



**Program Application**

***Please print all responses. Answer all questions completely unless directed otherwise. Use “N/A” (not applicable) for all questions that do not apply to you.***

***Please also sign and complete the attached Consent Form and Criminal History Check Form. These documents are required for admission.***

***Submit this completed application on our website at [freedfromwithin.org](http://freedfromwithin.org).***

**Contact Information**

Full legal name \_\_\_\_\_

Jail/Prison ID # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home address \_\_\_\_\_

City, State, zip code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Vehicle Model \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

**Current Family**

Marital status ( ) single ( ) married ( ) separated ( ) divorced ( ) widow how long?

Spouse's name: \_\_\_\_\_

Do you have children? \_\_\_\_\_



Names and ages: \_\_\_\_\_

\_\_\_\_\_

How much contact do you have with your child(ren)? \_\_\_\_\_

**Educational and Employment History**

Last grade completed in school: \_\_\_\_\_ Do you have: \_\_\_\_\_ a High School diploma  
\_\_\_\_\_ GED

Current Employer: \_\_\_\_\_

Title or occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Hire date: \_\_\_\_\_ Work schedule shift: \_\_\_\_\_ night \_\_\_\_\_ evening \_\_\_\_\_ day \_\_\_\_\_  
swing

What job skills do you have? \_\_\_\_\_

Are you self-employed? \_\_\_\_\_

List your most recent 2 employers and, if you are no longer employed, the reason you  
are currently unemployed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you on? \_\_\_\_\_ disability \_\_\_\_\_ SSI \_\_\_\_\_ retirement/pension



**Financial History**

What debts or financial amends do you owe? List in order of importance.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

What is your current child support obligation? \_\_\_\_\_ Are you behind on child support?  
\_\_\_\_\_

**Addiction History**

Are you presently clean and sober? \_\_\_\_\_ If so, how many days? \_\_\_\_\_

What is your longest period of abstinence? \_\_\_\_\_

List all street drugs you have used both past and present. \_\_\_\_\_  
\_\_\_\_\_

List all over the counter and prescribed medications that you currently take. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your drug of choice? \_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment for alcohol or drugs and when? \_\_\_\_\_



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List the facility name(s). \_\_\_\_\_

Have you ever participated in a sober living program? Where and when?  
\_\_\_\_\_  
\_\_\_\_\_

Please list 3 reasons you use alcohol or drugs. Be as honest as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Legal History**

Your currently incarcerated? \_\_\_\_\_

Are you currently on parole or probation? \_\_\_\_\_ What charges?  
\_\_\_\_\_  
\_\_\_\_\_

If so what county/ counties? \_\_\_\_\_

Are you currently out on bond, furlough, or released on own recognizance?  
\_\_\_\_\_

Do you have any pending cases? \_\_\_\_\_ What charges?  
\_\_\_\_\_  
\_\_\_\_\_



List all felony and misdemeanors you have ever been arrested or convicted of. Continue on the back of this page if necessary.

Arrest/Charge (regardless of conviction) (Yes or No)	Date	Convicted
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many of your arrests have been alcohol or drug related? \_\_\_\_\_

Are you court ordered to this program? \_\_\_\_\_

List name and phone number of probation or parole office. \_\_\_\_\_

Have you ever committed violent offenses? List: \_\_\_\_\_

\_\_\_\_\_

Have you ever committed sexual offenses? List: \_\_\_\_\_

\_\_\_\_\_



**Medical History**

Do you have any physical disabilities? \_\_\_\_\_

If so what disabilities? \_\_\_\_\_

Is there a history of mental illness in your family? \_\_\_\_\_

Have you ever seen a psychiatrist? \_\_\_\_\_

Have you ever been diagnosed as ( ) borderline or anti-social personality disorder:

( ) bi-polar ( ) schizophrenic ( ) clinical depression ( ) Other \_\_\_\_\_

**Spiritual and Religious History**

Do you or have you ever attend(ed) church or religious services? \_\_\_\_\_

Do you feel your life has a purpose? \_\_\_\_\_ What gives your life meaning? \_\_\_\_\_

Do you believe in a Higher Power? Why or why not? \_\_\_\_\_

How do you feel about religion and spirituality? \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone \_\_\_\_\_ work \_\_\_\_\_ cell/other \_\_\_\_\_



### **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are complete and true. I understand that if I am accepted, I must read FFW's rules and agree to those entrance conditions. I also agree to submit to drug/alcohol screenings or test anytime requested. All expenses owed FFW must be paid on time. I will hold FFW free from, and indemnify and defend FFW, from all liability for fire, theft, and personal injury while an FFW program participant. Any false statements, omissions, other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name \_\_\_\_\_

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

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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