“Providing a path to assist women in moving beyond Trafficking and addiction”.

Residential Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Mgs #\_\_\_\_\_\_\_\_\_\_

DOC #\_\_\_\_\_\_\_\_\_\_\_Release date: \_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_

COIII name & phone w/ extension\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair color: \_\_\_\_\_Height: \_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_

Sobriety Date: \_\_\_\_\_\_\_Drug of Choice\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_

Do you have to register as a Sex Offender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Dignity House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children names and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have contact with them? \_\_\_\_\_\_ Is DCS involved? \_\_\_\_\_\_\_\_\_\_\_

DCS Case Manager Name & Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want to accomplish while at Dignity House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parole/Probation officer (If known) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I give permission to Dignity house staff to contact/speak to my Parole/probation officer and/or DCS case manager. Resident signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Once this application is received by Dignity House, a face to face or phone interview will be conducted. Dignity House will contact you when application is received. If you have any questions, please feel free to call 480-236-2875.

You may email to: [dignityhousephx@gmail.com](mailto:dignityhousephx@gmail.com)

or USPS mail to: Dignity House c/o Catherine Ochoa

P.O. Box 7149

Phoenix, Az. 85011.