



FREED FROM WITHIN, Inc.
P.O. BOX 851, CORYDON, IN 47112
(812) 738-7779 (812) 620-3987
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.*

Personal Information (Must provide proof of COVID-19 Vaccination)

1. Date _____ 2. Social Security No. _____

3. Name _____
Last First Middle

4. Jail/prison ID Number _____

5. Date of Birth _____

6. Phone Number _____ 7. Message Number _____

8. Emergency Contact: (Name/Address/Phone) _____

9. Address (if currently incarcerated, name of institution) _____

10. Address after release _____

11. Family Background:

Your current marital status (circle only one)

Married Separated Divorced Widowed Single (never married)

Do you have children? (If yes list names, ages, and where they reside) _____

12. Your current status (circle only one)

Incarcerated Served out Parole Probation No criminal record

Other

Explain other: _____

13. When do you expect to be released? _____ When did you become incarcerated?

14. Will you be on probation after parole? _____

15. In what county will you be on probation or parole? _____

16. For what are you currently incarcerated?

17. Have you received any write-ups while incarcerated? _____

EDUCATION

18. Explain the nature of each level of formal education listed below that you have pursued (names of institutions, dates, whether completed, degrees and diplomas, major courses of study, etc.)
High School/G.E.D. Vocational Training College.

High School / G.E.D. _____
College _____
Vocational Training _____
Other _____

19. In which of the following programs did you participate while in jail/prison?

(Check all that apply).

G.E.D. College Vocational Training Drug or Alcohol treatment

Sex offender program Violent offender program AA

Other _____

WORK HISTORY

20. What job skills do you have? _____

21. When, where, and how long was you most recent employment? _____

22. List other employment you've had in the past:

OTHER INFORMATION

23. Why are you interested in residing at Freed From Within?

MEDICAL

24. Have you ever participated in treatment or counseling when not incarcerated?

(Circle one) Yes No

25. Have you ever participated in treatment or counseling while in Jail/prison?

(Circle one) Yes No

26. Have you ever been diagnosed with having psychological or emotional problems?

(Circle one) Yes No

If so please list the nature of your illness_____

27. List the names, dosages, and frequencies of doses of all prescription medication you currently take or have been advised to take:

28. Which of the following apply to you? (Check all that apply)

- Diabetes
- Hypertension (High Blood Pressure)
- Seizures
- Cancer
- AIDS/HIV Positive

- Hepatitis A, B or C (Circle one or more)
- Sexually Transmitted Disease
- Heart problems
- Allergies
- TB
- Other Serious Illnesses

29. Please list how you heard about FFW or who referred you to the program:

30. Please list anything else you would like us to know about you:

Signed _____

Date _____