VALLEY OF GRACE

Admissions Application

Phone: (765) 776-9899
5254 N 500 E, Kokomo, IN 46901
info@valleyofgrace.life

A. BASIC INFORMATION

Today's Date:

I am applying
◯ For myself ◯ For someone else

Previously enrolled? ◯ Yes ◯ No

What year?

Did you graduate? ◯ Yes ◯ No

APPLICANT INFORMATION

Sex ◯ Male ◯ Female

Last 4 of SSN

First Name **M.I.** **Last Name**

Suffix (Jr, Sr, III) **Maiden Name** **Date of Birth**

Address 1

Address 2

City **State** **Zip**

Email

Cell Phone **Home Phone**

How did you hear about the Valley of Grace?

Marital Status:
◯ Single
◯ Married
◯ Separated
◯ Divorced
◯ Widowed

Race/Ethnicity:
◯ American Indian or Alaskan Native
◯ Asian or Pacific Islander
◯ Black or African American
◯ Hispanic
◯ White or Caucasian
◯ Multiple Ethnicity / Other

Religious Denomination:

Highest level of education:
◯ Primary school
◯ Some high school, but no diploma
◯ High school diploma (or GED)
◯ Some college, but no degree
◯ 2-year college degree
◯ 4-year college degree
◯ Graduate-level degree
◯ None of the above

Occupation, skills, trade:

Are you a U.S. Veteran? ◯ Yes ◯ No

B. ADDICTION HISTORY

Check all addictions abused in the past 5 years:

☐ Alcohol
☐ Amphetamine / Stimulants
e.g. Adderall, Ritalin
☐ Barbiturates
☐ Bath Salts
☐ Benzodiazepines / Sedatives
e.g. Librium, Klonopin, Valium, Xanax
☐ Cocaine
☐ Ecstasy
☐ Gambling
☐ GHB / GBL
☐ Hallucinogens
e.g. Acid / LSD, PCP, Shrooms
☐ Heroin
☐ Inhalants / Huffing
☐ Kratom
☐ Marijuana / THC
☐ Methamphetamine
☐ Over-the-Counter
☐ Pornography / Sex
☐ Prescription Opioids
e.g. Lorcet, Lortab, Methadone, Morphine, Oxycontin, Suboxone
☐ Spice
☐ Steroids
☐ Tobacco / Nicotine
☐ Other Addiction:

Which is your PRIMARY addiction?

Which is your SECONDARY addiction?

Do you use tobacco products?
◯ Yes ◯ No

How many packs per day?

- **We STRONGLY urge residents to stop using tobacco.**
- **Limited smoking and smokeless tobacco (in pouches only) are allowed in designated areas only**
- **eCigarettes and vapors are NOT allowed.**
- **Pregnant residents and residents using inhalers are NOT allowed to smoke.**

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C. MEDICAL INFORMATION

Health history (check all that apply):

- ☐ Allergies [1]
- ☐ Anxiety attacks
- ☐ Blackouts
- ☐ Broken bones
- ☐ Cancer
- ☐ Convulsions
- ☐ Dental or bad teeth
- ☐ Diabetes
- ☐ Eating disorder
- ☐ Epilepsy
- ☐ Eye problems
- ☐ Hallucinations
- ☐ Handicaps [2]
- ☐ Hearing voices
- ☐ Heart problems
- ☐ Hepatitis [3]
- ☐ High blood pressure
- ☐ HIV
- ☐ Respiratory
- ☐ Seizures [4]
- ☐ Severe depression
- ☐ Sleep disorder
- ☐ STD's
- ☐ Suicide attempts [5]
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Liver disease
- ☐ None
- ☐ Other:

Have you ever been in treatment for substance abuse? ◯ Yes ◯ No

How many times?

Who is responsible to pay your medical expenses?

[1] List all allergies:

[2] Describe any handicaps or physical limitations:

[3] Hepatitis Type:

[4] Most recent seizure:

[5] No. of suicide attempts:

[5] Most recent suicide attempt:

Height

Weight

Recent or upcoming hospitalizations or surgeries:

Have you ever been diagnosed with a psychiatric or mental disorder? ◯ Yes ◯ No

If so, please describe:

Will you need medication refills? ◯ Yes ◯ No

List all currently prescribed medication (name, purpose, how long have you been taking?):

- **Misrepresentation of your medical condition will result in immediate dismissal with no refund. Ensure that all medical information submitted is complete and accurate.**
- **All travel arrangements, medical appointments, dental appointments, chiropractic care, vision appointments, and surgeries should be scheduled AFTER the program completion date.**
- **Resident must be physically detoxed and able to participate in required daily activities prior to enrollment. The Valley of Grace is NOT a medical facility and CAN NOT provide medically supervised detox. Contact your local hospital for a list of detox facilities.**
- **PROHIBITED MEDICATIONS include (but are not limited to) barbiturates, narcotics, opiate blockers, sleep-aids, and mood altering drugs.**
- **ALL MEDICATIONS (prescribed and over-the-counter) must be PRE-APPROVED prior to intake and turned in upon arrival.**
- **Prior arrangements should be made BEFORE entering the program for a PRE-APPROVED 3-month supply of prescribed medication refills (ex. blood pressure medication, etc). Request local pharmacy list from Admissions for prescription transfers.**

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D. EMERGENCY CONTACTS

CONTACT #1

Name

Relationship to applicant

Contact Information (phone, address, email, etc):

CONTACT #2

Name

Relationship to applicant

Contact Information (phone, address, email, etc):

E. LEGAL EVALUATION

Do you have any pending legal obligations? ◯ Yes ◯ No
e.g. DHS, Family Court, Civil, etc.

Will you be under court order while enrolled? ◯ Yes ◯ No

Court order MUST be provided at check-in

Do you have court dates pending? ◯ Yes ◯ No

Are you under probation / parole? ◯ Yes ◯ No

Are you applying from jail? ◯ Yes ◯ No
If so, where?

Have you ever pled guilty or been convicted of a crime?
◯ Yes ◯ No

List any felonies, misdemeanors or pending charges:

Attorney Contact Information (name, email, phone, fax):

Probation / Parole Officer Contact Information (name, state and county, phone, email):

List all pending court dates (with court name, city and state):

It is the responsibility of the resident to have ALL appointments postponed (legal, medical, personal, etc) until completion of the three month program.

F. AGREEMENTS

ENROLLING CLIENT MUST INITIAL EACH BOX:

☐ **Detoxification**: I understand that I must be safely detoxed before intake, otherwise, I will not be admitted.

☐ **Medical Policy:** I understand that misrepresentation of my medical condition will result in dismissal with no refund. I affirm that all information submitted is complete and accurate.

☐ **Intake Reschedule Policy:** I understand that I am responsible to arrive no later than my appointed intake time, and a postponement for any reason will require a non-refundable deposit of $300 before another intake can be rescheduled.

☐ **Postpone Obligations:** I understand that I am responsible to postpone ALL appointments (legal, medical, personal, etc) until the completion of the three-month program.

☐ **Program Fee:** I understand the non-refundable program fee is firmly set at $3,000 for the three-month residential program and must be paid in full at the time of intake.

☐ **No Refund Policy:** I understand that NO REFUND of any amount will be offered under any circumstance.

☐ **Statement of Faith:** I have read and understand the Valley of Grace's Statement of Faith.

Signature of applicant:

Signature of cardholder / primary payer:

Date:

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