



Soulful Living for Recovery Grant Program
811 W Jericho TPKE, Suite 203 E
Smithtown, N.Y. 11787

HOLISTIC INTAKE FORM
(All information will be held in confidentiality)

Name:	
Full Name at Birth:	
Date of Birth:	
Address:	
Home Phone:	Cell Phone:
Email Address:	
Emergency Contact Name:	Emergency Contact Phone:

1. How did you hear about our healing services?

2. What attracted you to our Center's Program?

3. In one sentence, please describe why you are here?

4. Do you experience problems with addiction?

5. Is there a history of addiction in your family?

6. Are you currently working and what is your work history? (What is fulfilling about your job and/or what was fulfilling about your past jobs?)

7. What do you do in your free time?

8. Have you had any past or do you have any present medical issues (surgeries)?

9. Are you taking any medications? Including any holistic remedies?

10. Have you tried any traditional or non-holistic therapies? If so which ones and what was your experience?

11. Do you have any self-care rituals involving eating habits, meditation, yoga and/or exercise? Are there areas in which you would like to improve upon or explore?

FINANCIAL ELIGIBILITY FORM
(All information will be held in confidentiality)

Name:	
Full Name at Birth:	
Date of Birth:	
Address:	
Home Phone:	Cell Phone:
Email Address:	

1. Within the last 12 months, have you been a beneficiary of any of the following Government-sponsored assistance programs? (Circle "Yes" for any/all that apply):

- | | | |
|--|-----|----|
| ● General Assistance | Yes | No |
| ● Medicaid | Yes | No |
| ● Food Stamps/Supplemental Nutritional Assistance Program (SNAP) | Yes | No |
| ● Commodity Supplemental Food Program (CSFP) | Yes | No |
| ● Supplemental Security Income (SSI) | Yes | No |
| Yes No | | |
| ● Temporary Assistance for Needy Families (TANF) | Yes | No |
| ● Federal Public Housing Assistance (FPHA) or Section 8 | Yes | No |
| ● Low Income Home Energy Assistance Program (LIHEAP) | Yes | No |
| ● National School Lunch Program's Free Lunch Program | Yes | No |
| ● Other (if selected, provide specific details below) | Yes | No |

Provide details if "other" was selected from the list:

2.

Household Size	
Combined Annual Household Income	\$
Describe your living situation (i.e, live at home with parents, etc)	

3. Attach proof of household size and combined annual household income (e.g.; tax returns, W-2s, bank records, etc.)

4. Tell us anything else we need to know about your financial situation (i.e. extenuating circumstances that may be contributing to economic hardship).

5. I confirm that all information stated on this form, as well as the documents I have provided are, to the best of my knowledge, representative of my financial situation.

Signature: _____

Date: _____

Please email your completed application to **soulfulliving.scholarshipapp@gmail.com**