FREEDOM HOUSE

Admission Application

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

Step 1:

Please read all the information and complete the **ENTIRE** application. You must fill out **ALL** of the application yourself. Give as much detail as possible to prevent delay in your application process. Once completed, please email the application to: **operations@helpfreedomhouse.org.**

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. You will then participate in a screening before you receive an admission date.

Please answer *<u>all</u>* *questions honestly.* ***<u>Please do not leave any blanks in your application.</u>*** *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: ________________ 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: ______________

Relative/Name	Age	Emotional Problems	Health Problems	Drug & Alcohol Problems	Living/ Deceased	Cause of Death
Mother:						
Father:						
Sister(s):						
Brother(s):						

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

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: ____

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Personal/Medical History:

Current Medications:

List all medication that you are currently taking:

Medication	Reason	For how long?

Medical Treatment:

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

Disease/Injury	Inpatient/Outpatient	Length of Treatment	Discharge Date

Psychological Treatment:

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

Diagnosis/Disorder	Inpatient/Outpatient	Length of Treatment	Discharge Date

Substance Abuse Treatment:

List all substance abuse treatment(s) you have received below:

Program Name	Inpatient/Outpatient	Length of stay	Did you complete? If no, explain	Discharge Date

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

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

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

Problems	Y	N	If yes, please explain
ADD/ADHD	□	□	
Anxiety	□	□	
Bi-polar disorder	□	□	
Borderline personality disorder	□	□	
Dissociative identity disorder	□	□	
Depression	□	□	
Eating disorder	□	□	
OCD	□	□	
Panic attacks	□	□	
PTSD	□	□	
Schizophrenia	□	□	
Other	□	□	

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/Fentanyl:
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 affected 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)

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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:** ______________________

Release of Information 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

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: _______
Address: _________________________________ City: _______________ State: _______