



Dear Applicant,

Thank you for taking the time to apply to FreedomWorks.

Please follow the instructions below. Be sure to completely fill out the application and all other supportive documents.

- Please review the FreedomWorks Covenant. If you agree to the standards set forth we encourage you to fill out the remainder of the documents needed to process your application.
- Review the Release of Information and terms of the security deposit.
  - If you chose not to sign the release of information we cannot continue to process your application.
  - We are willing to work out a payment plan with all eligible applicants to become current on financial obligations to FreedomWorks if you are not able to make a payment towards the security deposit and/or rent.
- Completely fill out the FreedomWorks residential application. Failure to completely fill in information requested only delays the process of setting up an interview and/or acceptance to FreedomWorks.
- Make sure to fill out and attach all other documentation. This includes: Risky places, People & Behaviors, References (if you have them), Copies of completed classes (if available), a Written Story of what led you to incarceration and any other supporting documents that will support your desire to change.

After you have completely filled out all documents, please email it to [intake@myfreedomworks.com](mailto:intake@myfreedomworks.com), or fax or mail it Attention: Intake to the information provided below.

Upon receiving your completed application, you will be notified of your status within two weeks.

**FreedomWorks**

(612) 522-9007

(612) 588-9917 Fax

[intake@myfreedomworks.com](mailto:intake@myfreedomworks.com)

3559 Penn Ave N

Minneapolis, MN 55412

## **FreedomWorks Resident Covenant Agreement**

*If you will worship God with your life, you will experience a peace, a joy and a contentment that can only come from knowing Him.*

*The purpose of this covenant is to help you, the resident, grow closer to God through His Son Jesus Christ by following basic biblical principles in; accountability, transparency, and community through new relationships in Christ.*

*We want to help you develop the disciplines that will enable you to live an abundant life in Christ. As staff, our call is to assist Him in doing this by guiding you in new relationships, support systems, a safe and encouraging living environment, as well as other services whenever possible. Upon completing FreedomWorks you will have been trained up in Christ, have a solid Christ Centered support system and have gained independence, making it possible for you to support yourself financially when your stay at FreedomWorks is complete.*

I agree to reside at FreedomWorks for at least **six months**, unless I am terminated in accordance with the terms stated in this covenant agreement. If I decide to leave after six months, I must submit a written notice. I understand that I will owe FreedomWorks the monthly financial obligation through the end of the next full month. (*i.e.: With notice given on May 1<sup>st</sup>, the financial obligation is owed through the end of May. With notice given on May 10<sup>th</sup>, the financial obligation is owed through the end of June.*) **Initials** \_\_\_\_\_

I agree to pay the FreedomWorks monthly financial obligation of \$ 400 while living at FreedomWorks. I also agree to pay a security deposit of \$400. **Initials** \_\_\_\_\_

I agree to share in the care and maintenance of the FreedomWorks building as requested and to do assigned tasks on Thursday Night Connection nights. I also agree to do assigned jobs at outreach functions on or off campus. I will be accountable to the FreedomWorks staff and/or appointed persons for my work assignments. **Initials** \_\_\_\_\_

I understand that a \$100 fee will be added to my monthly financial obligation to FreedomWorks if I do not complete the tasks previously described. Warnings will be given for not completing the assigned tasks. Upon the third violation within a 30-day period I will be required to pay the \$100 myself. **Initials** \_\_\_\_\_

I understand that I will be sharing a room with one other resident. I also understand that my ability to move into a single room is a privilege that is earned, and will only occur after FreedomWorks staff has determined that I have earned that privilege. **Initials** \_\_\_\_\_

**I understand that FreedomWorks is NOT housing. Initials** \_\_\_\_\_

Because FreedomWorks is a recovery ministry, I agree to provide a urine analysis (UA) at staff's request. UA's must be provided within one hour of request or it will be considered positive. A positive UA can result in immediate termination. Once a UA has been requested, residents cannot leave the main floor until the UA has been provided. **Initials** \_\_\_\_\_

I understand that FreedomWorks desires to be a smoke free ministry. If I do smoke, I agree to smoke only at designated times and locations either on the property or at any FreedomWorks event. **Initials** \_\_\_\_\_

I will not use any beverages containing alcohol (beer, wine, or spirits) or abuse any prescription or non-prescription drugs at any time while at FreedomWorks. **Initials** \_\_\_\_\_

I agree to inform FreedomWorks staff of any medications that I have been prescribed before and during my stay at FreedomWorks. I also agree to sign a release of medical information prior to moving in to the FreedomWorks apartment. I agree to inform FreedomWorks staff of any medications due to mental illness and the name of the medication and the prescribing doctor's name. **Initials** \_\_\_\_\_

I agree to make all curfew times while I am at FreedomWorks. I further agree to get permission from the designated staff person before making any commitments to overnight elsewhere. I understand that my key will be deactivated if I miss a curfew. **Initials** \_\_\_\_\_

I understand that female guests are not allowed in residents' apartments at Freedom**Works**. All visiting will be held in the Welcome Back Center. Only Freedom**Works** residents are allowed to stay overnight. **Initials** \_\_\_\_\_

I agree not to be involved in a relationship that will hinder my relationship with Christ. If I do become involved in an unhealthy relationship, I may be asked to end the relationship as a contingency to remain at Freedom**Works**. **Initials** \_\_\_\_\_

I agree to comply with all requirements of Phases 1 through 4. I understand that failure to comply with these requirements may result in immediate termination. **Initials** \_\_\_\_\_

I agree to meet one-on-one with my biblical mentor weekly. If I do not have a mentor, I will accept the mentor Freedom**Works** assists in providing. I also agree as part of my participation that my mentor will be assuming a role of holding me accountable towards fulfilling and completing the Freedom**Works** Phases. **Initials** \_\_\_\_\_

I agree to build, maintain and follow a monthly budget plan while at Freedom**Works**. **Initials** \_\_\_\_\_

I agree to obtain suitable, full-time employment within one month of residing at Freedom**Works**. I agree to comply with the daily Employment Verification Sheets (EVS) until I find full-time employment. I also know that failure to comply with terms of seeking employment and/or EVS will be grounds for termination from Freedom**Works**.

**Initials** \_\_\_\_\_

I agree to participate in all required activities of the Freedom**Works** Ministry. **Initials** \_\_\_\_\_

I understand that Freedom**Works** reserves the right to make changes and or adjustments to the covenant as needed. **Initials** \_\_\_\_\_

**I, (Print Name) \_\_\_\_\_, have read and understand the above Covenant. It is my desire to abide by the terms set forth in this agreement during my stay at FreedomWorks. I also understand that not keeping this covenant will mean termination from FreedomWorks, in which I will be asked to return my keys and to leave immediately. If terminated, I will have 24 hours to gather my personal property. If personal property is not picked up within 24 hours, it will be put in storage and I agree to pay any storage and any associated fees in order to get my property back.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

FW Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

***Now fear the Lord and serve him with all faithfulness. Throw away the gods your forefathers worshipped beyond the river and in Egypt, and serve the Lord. But if serving the Lord seems undesirable to you, then choose for yourselves this day what you will serve, whether the gods your forefathers served beyond the river or the gods of the Amorites, in whose land you are living. But as for this house, we will serve the Lord. Joshua 24:14-15***



## Release of Information Authorization Form

Applicant's full name \_\_\_\_\_  
First Middle Initial Last

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: 000-00-\_\_\_\_

I \_\_\_\_\_ authorize FreedomWorks staff the right to speak to individuals, referrals and/or agencies regarding my acceptance to ~~the~~ FreedomWorks.  
(print name)

I also authorize FreedomWorks staff to review and/or to receive mental health, physical health and probation/parole records upon request.

### I understand that:

1. My health information is protected by Federal Confidentially Rules (42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances as outlined in FreedomWorks policies. I also understand that I have the right to inspect and receive a copy of my treatment records that may be disclosed to others as provided under applicable state and federal laws.
2. I can revoke this authorization in writing at any time by providing a written notification to FreedomWorks, except to the extent that action has been taken in reliance on it. This authorization will expire two years from the date below, unless I request an earlier revocation in writing.
3. Communications resulting from this authorization will reveal that I have received or have attempted to receive services at FreedomWorks Post Prison Outreach.
4. Federal confidentiality regulations prohibit disclosure of information.
5. While participating at FreedomWorks I cannot revoke the authorization release of information. I can however revoke this authorization upon leaving FreedomWorks.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FreedomWorks Staff: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I chose to revoke this authorization.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Security Deposit Return Policy

**Release of the damage and security deposit is subject to the following conditions:**

1. A minimum of 6 months of participation at Freedom**Works** is required
2. A written 30-day notice to leave Freedom**Works** must be given on or before the first day of a month prior to moving out. (i.e.: notice on or before April 1<sup>st</sup> to leave on May 1<sup>st</sup>) The full financial obligation must accompany the notice. Proper notice and the final month's payment must be made on time or you will lose your security deposit.
3. Participants will be financially responsible for any damages to the building or property beyond normal wear and tear.
4. Prior to moving out, the entire living unit, including closets, carpet and window treatments, must be cleaned. Bathroom and kitchen, including refrigerator and stove, must be cleaned, in cooperation with your apartment mates.
5. All late charges or delinquent financial obligations must be paid in full.
6. Any debris, rubbish and discards must be placed inside the proper disposal containers in the alley. Nothing should be outside of these containers.
7. A forwarding address must be left with the Freedom**Works** staff for the purpose of mailing out a check to cover any portion of the security deposit to be refunded. Your security deposit will be refunded by check and mailed to your forwarding address within two weeks.
8. All keys must be returned. A \$25.00 fee will be charged for each lost or non-returned key.

**Failure to follow any of the above conditions will result in the full or partial loss of the security deposit.**

Resident \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Freedom**Works** Staff \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## FreedomWorks Resident Application

FreedomWorks staff will review the application materials. An interview with you may be requested. At the end of the review process, FreedomWorks staff will promptly send you a letter to advise you of their decision.

**Please Print**

### Personal Information

Applicant name \_\_\_\_\_ OID # \_\_\_\_\_  
First Middle Initial Last

SRD: \_\_\_/\_\_\_/\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Phone # \_\_\_-\_\_\_-\_\_\_ Email \_\_\_\_\_

### Criminal History

Due to insurance restrictions, those convicted of sexual offenses and/or arson are **not** eligible to be part of FreedomWorks. You may, however, continue to apply for all other services. **All information must be filled out.**

On a separate sheet of paper please tell your story of what led you to your current and past incarcerations.

Conviction(s): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Conviction(s): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Conviction(s): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Current County of commit: \_\_\_\_\_ Are you on Intensive Supervised Release? Y / N

**Do you have any current or pending charges?** \_\_\_\_\_

Conditions of release \_\_\_\_\_

Supervised Release date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Case Worker's name \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_

Parole Officer's name \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_

Probation Officer's name \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_

### Medical History

**You must sign a release of medical information form** prior to an interview for possible acceptance into FreedomWorks. This will allow FreedomWorks to communicate with medical personnel in case of an emergency or other reasons for your consideration. **All information must be filled out.**

Doctor(s) name: \_\_\_\_\_

Name(s) of prescription(s) you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for mental health issues? Y / N If yes, please list all dates, locations and the conditions you were treated for: \_\_\_\_\_

**Addictions**

Have you ever been addicted to any form of drugs or alcohol? Y / N

Please list your drugs of choice \_\_\_\_\_

**Date of last drug use:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of last drink:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been in a drug or alcohol treatment program? Y / N Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program name & location: \_\_\_\_\_ Did you complete it? Y / N

Program name & location: \_\_\_\_\_ Did you complete it? Y / N

**Other addictive behaviors** (co-dependency, overeating, spending, sex, impulsive behavior, etc)?

\_\_\_\_\_ Have you ever been treated for this? Y / N Do you feel you need treatment for this Y / N

**Support** (Sponsor, accountability partners, mentor, others) available to you when you are released or with whom you are currently involved:

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

**Employment**

**Do you have a resume? Y/N**

Most recent job: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Skills: \_\_\_\_\_

Type of job and career would you like to pursue: \_\_\_\_\_

**Education**

Do you have a High School Diploma or GED? \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

College Credits: \_\_\_\_\_ College Degree: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

List classes you have completed while in prison: *Attach a copy of any certificates you received.*

\_\_\_\_\_

**Faith Journey** Circle one: **Seeking** **Avoiding** **Growing**

List activities involving faith that you are currently involved in:

\_\_\_\_\_

\_\_\_\_\_

Describe your faith journey: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goals and Action Plans**

Faith Action Plan: \_\_\_\_\_

Recovery Action Plan:  
\_\_\_\_\_

Employment Action Plan:  
\_\_\_\_\_

Reconciling with Family/Children \_\_\_\_\_  
\_\_\_\_\_

Other Goals: \_\_\_\_\_

Action Plan: \_\_\_\_\_

**Why are you interested in participating at FreedomWorks?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If you are not accepted at FreedomWorks, what other alternatives do you have for housing?**

\_\_\_\_\_

**Write a brief story of your upbringing.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Assessment**      **Please circle**

Valid MN Drivers Licenses Y / N    If No, please describe what you will have to do for it to become valid? \_\_\_\_\_

\_\_\_\_\_

Do you own a car Y / N    Do you have clothes Y / N    Challenges to obtain them?

\_\_\_\_\_

Do you owe community service? Y / N    Hours \_\_\_\_\_ Do you owe restitution Y / N, amount \$ \_\_\_\_\_

Have been involved in a gang? Y / N    **Past**    **Present**

Do you have any personal challenges of living in N. Minneapolis? \_\_\_\_\_

Marital status: \_\_\_\_\_ married \_\_\_\_\_ single    \_\_\_\_\_ involved    \_\_\_\_\_ separated    \_\_\_\_\_ divorced

Number of children: \_\_\_\_\_ Child support in place Y / N    Do you owe arrears Y / N    Arrears \$ \_\_\_\_\_



**References**

**Attach written references from at least 2 people** on the list below; Biblical Counselor, caseworker, Chaplain, Pastor, Mentor, Bible Study leader, job supervisor, or other program staff person.

*All information requested should be filled out to the best of your ability.*

**Referrals**

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Corrections Chaplin: \_\_\_\_\_ Phone: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mentor: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Church you may attend: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read the FreedomWorks Resident Covenant Agreement and agree to live by the established guidelines. I authorize you to contact my counselors, caseworkers, parole officer and any other supportive team member if additional information is needed.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail copies of the following documents with this application:**

1. Signed **Covenant Agreement**.
2. Signed **“Release of Information”** for (medical, support team and references).
3. References (**2 written references or contact information**).
4. **List of classes, seminars and support groups** you attended during your incarceration and or treatment.
5. **Your written story of what led you to your incarceration or situation.**
6. Completed **“People, places and behaviors”**.
7. Copy of your **“Release Plan and or Relapse Prevention Plan**.

## Risky Relationships, Places and Behaviors

**Applicant:** \_\_\_\_\_

**People you need to stay away from:** People that either trigger you towards relapse or enable you to in [live](#) an unhealthy lifestyle. (We are not looking for general titles: drug dealers, bartenders etc... We are looking for specific first name and last initial).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Places that you need to stay far from:** These are parts of town that promote relapse, trigger old behaviors and lifestyle; and are associated to the names above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Behaviors:** These are unhealthy attitudes, emotions or impulses when displayed could lead to relapse.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**People that should be contacted when you are involved in any of the above;**

- |          |                    |                    |   |   |
|----------|--------------------|--------------------|---|---|
| 1. _____ | Relationship _____ | Contact info _____ | - | - |
| 2. _____ | Relationship _____ | Contact info _____ | - | - |
| 3. _____ | Relationship _____ | Contact info _____ | - | - |
| 4. _____ | Relationship _____ | Contact info _____ | - | - |