

FREEDOM HOUSE



MINISTRIES

790 ECHO VALE DRIVE • BEDFORD, PA 15522 • 814-494-2949

APPLICATION FOR ADMISSION

Date of Application: _____

PERSONAL INFORMATION

Name _____ Date of Birth _____
Last First Middle

Current Age _____

Address _____

Phone Number _____

What is the reason you are interested in coming to Freedom House Ministries?

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____ Phone Number _____

Address _____

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 AND ALCOHOL HISTORY

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

Drug	Age Began	Max. 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? ____ Yes ____ No

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? ____ Yes ____ No

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? ____ Yes ____ No

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:

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

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 and attach to application.

Do you have a regular Primary Care Physician? Yes No

If yes, please complete the following

Physician 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 Freedom House Ministries?

Yes No

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

1. Name of medication _____ Dosage _____

Reason _____

Length of time taking _____

2. Name of medication _____ Dosage _____

Reason _____

Length of time taking _____

3. Name of medication _____ Dosage _____

Reason _____

Length of time taking _____

Name of medication _____ Dosage _____

Reason _____

Length of time taking _____

EMPLOYMENT HISTORY

Are you currently employed ____ Yes ____ No

If yes, how long? _____

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 so, explain _____

CHURCH INFORMATION

Applicant's Church Affiliation _____

Location _____ Name of Pastor _____

Pastor's Phone Number _____

REFERRAL INFORMATION

Referred By _____ Relationship _____

Address _____

Phone Number _____