

Please complete this form and MAIL to:

***Serenity Grove***  
***Women's Recovery House***  
***P.O. Box 1194 Athens, OH 45701***

**Interest Inquiry**

We are very pleased that you are interested in living at Serenity Grove. If some questions do not apply to you, mark them as N/A or leave them blank. We will contact you to let you know when we have received your form. If you are contacted for an interview, you will need to **bring a valid photo ID, insurance information, past assessments, and/or discharge papers.** Questions?

Call: 740-592-1178 or email: serenitygrove4r@gmail.com

---

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

---

Preferred Name(s) Last \_\_\_\_\_ First Name \_\_\_\_\_ Other names you have used \_\_\_\_\_

---

Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current age \_\_\_\_\_ Social Security No \_\_\_\_\_

Phone numbers (cell) \_\_\_\_\_ May we leave a message? yes no (other

#) \_\_\_\_\_ May we leave a message? yes no

E-mail \_\_\_\_\_ May we send you e-mail? yes no

**How did you learn about Serenity Grove or who referred you?** \_\_\_\_\_

---

---

**What is (are) your main reason(s) for being interested in living at Serenity Grove?**

---

---

*Please use the other side if you need more room for any answer.*

---

---

---

---

**What is your desired arrival date/time frame for living at Serenity Grove?**

---

---

Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Please use the other side if you need more room for any answer.*