



In Custody Participant Application

Return the completed application to your case manager for submission via one of the following methods:

Email: intakes@myfreedomworks.com

Fax: 612-588-9917

FreedomWorks provides our participants with adequate structure and accountability to maintain sobriety, while still giving them enough freedom to manage their lives and comply with FreedomWorks program expectations. FreedomWorks staff will review your application and promptly contact your case manager to arrange a phone interview.

Date of Application: _____

Release date: _____

Date of last Use: _____

Who Referred to us? _____

Personal Information:

Applicants full name: _____

Date of Birth: _____

OID: _____

Facility: _____

Social Security # _____

SSN needed for funding eligibility determination.

Email: _____ Phone: _____

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

Married: **Y** **N** Number of children: _____

Case Manager/Release Planner: To be completed by facility staff

Case Manager: _____ Email: _____ Phone: _____

Release Planner: _____ Email: _____ Phone: _____

Supervising Agent: _____ Email: _____ Phone: _____

Which FreedomWorks program are you applying for?

___ Christ-Centered Reentry & Aftercare Program ___ Intensive Outpatient-Certified Recovery Residence

___ Board & Lodge (GRH) Program

Criminal History:

Date of Release? _____ Sentence Expiration? _____ Total time in? _____

Will you be 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**

Are you or have you ever been convicted of arson? **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 Diagnoses, 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(s) of choice: _____

Past Treatment:

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

If yes, when completed: _____ If No, why not? _____

Do you have a sponsor? **Y N**

Name: _____ Phone Number: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Release of Information Authorization

Applicant's full Name: _____

Date of Birth: _____

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 program records that may be disclosed to others as provided under applicable state and federal laws.

Communications resulting from this authorization will reveal that I have received or have attempted to receive programmatic lodging at FreedomWorks. Federal confidentiality regulations prohibit disclosure of information. While I am part of the FreedomWorks programmatic lodging community, I cannot revoke the authorization to release information. I can, however, revoke this authorization upon leaving FreedomWorks. I can revoke this authorization in writing by providing a written notification to FreedomWorks, except to the extent that action has been taken in reliance on it.

Applicant Signature: _____

Date: _____

Reviewed By:

FreedomWorks Staff Signature: _____ Date: _____