



# Soulful Living for Recovery Grant Program Application

811 W Jericho Turnpike, Suite 203 E  
Smithtown, NY 11787

<https://soufullivingcenter.com/>

[soufulliving.grantapplication@gmail.com](mailto:soufulliving.grantapplication@gmail.com)

---

## PART A - CONTACT INFORMATION

All information will be held in confidentiality.

---

Name:

Full Name at Birth:

Date of Birth:

Address:

Home Phone:

Cell Phone:

E-mail Address:

Emergency Contact Name:

Emergency Contact Phone:

Please continue on to Part B

---

---

## **PART B - INTAKE FORM**

All information will be held in confidentiality.

---

1. How did you hear about our healing services?
  
2. What attracted you to the Soulful Living for Recovery Grant 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? What is your work history?  
What is fulfilling about your job and/ or what was fulfilling about your past job(s)?
  
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?

12. What are your normal sleeping hours?  
Do you sleep well? Do you often wake up at night?
13. What are some of the major stressors in your life? How do they impact you?
14. Do you have a circle of support including family, friends, work contacts or any support programs?
15. Please list any areas in which you struggle (food, alcohol, drugs, sex, technology, shopping, relationships, and/ or gambling). Please describe how you struggle in these areas.
16. What are your treatment goals and expectations for your healing?
17. Which of the following is the MOST important to you?
- Being loved unconditionally
  - Feeling understood
  - Feeling respected and appreciated
  - Feeling reassured that everything is going to be okay
  - Having a sense of direction
18. Keeping in mind your biggest dream, what would you attempt to do if you knew you could not fail?
19. Please state in your own words: Do you believe that you are a good candidate for the Grant Program? Given limited slots and inability to accept all applicants, why should we choose you for this opportunity?

Please continue on to Part C

---

---

**PART C - FINANCIAL ELIGIBILITY**  
All information will be held in confidentiality.

---

1. Within the **last 12 months**, have you been a beneficiary of any of the following **government-sponsored assistance** programs? (Check any or all that apply)

General Assistance

Medicaid

Food Stamps/ Supplemental Nutritional Assistance Program (SNAP)

Commodity Supplemental Food Program (CSFP)

Temporary Assistance for Needy Families (TANF)

Federal Public Housing Assistance (FPHA) or Section 8

Low Income Home Energy Assistance Program (LIHEAP)

National School Lunch Program's Free Lunch Program

Other (if selected, provide specific details below)

2. Household Size

3. Combined Annual Household Income

4. Describe your living situation (e.g., live at home with parents)

5. Tell us anything we need to know about your financial situation (e.g., extenuating circumstances that may be contributing to economic hardship).

6. I understand that my **application is considered incomplete until I submit this document, along with proof of income**, (such as W-2s, bank records, proof of being a recipient of government-sponsored assistance, etc.) to [soulfulliving.grantapplication@gmail.com](mailto:soulfulliving.grantapplication@gmail.com)

YES

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

YES, Please treat this acknowledgement and my e-signature

8. Date of Submission

**REMINDER**

Your application is considered incomplete until this document, along with proof of income, are submitted to and received by [soulfulliving.grantapplication@gmail.com](mailto:soulfulliving.grantapplication@gmail.com). You will receive an automated e-mail response upon submission.