SOULFUL LIVING FOR ADDICTION & LONG TERM RECOVERY

RECOVERY GRANT APPLICATION

PLEASE NOTE: Your application **WILL NOT BE CONSIDERED FINAL** until proof of income (tax returns, W-2's and bank records) is submitted to **info@SoulfulLivingCenter.com**.

Applicant Information

First Name

Last Name *

Full name at birth *

Date of birth (mm/dd/yyyy) *

Street Address

Address Line 2

City / State / ZIP

Home Phone

Cell Phone

Email *

Recovery & Program Fit

How did you hear about our Soulful Recovery Program?

What attracted you to this program specifically?

In one sentence, please describe why you are here.

What area of your life are you currently seeking to restore or heal? (e.g., physical health, emotional well-being, life transition, or personal habits).

How long have you been on this specific journey of recovery or personal growth?

How long have you been living in a way that prioritizes your wellness and healing?

Program Commitment: Are you able to dedicate the necessary time and resources (including reliable transportation and time availability) to fully participate in this six-month program?

Integrative Openness: Our program takes an approach where all services work together. Are you open to fully participating in all the holistic modalities offered (e.g., yoga, meditation, energy medicine, coaching)?

Health & Current Care

Do you have any chronic medical or physical conditions? If so, please share any relevant details.

What past or current treatments have you undergone for your condition(s)?

Are you currently taking any prescribed medications? If so, please list them.

Are you using any holistic or alternative remedies as part of your healing journey? If so, please list them.

Advocacy & Support: Have you ever felt a lack of support or understanding from the traditional medical or professional community? If so, please describe your experience.

Gaps in Care: Are there any gaps in your current support system? (e.g., lack of access to specialists, financial barriers, or treatment limitations.)

Current Management: How do you currently manage your health and well-being on a daily basis?

Access Challenges: Have you experienced any specific challenges in accessing the care or resources you need to feel whole?

Lifestyle, Support & Goals

Professional Background: Are you currently working? What is your work history? What do you find fulfilling about your current or past professional roles?

Leisure: What do you enjoy doing in your free time that brings you joy or peace?

Self-Care Rituals: Do you have any self-care rituals involving eating habits, meditation, yoga, or exercise? Are there areas you would like to improve or explore?

Sleep & Rest: What are your normal sleeping hours? Do you feel well-rested, or do you experience frequent disruptions?

Stress Factors: What are some of the major stressors in your life, and how do they impact your ability to heal?

Support System: Do you have a circle of support (family, friends, work contacts, or other community programs)?

Healing Vision: What are your personal goals for this journey? How do you envision this program supporting your well-being, and what outcomes would feel most meaningful to you?

Priority: Which is most important to you right now? Physical Vitality / Emotional Balance / Community Connection / Spiritual Growth

The "No-Fail" Quest: Keeping in mind your biggest dream, what would you attempt to do if you knew you could not fail?

Financial Information

Household Size:

Combined Annual Household Income:

Living Situation: (e.g., renting, home ownership, living with family, etc.)

Tell us anything else we need to know about your financial situation (e.g., extenuating circumstances or barriers that make integrative care difficult to afford).

Required Documentation & Confirmation

Proof of income (Required): tax returns, W-2's and bank records. Submit documentation to **info@SoulfulLivingCenter.com**.

Full Name / Signature Confirmation *

Date *

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