



Resident Housing Application

Our Living environment provides our residents with adequate structure and accountability with enough freedom to manage their own lives, while complying with the expectations of the FreedomWorks Recovery Community. FreedomWorks staff will review the application and promptly send you a letter with our decision in two weeks.

Date of Application: _____

Desired move in date: _____

Personal Information:

Resident full name: _____

Social security Number: _____

Date of Birth: _____

Email: _____

Phone: _____

Married: **Y** **N**

Number of children: _____

Address

Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Do you have a Valid Driver's License? **Y** **N** License Number: _____

Do you own your own Vehicle? **Y** **N**

Year: _____ Make: _____ Model: _____ License plate Number: _____

What is your Interest in FreedomWorks? (Check all that apply)

Christ-Centered Spiritual Growth Sober Housing Independence Skills Self-Pay Housing
 Intensive Outpatient Treatment Connection with others Housing in a Recovery Community

Criminal History:

Have you Ever been Incarcerated? **Y** **N** Date of Release? _____ Total time in? _____

Are you currently on Probation/Parole? **Y** **N** Are you on Intensive Supervised Release? **Y** **N**

Have you ever been convicted of a sexual offense? **Y** **N** Do you have to register for any offenses? **Y** **N**

Do you have any current or pending charges? **Y** **N**

Medical History:

Please list the medications you are taking: (Attach sheet if needed)

Mental Health Diagnosis if any? _____

Are Handicap accommodations necessary? **Y** **N** Please list: _____

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Your Recovery:

Addiction type(s)

_____ Alcohol _____ Gambling _____ Drugs _____ Other (please specify): _____

Drugs used: _____

Drug of choice: _____

Date of last use: _____

Past Treatment:

Last Treatment Center: _____ Did you successfully complete the program? Y N

If Yes, when completed: _____ If No, why left: _____

Do you have a sponsor? Y N

Name: _____ Phone Number: _____

Email: _____

Employment:

Are you employed? _____ If yes, Employer: _____

Job title: _____ Monthly Income: _____

Do you have any other income (SSI, SSDI, Unemployment, etc.) Y N

If yes, what is the monthly income? _____

I currently have: _____ GA _____ GRH

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Who Referred you to us? _____

Authorization:

By continuing, you agree that your signature is the legally binding. You will not, at any time in the future, repudiate the meaning of your signature or claim that your signature is not legally binding.

I authorize FreedomWorks staff to contact my counselors, caseworker, parole officer and other supportive team member for additional information if needed.

Applicant: _____ Date: _____

Release of Information Authorization

Applicant's full Name: _____

Date of Birth: _____ Social Security #: _____

I (Print Name) _____ authorize FreedomWorks staff with the right to speak to individuals, referrals and/or agencies. My information is protected by Federal confidentiality rules (42 CFR Part 2; and /or HIPPA, 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.

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. Communications resulting from this authorization will reveal that I have received or have attempted to receive accommodations at FreedomWorks. Federal confidentiality regulations prohibit disclosure or information. While living in the FreedomWorks Community, I cannot revoke the authorization release of information. I can, However, revoke this authorization upon Leaving FreedomWorks.

Applicant Signature: _____

Date: _____

Office Use only:

Freedom works Staff Signature: _____ Date: _____

I chose to revoke this authorization

Participant Signature: _____ Date: _____