



Recovery Homes

4448 US HWY 52 Thorntown, In 46071
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Office use
Date Received _____

Pre-Application

First name _____ middle int _____ Last name _____ Maiden name _____

Date of Birth _____ Address _____

Emergency contact name and ph num _____ relationship _____

Did you receive a recent medical detox? _____ if yes where _____

If so length of stay _____ date of discharge _____

Are you an alcoholic? _____ if yes, how much do you drink daily? _____ date last drank? _____

Are you an addict? _____ drug of choice and how much do you use per day? _____ date last used _____

Are you or will you be on probation Y or N, Parole Y or N, House arrest Y or N? If yes, what county _____

Name and phone number of probation officer/Parole officer _____

Do you have any outstanding warrants? _____ Do you have a hold in any other county? If yes where? _____

Have you ever been convicted of a violent crime or a sex crime if yes, when, and where?

Do you take any kind of medications Y or N? If yes what _____

Do you have any kind of mental illnesses? _____

Are you married or in a relationship? Y or N? Name of significant other _____

Are you approved for Recovery Works? _____ Will you be responsible for you fees? _____

If no, how do you plan to pay your fees? _____

If accepted, when would you plan to arrive for entry into our program? _____

Attorney's name and phone number _____