



**GRACE HOME APPLICATION  
COVER SHEET**

**APPLICANT INFORMATION**

<b>Name:</b> _____ <small>(First) (Middle) (Last)</small>		
<b>Prison:</b>	<b>Address:</b>	
<b>OPUS#:</b>		
<b>Case Manager Name:</b>		
<b>Case Manager Contact Phone#:</b> (     ) -		
<b>Projected Release Date:</b>		

**Please ensure that all items above are completed and clearly legible.**

**Fax this cover sheet, along with the first page of your application to Prison Aftercare  
Christian Ministries at:**

**Fax:** (919) 508-6810

*Include all pages of your application following this cover page → → → → → → →*