

FACT SHEET

Name: _____ Address: _____ Phone: _____

If your last name is different from the person requesting licensing, please provide the following information:

Name of person requesting license: _____

The following questions will help us in our evaluation for licensing. Please answer each questions completely.

1. Have you or anyone living in your household ever had any contact with the following:

YES NO

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Grant County Social Services and/or financial services

If yes, please check all that apply.

_____ Child Protection _____ MA/MFIP/GA _____ Child Support

_____ Chemical Dependency Services _____ Custody Study

_____ Adult Protection _____ Other: Specify

YES NO

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Other Social Service Departments

If yes, list counties and states _____

Check all that apply:

_____ Child Protection _____ MA/MFIP/GA _____ Child Support

_____ Chemical Dependency Services _____ Custody Study

_____ Adult Protection _____ Other: Specify

YES NO

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Vocational Rehabilitation.

YES NO

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Counseling

If yes, please list the agency, school, church, or clinic as well as the counselor and address.

1. _____

2. _____

3. _____

4. _____

Please explain the nature of services and duration: _____

YES NO

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Psychiatrist

If yes:

Name	Agency	Address
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Please explain the nature of services and duration: _____

YES NO

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Hospitalization for Mental Health Problems.

If yes,

Name(s) of Hospital(s)

YES NO
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Chemical Dependency Treatment and Program(s) both in and out-patient.

If yes: _____
Name(s) of Program(s) Date(s)

2. Have your or anyone in your household ever been charged or convicted with a misdemeanor or felony?

YES NO
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If yes, please provide the date(s), location(s), and type of offense.

YES NO
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Adult Probation

If yes: _____, _____
County/State Probation Officer(s)

YES NO
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Juvenile Probation

If yes: _____, _____
County/State Probation Officer(s)

I/We have read this form carefully and the information is true and complete.

Applicant Signature

Date

Co-Applicant/Spouse Signature

Date