



GRANT APPLICATION

Applicant's Name: *(print)* _____

Applicant's Phone Number: _____

Address: _____

Date of Birth: _____

Employer's Name: _____

Employer's Phone Number: _____

If you are not employed, are you physically able to work? _____

Monthly Income: _____ Monthly Expense: _____

Are you currently in or recently in treatment for chemical dependency? Yes or No

If yes, where are you currently in treatment? _____

Primary counselor's name and contact information: _____

Have you been accepted to a support living facility or halfway house? Yes or No

Name of Facility: _____

Address: _____

Contact Person: _____

Telephone Number: _____



The primary function of Metro Drug Coalition's Recovery Housing Support Fund is to assist individuals in need of a support-living facility or a halfway house that will aid them in their recovery from alcohol and/or drug addiction.

I understand this is a grant for the Metro Drug Coalition Housing Support Fund. This grant is not required to be paid back, however, the fund is always open to donations if the individual wishes to pay back what was granted to them.

Applicant's Signature

Date

Checks and money orders are to be made to **Metro Drug Coalition** and mailed or delivered to:

Metro Drug Coalition
Attn: Recovery Housing Support Fund
4930 Lyons View Pike
Knoxville, TN 37919

Signature of Metro Drug Coalition Staff Member Approving Grant Application:

Staff Member

Date

Check # _____ issued on _____ by _____

Bookkeeper