

Dignity House, Inc.

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

Residential Application

Name: _____ Phone/Mgs # _____

DOC # _____ Release date: _____ DOB _____

COIII name & phone _____

Eye color: _____ Hair color: _____ Height: _____

Ethnicity: _____

Sobriety Date: _____ Drug of Choice _____ Marital Status: _____

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

Dignity House, Inc.

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 can email to: dignityhousephx@gmail.com

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

P.O. Box 7149

Phoenix, Az. 85011.