Thank you for your interest in coming to Freedom House. We would be honored to work with you on your recovery journey, however we take the screening process seriously so please read all of the information carefully and follow the steps below:

**Step 1** Read all information and complete the entire application. You must fill all of the application out yourself. Give as much detail as possible so as not to delay your application process. Once completed, please mail the application to:
Freedom House, Post Office Box 38215, Greensboro, NC 27438.

**Step 2** If it is determined that we can adequately meet your needs in our program, someone will be in contact with you within two business days of receiving your application.
Please answer all questions honestly so we may know how best to help you. **Please do not leave any blanks in your application.** If a question is not applicable to you please put N/A next to it.

**General Information:**

Name: ___________________________  Date: _______________  Phone: (_____) - ____ - ______

Email: ___________________________  Date of Birth: _______________  Age: ______

Present Address: ___________________  City: _______________  State: _____  Zip: ______

List all names and relationships of those you are currently living with:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

How long have you been living at this location? ___________________________

City, State and County of Birth Place: ___________________________  Social Security Number: ___________________________

Driver’s License Number: ___________________________  Driver’s License Expiration Date: _______________

Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed □ In a Relationship

Height: ______  Weight: ______

Race: □ White □ Black or African American □ Hispanic or Latino □ Native American □ Asian or Pacific Islander □ Other

How did you hear about us? □ DSS □ Court □ Parents □ Friends □ Internet □ Other (Specify): ___________________________

**Financial Assistance:**

Do you receive any type of financial assistance? □ Yes □ No  If yes, state the amount you receive: ___________________________

If you are admitted into our program, who might help you with your financial needs during your stay? ___________________________

**Children:**

How many children do you have? _________  Who has legal custody of your children? ___________________________

Who are they currently living with? ___________________________

List names and ages of all your children:

Name: ___________________________  Age: _______________

Name: ___________________________  Age: _______________

Name: ___________________________  Age: _______________

Who will you allow to be involved with your children while they are living with you at Freedom House? ___________________________

Are you currently pregnant? □ Yes □ No  Approximate Due Date: ___________________________

Have you used any drugs during this pregnancy? □ Yes □ No  If yes, list all used: ___________________________

What involvement do you anticipate the birth father having with you during your pregnancy? ___________________________

Have you ever used drugs during past pregnancies? □ Yes □ No  If yes, list all used: ___________________________

Have you ever had an abortion? □ Yes □ No  If yes, explain the situation: ___________________________

Number of full-term pregnancies: _________  Number of Miscarriages: _________  Number of total pregnancies: _________

Do you have normal periods? □ Yes □ No  If no, explain: ___________________________

What type of birth control are you currently using: ___________________________
Family:

Addiction and other mental health issues can be caused by genetics. It is extremely important that we get as much information as possible about your family in order to best help you in your recovery process.

Parents Name(s): __________________________________________ Telephone #: (___) - ____ - ____
Address: __________________________ City: ____________ State: __________ Zip: __________

<table>
<thead>
<tr>
<th>Relative/Name</th>
<th>Age</th>
<th>Emotional Problems</th>
<th>Health Problems</th>
<th>Drug &amp; Alcohol Problems</th>
<th>Living/Deceased</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother:</td>
<td></td>
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<td></td>
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<tr>
<td>Father:</td>
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<tr>
<td>Sister(s):</td>
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<tr>
<td>Brother(s):</td>
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</tbody>
</table>

Please list any additional family issues that you may be aware of: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Relationship Status:

As you are probably very aware, your intimate relationships greatly effect your addiction. It is extremely important that we receive as much information as possible in order to best help you in your recovery process.

Please give specifics about ALL past or current relationships: (Use back of the page if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Education:

Highest level of education completed: _________ Did you graduate from high school? □ Yes □ No If you did not complete high school, did you obtain your GED? □ Yes □ No Did you have any learning difficulties while in school? □ Yes □ No If yes, explain: ____________________________________________________________
**Employment History:**

Are you currently employed? □ Yes □ No  If yes, explain: ____________________________

Please list all your employment history: __________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

**Personal/Medical History:**

**Current Medications:**
List all medication that you are currently taking:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>For how long?</th>
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</table>

**Medical Treatment:**
List all hospitalizations, surgeries, or any other treatment that you have received below:

<table>
<thead>
<tr>
<th>Disease/Injury</th>
<th>Inpatient/Outpatient</th>
<th>Length of Treatment</th>
<th>Discharge Date</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Psychological Treatment:**
List all mental health treatment(s) you have received below:

<table>
<thead>
<tr>
<th>Diagnosis/Disorder</th>
<th>Inpatient/Outpatient</th>
<th>Length of Treatment</th>
<th>Discharge Date</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Substance Abuse Treatment:**
List all substance abuse treatment(s) you have received below:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Inpatient/Outpatient</th>
<th>Length of stay</th>
<th>Did you complete? If no, explain</th>
<th>Discharge Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Have you ever had any problems or been diagnosed with any of the conditions below:

<table>
<thead>
<tr>
<th>Problems</th>
<th>Y</th>
<th>N</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Anemia</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Asthma/shortness of breath</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Back problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Black out spells</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Chickenpox</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Constipation</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Diarrhea</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Epilepsy</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Gonorrhea</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Hearing loss</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Heart problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>High or low blood pressure</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>HPV</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Insomnia</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Kidney problems</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Liver problems</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Mouth pain</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Pneumonia</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Scales/sores</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sinus problems</td>
<td>☐</td>
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<tr>
<td>Syphilis</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Have you ever had any problems or been diagnosed with any of the conditions below:

<table>
<thead>
<tr>
<th>Problems</th>
<th>Y</th>
<th>N</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>☐</td>
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<tr>
<td>Bi-polar disorder</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Borderline personality disorder</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Dissociative identity disorder</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Depression</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Eating disorder</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>OCD</td>
<td>☐</td>
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<tr>
<td>Panic attacks</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>PTSD</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Schizophrenia</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
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</tbody>
</table>
**Personal:**

Have you ever attempted suicide? □ Yes □ No If yes, explain: ___________________________

Has this ever required hospitalization: □ Yes □ No If yes, explain: __________________________

Have you ever attempted self-harm? □ Yes □ No If yes, explain: __________________________

Has this ever required hospitalization? □ Yes □ No If yes, explain: __________________________

Have you ever been a victim of abuse? □ Yes □ No If yes, complete the following information:

- Sexual Molestation: □ Yes □ No Frequency/Duration: ___________________________ Age: __________
- Rape: □ Yes □ No Frequency/Duration: ___________________________ Age: __________
- Physical Abuse: □ Yes □ No Frequency/Duration: ___________________________ Age: __________
- Mental Abuse: □ Yes □ No Frequency/Duration: ___________________________ Age: __________
- Verbal Abuse: □ Yes □ No Frequency/Duration: ___________________________ Age: __________

**Drug Use:**

How did you support your alcohol/drug use? □ Stealing □ Dealing □ Friends □ Family □ Sexual Favors □ Other: ___________________________

How much money have you been spending on alcohol/drugs each week? ___________________________

What is the longest period of time that you have been alcohol/drug free? ___________________________

**Substance Use:**

**Please indicate use of the following substances.**

What do you consider your drug of choice? ___________________________ Date of last use: __________

**Alcohol:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Quantity: __________
- Date of last use: __________
- Black outs: □ Yes □ No

**LSD/Hallucinogens:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Narcotics:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Cocaine:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Marijuana:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Other Drugs:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Heroin:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________

**Methamphetamines:**

- Age of first use: __________
- Frequency of use: __________
- Length of use: __________
- Method of use: __________
- Quantity: __________
- Date of last use: __________
Legal Background:

Have you ever been arrested? ☐ Yes ☐ No If yes, please explain: _________________________________

Have you ever been charged with assault? ☐ Yes ☐ No If yes, please explain: _______________________

Have you ever been charged with child abuse or neglect? ☐ Yes ☐ No If yes, please explain: ___________

Have you ever been charged with a violent crime? ☐ Yes ☐ No If yes, please explain: __________________

Are you currently on probation? ☐ Yes ☐ No If yes, Length of time remaining? _______________________

Do you have any current legal charges pending? ☐ Yes ☐ No If yes, please explain: ____________________

Do you have an attorney? ☐ Yes ☐ No If yes, please explain: ________________________________________

_____________________________________________________________________________________

Spiritual:

Were you raised going to church? ☐ Yes ☐ No If yes, what denomination: ___________________________

Do you presently attend church? ☐ Yes ☐ No If yes, name of church: _______________________________

Do you currently attend any type of spiritual group? ☐ Yes ☐ No If yes, please explain: __________________

__________________________________________________________________________________________

Personal Statement:

Please write a personal statement of no less than 100 words including the answers to all the following questions. First, how your drug use has effected your children, your education, your employment, your housing, your self esteem, and your relationships. Secondly, how would you describe your understanding about God? Lastly, why have you chosen to come to Freedom House? (Use additional paper if necessary)__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

With this signature, I am stating that I have truthfully filled this application out myself. I have given all truthful information filling out this packet. I understand that if Freedom House determines I have not answered these questions truthfully or I have withheld information, it may be considered grounds for refusal to or dismissal from the program.

Signature: ___________________________________________ Date: __________________________
FREEDOM HOUSE
 Release for Admissions

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of the Freedom House. Information regarding such matters cannot be given without the written consent of the applicant.

Name of Applicant: ______________________________________ Date: ____________________

I, ________________________________, do hereby give permission for Freedom House to share information related to my application process to the following:

1. Name: ___________________________ Relation: _____________________________
2. Name: ___________________________ Relation: _____________________________
3. Name: ___________________________ Relation: _____________________________
4. Name: ___________________________ Relation: _____________________________
5. Name: ___________________________ Relation: _____________________________

__________________________________________
Signature of Applicant Date

__________________________________________
Signature of Witness Date

__________________________________________
Witness Printed Name Witness Phone Number

__________________________________________
Witness Address
FREEDOM HOUSE
Criminal Record and Sexual Offender Inquiry

I, ________________________________, hereby give Freedom House permission to obtain my criminal record. I understand that should there be any illegal activity Freedom House has concerns about, I will not be accepted into the program.

Signature: ___________________________________________ Date: _______________________
Applicant’s Full Printed Name: __________________________________________________________
Maiden Name (If applicable): __________________________________________________________
Social Security Number: _______ - ______ - _______ Date of birth: ________________________
Drivers License Number: ____________________________________________________________ State: __________
Primary Address: _________________________________________________________________
City: ________________________ State: __________________ Zip: ___________________

List the addresses, cities and states which you have resided for the previous seven years:

Address: ___________________________________ City: ________________ State: _______
Address: ___________________________________ City: ________________ State: _______
Address: ___________________________________ City: ________________ State: _______
Address: ___________________________________ City: ________________ State: _______