



Personal Information

First Name: _____ Last Name: _____ Middle Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Social Security Number: _____ Cell Number: _____
Emergency Contact Person: _____ Emergency Contact Cell: _____
Race: _____ DOB(month,day,year): _____

- 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.

Signature: _____

Marital Status (Circle one): Single Married Separated Divorced Widowed

Please list other names or alias' (e.g. maiden name if married)

Do you have children? If so, pleas list their names and ages below.

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

- Church Family
- Immediate Family
- Extended Family
- Other: _____

Share Your Story

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

How do you identify yourself?

- Alcoholic
- Drug addicted
- Alcoholic & Drug addicted
- Other

List all the drugs you have used in the last 3 years.

Last drug used and when? (This information will be used to determine urinalysis in the future, so be 100% honest)

What is your Sobriety Date? (the date of the first day 100% without drugs or alcohol)

___ / ___ / ____

Do you have a history of seizures?

Probation Officer (Name & Phone Number)

Attorney (Name & Phone Number)

12-Step Sponsor (Name & Phone Number)

Counselor (Name & Phone Number)

Doctor (Name & Phone Number)

CPS Case Manager (Name & Phone Number)

Criminal Record

Prior Treatment Facility Centers

Do you have any mental health issues or diagnosis?

Do you have any known medical illnesses or disabilities?

Have you been prescribed any medications in the last 6 months? If so, which medications?

Are you required to register for any purpose? If so, for what?

Are there any restraining orders against or by you?

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

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Disability | <input type="checkbox"/> Maintenance/Alimony |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> TANF | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> SNAP | <input type="checkbox"/> Student Loans, Grants, Scholarships |

If you stated you have employment please provide place of employment, name and phone number of supervisor or owner of establishment.

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

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, 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.

Signature: _____

Waiver and Release of Liability

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 labor and various materials 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.

Releasor agrees that Greater Impact Inc. makes no warranties for the work completed or materials supplied, and that Greater Impact Inc. expressly denies any and all implied warranties for the work completed or materials supplied. Releasor accepts the repairs and improvements "AS IS."

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.

Signature: _____

**Please send completed application to recovery@greaterimpact.us
or mail to P.O. Box 4199 Bozeman, MT 59772**