



Georgia's House Application for Residency

*** Please answer every question as thoroughly as possible ***

Part 1: Personal Information

Application Received: _____

Full Legal Name: First: _____ Middle: _____ Last: _____

Other Names Used (First & Last): _____

Date of Birth: _____ Age: _____ SSN #: _____

Phone number: _____ Email: _____

Who referred you to Georgia's Friends? _____

If we can't call or email you directly, who should we contact to communicate with you about this application?

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Race/Ethnicity (please check all that apply)

African American

Asian

White/Caucasian

Hispanic or Latina

Native American or Alaska Native

Native Hawaiian or Pacific Islander

Other: _____

Prefer not to answer

Current Address (as of today): _____

How long have you lived here? _____

If less than 6 months, list other address(es) where you'd lived during that time: _____

Are you currently:

• In treatment? Y / N Where? _____ Discharge date: _____

• Incarcerated? Y / N Where? _____ Release date: _____

• Experiencing homelessness? Y / N *If yes, for how long?* _____

Have you experienced homelessness in the past? Y / N *If so, when and for how long?* _____

List all treatment centers you have been to:

#1: Name: _____ City: _____ Dates: _____

#2: Name: _____ City: _____ Dates: _____

#3: Name: _____ City: _____ Dates: _____



GEORGIA'S FRIENDS

HOPE HEALS

Who should we contact in case of an emergency?

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Address: _____

Part 2: Health & Medications

Please list any **physical health issues**:

Please list any **mental health diagnoses**:

Please list **all medications** you currently take, including psychiatric medications:

Are you on **MAT**? Y / N *If yes, which medication and dosage?* _____

Do you currently **smoke**? Y / N

Do you have a history of **self-harm, eating disorder or other health concerns**? Y / N

If yes, please describe: _____

Have you ever attempted **suicide**? Y / N Do you have **suicidal thoughts**? Y / N

If yes, please describe: _____



Part 3: Substance Abuse & Treatment History

Are you currently **clean/sober**? Y / N *If yes, how long have you been clean/sober?* _____

At what **age** did you begin using? _____

Primary **drug of choice**: _____

Secondary **drug of choice**: _____

Other drugs you've used: _____

Have you abused **prescription drugs**? Y / N

If yes, explain: _____

Have you ever been involved in **AA/NA** or other recovery pathway? Y / N

If yes, which program? _____ *Are you currently involved?* Y / N

Part 4: Legal History

Have you ever been **charged with drug and/or alcohol-related offenses**? Y / N

Please list all of your charges with approximate dates and jurisdictions:

#1: _____ Date: _____ Jurisdiction: _____

#2: _____ Date: _____ Jurisdiction: _____

#3: _____ Date: _____ Jurisdiction: _____

#4: _____ Date: _____ Jurisdiction: _____

Are you **incarcerated now**? Y / N

If yes, for what charge or charges? _____

How long have you been incarcerated? _____ *When will you be released?* _____

Have you been **incarcerated in the past**? Y / N

If yes, number of times: _____ *Total length of time incarcerated:* _____

For what charges? _____

Are you currently on **probation**? Y / N

If yes, what jurisdiction? _____

PO Name: _____ *PO Phone:* _____

Charge: _____ *Conditions:* _____

Do you have any **pending court cases**? Y / N

If yes, please provide details: _____

Do you have an **attorney**? Y / N

Attorney name: _____ *Phone:* _____



Part 5: Family Relationships

Are you currently married or in a **long-term relationship**? Y / N *If yes, for how long?* _____

If yes, please provide your **partner's contact info**:

Name: _____ *Relationship to You:* _____

Phone: _____ *Email:* _____

Address: _____

Have you ever experienced **domestic violence**? Y / N

Do you have a **restraining order against anyone**? Y / N

Has anyone had a **restraining order against you**? Y / N

If yes to either of the above, please describe the conditions of the restraining order and if it's still in effect:

Do you have **children**? Y / N

Name(s) and age(s): _____

Do you currently have **custody** of any children? Y / N *If yes, do they live with you?* Y / N

If yes, who will they live with if you become a resident at Georgia's House? _____

If no, who do they live with? _____

Part 6: Employment & Financial

Are you currently **working** or receiving **any type of income**? Y / N

If yes, what is your monthly income (approximate): _____

Please provide your employer's name and address or describe the type of income:

Do you receive **SSI**? Y / N *If yes, how much?* _____

Do you receive **SSDI**? Y / N *If yes, how much?* _____

Do you have an **EBT card**? Y / N



Part 7: Miscellaneous

Do you currently hold a valid Virginia **driver's license**? Y / N Number: _____

What is your highest level of **education**? _____

Please list two **professional references** whom we may contact:

Name: _____ **Relationship to You:** _____

Phone: _____ **Email:** _____

Name: _____ **Relationship to You:** _____

Phone: _____ **Email:** _____

What is your **primary reason** for wanting to live at Georgia's House?

What do you **hope to gain** from becoming a resident?

What **goals** do you hope to achieve in 3, 6 and 12 months from now?

3 months: _____

6 months: _____

12 months: _____

What **obstacles or difficulties** do you think there might be in achieving your goals?



Part 8: Resident COVID-19 Policy

All women accepted to Georgia's House must be fully vaccinated for COVID-19 before their Georgia's House intake or they must agree to get fully vaccinated after intake. Fully vaccinated means that the resident is up to date with her COVID-19 vaccines according to CDC guidelines, which includes getting all recommended boosters when available. All new residents will be required to present proof of vaccination and be tested for COVID-19 at intake. Anyone who tests positive will not be admitted to Georgia's House but can re-test in 10 days.

Some situations prevent residents from getting fully vaccinated before they join Georgia's House. In these situations, we may accept residents who agree to complete the CDC-recommended course of COVID-19 vaccinations. **Residents who haven't had any doses of the vaccine before intake must commit to getting their first vaccination within 5 days after intake.** Those who aren't fully vaccinated must adhere to all CDC guidelines for scheduling primary doses and boosters as the vaccine evolves. Until fully vaccinated, residents must wear masks indoors, follow social distancing guidelines, and be subject to occasional COVID-19 testing by staff. (See www.cdc.gov/coronavirus.)

Any resident who does not follow this policy will be discharged from GH. We cannot make exceptions to this policy.

Part 9: Background Check

Georgia's House will be performing a background check as part of the application process. We require your email address to run the background check. The security company will email you for details to perform the check.

Please sign and date below to acknowledge your consent to running a background check:

Name (please print): _____ Today's date: _____

Signature: _____

Your email address: _____

Part 10: Submitting This Application

Mail to our office at:
Georgia's Friends, Inc.
318 Dice Street
Charlottesville VA 22903

Or email photos of the completed application to:
info@georgiasfriendsville.org

If you have questions about this application, please call 434.284.7817. Thank you for considering Georgia's Friends.