at Grace Oasis?

What do you want to accomplish while you are here?

What do you need from us while you are here?

RECREATIONAL INFO: *Please mark anything you may be interested in doing:*

- Outdoor Activities (hiking, biking, walking, swimming, etc.)
- Animals (pet therapy, nature center, zoo)
- Arts and Crafts
- Art Therapy
- Exercise Classes
- Visiting Museums & Monuments
- Writing (poetry, journaling, music lyrics)
- Photography
- Makeup/Skin Care
- Knitting, Sewing Quilting
- Cooking
- Working with Horses

- Computers (Microsoft, Web Design)
- Career Planning, Job Skills (Resume Writing, Interview techniques, etc.)
- College Prep Classes
- Reading (library, bookstore)
- Music (playing instruments, writing)
- Gardening
- Jewelry Making
- Sports (softball, basketball, soccer, running, etc.)
- Other _____

Is there anything else you would like to share at this time?

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

_____ (initials) I confirm that I have been given a GRACE OASIS 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)



Resident Safety Contract

At Grace Oasis, everybody gets to be safe! Safety and security is top priority in maintaining a therapeutic and nurturing environment for you and others in the Grace Oasis community. Violations of this contract will result in disciplinary action; this action could include: dismissal from the program and possibly criminal charges. While living at Grace Oasis, I will make every effort not to...*(place initials by each of the following statements)*

_____ verbally threaten other residents or staff.

_____ exhibit outward displays of aggression.

_____ physically threaten and/or intimidate other residents or staff.

_____ damage the property or personal belongings of others.

_____ be disrespectful by using information shared by others against them in a way that is harmful to their emotional and/or physical well-being. I understand that by doing so, I violate the confidentiality of others and endanger the therapeutic environment that Grace Oasis strives to maintain.

_____ compromise the safety of residents, staff, or volunteers by sharing names, photos, or the location of Grace Oasis.

_____ endanger my own health and life, in addition to inhibiting my restoration by leaving the program without first making a plan discharge along with my care coordinator or residential staff.

If there are things that will prohibit you from keeping the contract and possibly violating it; please discuss with Grace Oasis staff and others in the Restoration Department. We are here for you and want to help you in meeting the expectations of this contract. You are valued. We want you to succeed; however, we cannot work harder for you than you do. You are responsible for your actions. You can choose your actions; however, you cannot choose the consequences of your actions. We cannot allow behaviors that do not contribute to the physical and emotional safety of all of our residents, staff, and volunteers.

ACKNOWLEDGEMENT AND ACCEPTANCE OF SAFETY POLICY

I have read, understand, and agree with this policy, and as a Grace Oasis Resident, I would be willing to support the policy out of respect for myself, staff, volunteers and other residents.

Signature of Applicant _____ Date _____