FREEDOM HOUSE



790 ECHO VALE DRIVE • BEDFORD, PA 15522 • 814-494-2949

APPLICATION FOR ADMISSION

Date of Applicati	on:			
PERSONAL I	NFORMATIO	ON		
Name				Date of Birth
I	_ast	First	Middle	
Current Age				
Phone Number				
What is the reaso	n you are intere	sted in coming to	Freedom House Mini	stries?
EMERCENCY	CONTACT	INFORMATIO	NA	
EMERGENCY Name				
			her	
_				
FAMILY REL				
Single	Married	Separated	DivorcedWie	dower
If married, name	of spouse			
Do you have chile	dren?Y	esNo	If yes, how many)
ACADEMIC H	IISTORY			
Do you have a Hi	igh School Dipl	oma?Yes	No	
GEDYes _				
How would you i	rate your readin	g/comprehension	skills?	

Heterosexual	_HomosexualBis	exual	
		ship?YesNo	
•		sinp:10s10	
RUG AND ALCOHO	L HISTORY		
lease list the chemicals in	cluding alcohol used in the	e past and presently using.	
Drug	Age Began	Max. Frequency of Usage	Last Used
Alcohol		- Sange	
Marijuana			
Barbiturates			
Amphetamines			
Cocaine			
Heroin			
Hallucinogenic Other (Specify)			
Omer Goechy)			
Tobacco Use	YesNo		
Tobacco Use Have you ever overdosed? f yes, was it accidental or i		1:	
Tobacco Use Have you ever overdosed?	intentional? Please explair		
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Tobacco Use Have you ever overdosed? f yes, was it accidental or in the second secon	us drug/alcohol treatmen Name of Treatmen	nt/detoxification centers ment Center	
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Tobacco Use Iave you ever overdosed? If yes, was it accidental or it Please list name of previous Date of admission Address Length of program If you did not complete, where	us drug/alcohol treatmen Name of Treatmen Did you s nat was the reason?	nt/detoxification centers ment Center	esNo
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Length of program	3. Date of admission Name of Treatment Center
LEGAL HISTORY Have you ever been arrested?YesNo If yes, please indicate the number of times that you have been charged for the following crimes: Do you have any pending charges?YesNo If yes, please complete the following: Date arrested/charged State arrested in List of present charges Po If yes, please provide the following Name Phone number No If yes, please provide the following Name Phone number Address Are you presently on probation/parole? Yes No If yes, what are the charges? Po Date probation/parole began Date probation/parole scheduled to end Phone number Address give name, telephone number, and address of current probation/parole officer Name Phone number	Address
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Diagnosis	Have you ever been evaluated or treated by a psychiatrist or other mental health professional?
	YesNo
Current Medications (including dosage)	Diagnosis
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Check any of the following which you have been diagnosed. List age symptoms began.

Depression	Age
ADHD	Age
PTSD	Age
Anxiety/Panic Disorder	Age
Personality Disorder	Age
OCD	Age
Phobias	Age
Mood Disorder	Age
Bipolar Disorder	Age
Schizophrenic	Age
Have you ever had thoughts of harming yourse	elf or anyone in any way?YesNo
Did you have a plan?YesNo	If yes, were you under the influence?YesNo
Please explain	
OP	
HEALTH AND MEDICAL HISTORY	
Do you have health insurance?Yes	No
If yes, please supply copy (front & back) of in-	surance cards and attach to application.
Do you have a regular Primary Care Physician	.?YesNo
If yes, please complete the following	
Physician Name	
•	
PhoneFax	
Address	
Do you have any history of seizures?Ye	esNo
If yes, date of last seizure	
Date of last physical examination	
Do you have any medical or dental concerns of	r physical disabilities? Yes No
Please describe all medical and dental concern	5
If you have dental needs, can they be taken car	re of after leaving Freedom House Ministries?
Yes No	

Are yo	ou currently taking any prescribed med	lications?Yes	No
1.	Name of medication		Dosage
	Reason		
	Length of time taking		
2.	Name of medication		Dosage
	Reason		
	Length of time taking		
3.	Name of medication		Dosage
	Reason		
	Length of time taking		
	Name of medication		Dosage
	Reason		
	Length of time taking		
If yes, Will y Are yo	ou currently employedYes how long? four employment be in jeopardy by cor ou certified or licensed in any particula explain	ming to Freedom House	e Ministries?YesNo No
CHU	RCH INFORMATION		
Applie	cant's Church Affiliation		
Locati	on	Name of Pastor	
Pastor	's Phone Number		
REF	ERRAL INFORMATION		
Refer	red By	Relationship	
	SS		
	Number		