



First Name:

Middle Name:

Last Name:

Gender:

Female

Male

Other: (please describe)

DOB:

Social Security No:

Race/Nationality:

Phone:

Alt. Phone:

Can we leave a detailed message on your primary phone?

Yes / No

Can we leave a detailed message on your alternative phone?

Yes / No

Email Address:

Mailing Address:

Home Address:

I certify that all the information on this form is accurate to the best of my knowledge. By signing here I give Greater Impact Inc. permission to use my information to perform a background check. I understand that Greater Impact Inc. reserves the right to refuse applications based on the results of this background check.

**Applicant Signature:**



Marital Status (Select one):    Single    Engaged    Married    Separated    Divorced    Widowed

Emergency Contact Name:

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Emergency Contact No:

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Names & Ages of **ADULTS** living with you:

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Names & Ages of **Children** living with you:

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A dependent is someone who is sustained by another person, such as a child supported by his or her parents. What is your number of dependants? \_\_\_\_\_

Who referred you to Greater Impact?

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What other support systems do you have? (Circle all that apply)

Church Family

Immediate Family

Other Community Organizations  
(i.e. Love INC or HRDC)

Extended Family

Friends

Other Recovery Groups  
(i.e. A.A or N.A)

None



How long have you been using drugs and/or alcohol?

(Please list number of years) \_\_\_\_\_

How do you identify yourself?

Alcohol addicted

Alcoholic & Drug addicted

Drug addicted

Other: \_\_\_\_\_

List **ALL** the drugs and/or alcohol you have used in the past 3 years: \_\_\_\_\_

What was the last drug / alcohol use and when? \_\_\_\_\_

Sobriety Date (the date of the first day 100% without drugs or alcohol) \_\_\_\_\_

Do you have a history of seizures?

Yes / No

Are you receiving income from any of the sources listed below? (Select all that apply)

Employment

TANF

Student Loans, Grants or Scholarships

Unemployment

SNAP

None

Retirement

Child Support

Other: \_\_\_\_\_

Disability

Maintenance/Alimony

Employer's Name: \_\_\_\_\_

Employer's Contact No: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please note, the residents at the House are required to maintain employment while residing on the premises. If you are not employed, are you willing to find employment as soon as possible?

Yes / No



Probation Officer Name:

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Probation Officer No:

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Attorney Name:

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Attorney No:

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12- Step Sponsor Name:

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12-Step Sponsor No:

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Counselor Name:

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Counselor No:

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Doctor's Name:

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Doctor's No:

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CPS Case Manager Name:

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CPS Case Manager No:

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Please list your criminal record:

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Prior Treatment Facility/ Centers:

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Do you have any mental health issues or diagnoses?

If so, please describe

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Do you have any physical health/medical issues or disabilities?

If so, please describe

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Have you been prescribed any medications within 6 months?

(List ALL medications you are currently taking, and the last date taken)

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Are you required to register for any purpose?

If so, what for?

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Are there any Restraining Orders against you or by you?

If yes, who and what is your relationship?

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Is there anything more you would like to share with us?

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**Release of Information:** I certify the information I have stated is true and correct. I understand that any deliberate misrepresentation of information may subject me to denial of assistance. I hereby authorize the release of information to Greater Impact Inc. I permit Greater Impact Inc. to discuss my case with other agencies, businesses, Probation Officers, Counselors, churches, attorneys, individuals and others deemed necessary at the discretion of Greater Impact Inc. to verify the application information and/or identify additional sources of assistance.

**Applicant Signature:**

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This waiver and Release of Liability (Release) is given by the applicant, (hereinafter referred to as the "Releasor"), to Greater Impact Inc. of Bozeman, Montana, (hereinafter the "Releasee") and any affiliates. Greater Impact Inc., as a volunteer project, may provide advice and direction as a service to the Releasor. These services are provided at no charge, at cost, or at greatly reduced rates as determined by Greater Impact Inc. In consideration of the low-cost labor and material as described, the Releasor hereby agrees to release and waive any claims of any nature which may arise from the labor, materials, and work completed by Greater Impact for the benefit of the Releasor. The Releasor hereby releases, holds harmless, and forever discharges Greater Impact Inc. and its affiliates, employees, volunteers, representatives, partners, officers, assigns and/or agents and anyone claiming through them (collectively "The Released Parties"), in their individual and or corporate capacities, from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which discharge has or ever had or may in the future have against the Releasee of the Released Parties, arising out of or related to the work described above. This release shall not in any way be construed as an admission by the Releasee or the Released Parties that is acted wrongfully with respect to the Releasor or any other person, nor that it admits liability or responsibility at any time for any purpose, nor that the Releasor has any rights whatsoever against the Releasee. All parties hereto represent that each fully understands his or her right to review all aspects of this Release with an attorney of their choice, that they have had the opportunity to consult with attorneys of their choice and that they have carefully read and fully understand all the provisions of this Release and that they freely, knowingly and voluntarily enter into this Release. An agreement below indicates that the applicant acknowledges the contents of this application including each and every page of the application. The applicant's agreement indicates that he/she has read, understands, and agrees to be bound by the information contained herein.

**Applicant Signature:**

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Please send completed application to [recovery@greaterimpact.us](mailto:recovery@greaterimpact.us) or mail to P.O. Box 4199 Bozeman, MT 59772