

Freedom House Ministries FHM

Resident Application

Physical Address: 176 Chalybeate Road Bedford, PA 15522

Mailing Address: 790 Echo Vale Drive, Bedford PA 15522

www.freedomhouseministriespa@gmail.com

(814) 803-1020

Dear Potential Resident,

Thank you for your interest in Freedom House Ministries, a Christ Centered Residential Addiction Recovery Center. Enclosed please find an application for your completion, as well as the program and a commitment letter.

The program is a 12 month 4 phase program followed by up to 90 days of onsite independent living. Please read this information carefully, fill out the application and sign the commitment letter, and then mail the application and commitment to Freedom House Ministries. Please wait a period of 5 days to be sure the information has reached our office and call us to set up a date and time for your telephone intake interview.

When you come to Freedom House Ministries, you will have an opportunity to choose a new way of living. You will learn how to live in victory and forgiveness and learn to overcome fear and wrong attitudes. You will have the opportunity to be set free from the negative and self-destructive lifestyle that brought you to Freedom House.

This is a major decision for you. Please consider all the guidelines and vision of the program.

If you have any questions, please feel free to call. We are looking forward to the opportunity of serving you, loving you and showing you the light and love of Jesus Christ.

Very Sincerely,

Freedom House Ministries FHM

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Date of Application

PERSONAL INFORMATION

Name _____
Last First Middle

Street address _____

City _____ State _____ Zip Code _____

Telephone Contact _____

Age _____

What is the reason you are interested in coming to the Men's Recovery Center?

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____ Telephone Contact _____

Street address, City, State, Zip code _____

Telephone Contact _____

FAMILY RELATIONSHIPS

____ Single ____ Married ____ Separated ____ Divorced ____ Widower

If married, Name of Spouse _____

Do you have children? ____ Yes ____ No If yes, how many? _____

ACADEMIC HISTORY

Do you have a High School Diploma? ____ Yes, ____ No

GED ____ Yes, ____ No

How would you rate your reading/comprehension skills ____ Good ____ Fair

____ Poor ____ Learning Disability

SEXUAL HISTORY AND PREFERENCE (please check any/all sexual history)

____ Heterosexual ____ Homosexual ____ Bisexual

Have you ever had a homosexual or bisexual relationship? ____ Yes ____ No

Drug/Alcohol History

Please list the chemicals including alcohol used in the past and presently using

Drug	Age Began	Maxium Frequency of usage	Last Used
Alcohol			
Marijuana			
Barbiturates			
Amphetamines			
Cocaine			
Heroin			
Hallucinogenic			
Other (specify)			
Tobacco Use			

Have you ever overdosed? ____ Yes ____ No

If yes, was it accidental or intentional? Please explain:

Please list name of previous drug/ alcohol Treatment/Detoxification Centers:

1. Date of admission: _____ Name of Treatment Center _____

Address _____

Length of program _____ Did you successfully complete _____

If you did not complete, what was the reason? _____

2. Date of admission: _____ Name of Treatment Center _____

Address _____

Length of program _____ Did you successfully complete _____

If you did not complete, what was the reason? _____

3. Date of admission: _____ Name of Treatment Center _____

Address _____

Length of program _____ Did you successfully complete _____

If you did not complete, what was the reason? _____

LEGAL HISTORY

Have you ever been arrested? ____ Yes ____ No

If yes, please indicate the number of times that you have been charged for the following crimes:

Other _____

Do you have any pending charges? ____ Yes ____ No

If yes, please complete the following:

Date arrested/charged _____ State arrested in _____

List of present charges _____

Court date _____ Do you have an attorney? ____ Yes ____ No

If yes, please provide the following:

Name _____ Phone number _____

Address _____

Are you presently on probation/parole? _____ Yes _____ No

If yes, what are the charges _____

Date probation/parole began _____

Date probation/parole scheduled to end _____

Please give name, telephone number, and address of current probation/parole officer:

Name _____ Phone number _____

EMOTIONAL/MENTAL/PSYCHIATRIC HEALTH

Have you ever been evaluated or treated by a psychiatrist or other mental health professional? _____ Yes _____ No

Diagnosis _____

Current Medications (including dosage) _____

Check any of the following which you have been diagnosed. List age symptoms began.

_____ Depression	Age _____
_____ ADHD	Age _____
_____ PTSD	Age _____
_____ Anxiety/ Panic Disorder	Age _____
_____ Personality Disorder	Age _____
_____ OCD	Age _____
_____ Phobias	Age _____
_____ Mood Disorder	Age _____
_____ Bipolar Disorder	Age _____
_____ Schizophrenic	Age _____
_____ ADD	Age _____

Have you ever had thoughts of harming yourself or anyone in any way? ____ Yes ____ No

Did you have a plan? ____ Yes ____ No

If yes, were you under the influence? ____ Yes ____ No

Please explain _____

HEALTH AND MEDICAL HISTORY

Do you have Health Insurance? ____ Yes ____ No

If yes, please supply copy (front & back) of insurance cards. Attach to application.

Do you have a regular Primary Care Physician? ____ Yes ____ No

If yes, please complete the following:

Name: _____ Phone: _____

Fax: _____

Address _____

Do you have any history of seizures? ____ Yes ____ No

If yes, date of last seizure: _____

Date of last physical examination _____

Do you have any medical or dental concerns or physical disabilities? ____ Yes ____ No

Please describe all medical and dental concerns:

If you have dental needs, can they be taken care of after leaving the Freedom House Ministries? ____ Yes ____ No

Are you currently taking any prescribed medications? ____ Yes ____ No

1. Name of medication _____ Dosage _____ Reason for medication _____

How long have you been taking this medication? _____

2. Name of medication _____ Dosage _____ Reason for medication _____

How long have you been taking this medication? _____

3. Name of medication _____ Dosage _____ Reason for medication _____

How long have you been taking this medication? _____

4. Name of medication _____ Dosage _____ Reason for medication _____

How long have you been taking this medication? _____

EMPLOYMENT HISTORY

Are you currently employed? ____ Yes ____ No If yes, how long? _____

If no, please list reason _____

Will your employment be in jeopardy by coming to Freedom House Ministries?
____ Yes ____ No

Are you certified or licensed in any particular area? ____ Yes ____ No

If yes, what _____

REFERRAL/ CHURCH INFORMATION

Applicant's church affiliation _____

Location _____ Name of Pastor _____

Pastor's Phone Number _____

Referred to the Ladies Recovery Center by _____

Relationship _____ Phone Number _____

Address _____

Freedom House Ministries Program Rules & Commitment Letter

The program at the Freedom House is very structured to help you become a more disciplined person in every area of your life. If you have a sincere desire for change, you can make all the adjustments necessary to see life changed. At Freedom House, you will have many opportunities to grow in the area of friendships, communication and learning to love and serve others. As you are making your decision about coming to Freedom House, there are a few rules you will want to consider (a complete set of rules will be furnished upon arrival).

Everyone participates in all activities unless given special permission to be excused by the staff member in charge. This includes but not limited to: classes, prayer chapel, counseling (one on one and group), faith crates, bible studies, exercise, household chores, etc.

Discipline for disobedience and wrong attitudes will be given. Extra work details, restriction from privileges, essays and even dismissal will be used, if necessary. You may be subject to dismissal from the program for the following behavior:

1. Using drugs, alcohol or cigarettes or having them in your possession
2. Leaving the property without permission
3. Being continuously uncooperative
4. Physical assault of staff, volunteer, visitor, or other residents

Mail: Residents may be asked not to correspond with individuals who have proven to be a negative influence, or are connected to past problems.

Residents are not allowed to have personal cars, motorbikes, pets, bicycles, weapons, record players, radios, televisions, cell phones, computers or any electronic devices.

Money: All money in your possession upon arrival will be turned over to FHM intake staff and a signed receipt given to you. This is for your own protection. You will have necessary access to your own money when needed.

All visitors must complete BALM classes and visits must be approved in advance by the Program Director.

I have completed the application and have read the Short Version of the Rules of the program. I understand that this program is a structured program and after careful consideration, I commit to entering Freedom House Ministries at the earliest convenience of which the program can accept me. I understand that if the program is currently full, I will be kept on a waiting list and I will be contacted when availability opens for me to enter. In the meantime, I understand that I can remain in contact with the Program Director for updates and encouragement.

Applicant's Signature

Date of Application