



**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 \_\_\_\_\_

S.S.N. \_\_\_\_\_ Jail/Prison ID # \_\_\_\_\_

Reason for application \_\_\_\_\_

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

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

Work phone \_\_\_\_\_ Other phone \_\_\_\_\_

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

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

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

Biological/Step family

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Step/foster parent's \_\_\_\_\_ Are your parents still living? \_\_\_\_\_

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P.O. Box 851  
Corydon, Indiana 47112



How many siblings and/or step-siblings do you have? \_\_\_\_\_ siblings \_\_\_\_\_ step-siblings

Are you the oldest, middle, or youngest child? \_\_\_\_\_

How would you describe your relationship with your parents (even if deceased)? Are they supportive of you?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Who are you closest to in your family and why? \_\_\_\_\_

**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)? \_\_\_\_\_

In a few sentences, describe how you believe alcohol or drugs has affected you and your family life.

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**Educational and Employment History**

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

Do you have plans for more education? \_\_\_\_\_

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

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

Address \_\_\_\_\_

Hourly wage or salary: \_\_\_\_\_ Annual income: \_\_\_\_\_

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

How many times have you been fired from a job? \_\_\_\_\_ Are you able to  
work? \_\_\_\_\_

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

Are you self-employed? \_\_\_\_\_ Estimated annual income? \_\_\_\_\_

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**

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

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

**Other Income**

Do you receive any military pay or pension? \_\_\_\_\_ Do you have a savings or checking account? \_\_\_\_\_

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

Do you receive unemployment benefits or workman's composition? \_\_\_\_\_

Do you receive payment from social security, insurance policies, retirement funds, pensions, trusts, structured settlement, disability, or any other income source? \_\_\_\_\_

**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. \_\_\_\_\_



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Do you enjoy drinking alcohol? \_\_\_\_\_ Do you enjoy smoking pot? \_\_\_\_\_  
\_\_\_\_\_

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

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What is the date of the last time you used any mind or mood-altering substance? Be specific about the substance used, how it was used and the date you used it. \_\_\_\_\_

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In a paragraph or two describe your earliest memory of using alcohol or drugs. Include who you were with, how you felt, and what happened? \_\_\_\_\_

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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?

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What do you know and how do you feel about Alcoholics Anonymous/Narcotics Anonymous?

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

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

List 3 pressures or reasons that are driving you to Freed From Within.

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

**Legal History**

Your current status (circle only one) Incarcerated   Served Out   Parole   Other  
Probation   No criminal record   Other: \_\_\_\_\_

When do you expect to be released? \_\_\_\_\_

Will you be on probation after parole? \_\_\_\_\_

In what county will you be on probation or parole? \_\_\_\_\_

For what are you currently incarcerated? \_\_\_\_\_

Have you received any write-ups while incarcerated? \_\_\_\_\_



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? \_\_\_\_\_ Are you on pretrial, probation, or parole? \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

### **Physical and Mental Health**

Family doctor: List: \_\_\_\_\_

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Do you have health insurance? Policy # \_\_\_\_\_ Name if Insurer \_\_\_\_\_  
\_\_\_\_\_

List any current physical conditions or medical problems. \_\_\_\_\_  
\_\_\_\_\_

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

Have you ever been referred or sought counseling for yourself or someone 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? \_\_\_\_\_  
\_\_\_\_\_

### **Psychosocial History**

Is it difficult to be yourself around others? \_\_\_\_\_ Who is in control of our life today? Explain. \_\_\_\_\_





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When you are around authority figures do you feel you have to give in to them all the time? \_\_\_\_\_

Why? \_\_\_\_\_

Do you feel pressure to defend yourself when you are around authority figures? \_\_\_\_\_

Explain. \_\_\_\_\_

**Emergency Contact**

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

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

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

**Letter of Interest**

On separate pages of paper, please write or type a letter of interest that includes at least the following:

- Why are you interested in FFW?
- Why would you be a good candidate for FFW?
- What are your goals?
- Do you want to become a follower of Jesus Christ and, if so, why?
- What do you think following Jesus Christ means?



### **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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**FFW Criminal History/Driver Record Check**

Authorization & Request Form

I am applying to participate in the Freed From Within program. I understand and authorize Freed From Within to perform a Criminal History Check as well as a Driver Records Check as part of the application process. I further acknowledge that on the application I have already disclosed all information that may be reported back on these reports. I understand that depending on the position(s) I work in, periodic or additional criminal history checks and driver record checks may be required and I authorize these future updates as long as I remain a Freed From Within program participant. I have also been informed by Freed From Within that my application is contingent on the information contained in these clearance checks and could be rescinded if I have failed to properly disclose to them on my application.

**To Be Completed by Applicant:**

Date: \_\_\_\_\_ Printed Name \_\_\_\_\_

SSN: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

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**EXIT INFORMATION FOR OFFICE USE**

Admittance ( ) approved ( ) denied Date \_\_\_\_\_ By \_\_\_\_\_

Comments:

Completion Date:

Sponsor:

Home group:

Work:

Work phone:

Comments:

Contact numbers:

Termination Record:

Departure date:

Reason:

Work record in the house:

Work record outside of the house:

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