

# **Freedom House Ministries FHM**

## **Resident Application**

**Physical Address: 176 Chalybeate Road Bedford, PA 15522**

**Mailing Address: 790 Echo Vale Drive, Bedford PA 15522**

**[www.freedomhouseministriespa@gmail.com](mailto:www.freedomhouseministriespa@gmail.com)**

**(814) 803-1020**

Dear Potential Resident,

Thank you for your interest in Freedom House Ministries, a Christ Centered Residential Addiction Recovery Center. Enclosed please find an application for your completion, as well as the program and a commitment letter.

The program is a 12 month 4 phase program followed by up to 90 days of onsite independent living. Please read this information carefully, fill out the application and sign the commitment letter, and then mail the application and commitment to Freedom House Ministries. Please wait a period of 5 days to be sure the information has reached our office and call us to set up a date and time for your telephone intake interview.

When you come to Freedom House Ministries, you will have an opportunity to choose a new way of living. You will learn how to live in victory and forgiveness and learn to overcome fear and wrong attitudes. You will learn how to live in victory over life controlling issues through faith in Jesus Christ.

This is a major decision for you. Please consider all the guidelines and vision of the program.

If you have any questions, please feel free to call. We are looking forward to the opportunity of serving you, loving you and showing you the light and love of Jesus Christ.

Very Sincerely,

# Freedom House Ministries FHM

## Resident Application

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\_\_\_\_\_  
Date of Application

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Street address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Contact \_\_\_\_\_

Age \_\_\_\_\_

What is the reason you are interested in coming to the Men's Recovery Center?

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone Contact \_\_\_\_\_

Street address, City, State, Zip code

\_\_\_\_\_  
\_\_\_\_\_

Telephone Contact \_\_\_\_\_

### FAMILY RELATIONSHIPS

\_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widower

If married, Name of Spouse \_\_\_\_\_

Do you have children? \_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_\_\_

### ACADEMIC HISTORY

Do you have a High School Diploma? \_\_\_ Yes, \_\_\_ No

GED \_\_\_ Yes, \_\_\_ No

How would you rate your reading/comprehension skills \_\_\_ Good \_\_\_ Fair

\_\_\_ Poor \_\_\_ Learning Disability

### SEXUAL HISTORY AND PREFERENCE (please check any/all sexual history)

\_\_\_ Heterosexual \_\_\_ Homosexual \_\_\_ Bisexual

Have you ever had a homosexual or bisexual relationship? \_\_\_ Yes \_\_\_ No

### Drug/Alcohol History

Please list the chemicals including alcohol used in the past and presently using

Drug	Age Began	Maxium Frequency of usage	Last Used
Alcohol			
Marijuana			
Barbiturates			
Amphetamines			
Cocaine			
Heroin			
Hallucinogenic			
Opioids			
Tobacco Use			
Other (Specify)			

Have you ever overdosed? \_\_\_ Yes \_\_\_ No

If yes, was it accidental or intentional? Please explain:

\_\_\_\_\_

**Please list name of previous drug/ alcohol Treatment/Detoxification Centers:**

1. Date of admission: \_\_\_\_\_ Name of Treatment Center \_\_\_\_\_

Address \_\_\_\_\_

Length of program \_\_\_\_\_ Did you successfully complete \_\_\_\_\_

If you did not complete, what was the reason? \_\_\_\_\_

2. Date of admission: \_\_\_\_\_ Name of Treatment Center \_\_\_\_\_

Address \_\_\_\_\_

Length of program \_\_\_\_\_ Did you successfully complete \_\_\_\_\_

If you did not complete, what was the reason? \_\_\_\_\_

3. Date of admission: \_\_\_\_\_ Name of Treatment Center \_\_\_\_\_

Address \_\_\_\_\_

Length of program \_\_\_\_\_ Did you successfully complete \_\_\_\_\_

If you did not complete, what was the reason? \_\_\_\_\_

**LEGAL HISTORY**

Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate the number of times that you have been charged for the following crimes:

Other \_\_\_\_\_

Do you have any pending charges? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

Date arrested/charged \_\_\_\_\_ State arrested in \_\_\_\_\_

List of present charges \_\_\_\_\_

Court date \_\_\_\_\_ Do you have an attorney? \_\_\_\_ Yes \_\_\_\_ 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 \_\_\_\_\_

Date probation/parole began \_\_\_\_\_

Date probation/parole scheduled to end \_\_\_\_\_

Please give name, telephone number, and address of current probation/parole officer:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

### EMOTIONAL/MENTAL/PSYCHIATRIC HEALTH

Have you ever been evaluated or treated by a psychiatrist or other mental health professional? \_\_\_\_ Yes \_\_\_\_ No

Diagnosis \_\_\_\_\_

Current Medications (including dosage) \_\_\_\_\_

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 _____ |
| _____ ADD                     | Age _____ |

Have you ever had thoughts of harming yourself or anyone in any way? \_\_\_\_ Yes \_\_\_\_ No

Did you have a plan? \_\_\_\_ Yes \_\_\_\_ No

If yes, were you under the influence? \_\_\_\_ Yes \_\_\_\_ No

Please explain \_\_\_\_\_

\_\_\_\_\_

### **HEALTH AND MEDICAL HISTORY**

Do you have Health Insurance? \_\_\_\_ Yes \_\_\_\_ No

**If yes, please supply copy (front & back) of insurance cards. Attach to application.**

Do you have a regular Primary Care Physician? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address \_\_\_\_\_

Do you have any history of seizures? \_\_\_\_ Yes \_\_\_\_ No

If yes, date of last seizure: \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Do you have any medical or dental concerns or physical disabilities? \_\_\_\_ Yes \_\_\_\_ No

Please describe all medical and dental concerns:

\_\_\_\_\_

\_\_\_\_\_

If you have dental needs, can they be taken care of after leaving the Freedom House Ministries? \_\_\_\_ Yes \_\_\_\_ No

Are you currently taking any prescribed medications? \_\_\_ Yes \_\_\_ No

1. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

How long have you been taking this medication? \_\_\_\_\_

2. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

How long have you been taking this medication? \_\_\_\_\_

3. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

How long have you been taking this medication? \_\_\_\_\_

4. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

How long have you been taking this medication? \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Are you currently employed? \_\_\_ Yes \_\_\_ No If yes, how long? \_\_\_\_\_

If no, please list reason \_\_\_\_\_

Will your employment be in jeopardy by coming to Freedom House Ministries?  
\_\_\_ Yes \_\_\_ No

Are you certified or licensed in any particular area? \_\_\_ Yes \_\_\_ No

If yes, what \_\_\_\_\_

### **REFERRAL/ CHURCH INFORMATION**

Applicant's church affiliation \_\_\_\_\_

Location \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Pastor's Phone Number \_\_\_\_\_

Referred to Freedom House Ministries by \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## **Freedom House Ministries Program Rules & Commitment Letter**

The program at the Freedom House is very structured to help you become a more disciplined person in every area of your life. If you have a sincere desire for change, you can make all the adjustments necessary to see life changed. At Freedom House, you will have many opportunities to grow in the area of friendships, communication and learning to love and serve others. As you are making your decision about coming to Freedom House, there are a few rules you will want to consider (a complete set of rules will be furnished upon arrival).

Everyone participates in all activities unless given special permission to be excused by the staff member in charge. This includes but not limited to: classes, prayer chapel, counseling (one on one and group), faith crates, bible studies, exercise, household chores, etc.

Discipline for disobedience and wrong attitudes will be given. Extra work details, restriction from privileges, essays and even dismissal will be used, if necessary. You may be subject to dismissal from the program for the following behavior:

1. Using drugs, alcohol or cigarettes or having them in your possession
2. Leaving the property without permission
3. Being continuously uncooperative
4. Physical assault of staff, volunteer, visitor, or other residents

Mail: Residents may be asked not to correspond with individuals who have proven to be a negative influence, or are connected to past problems.

Residents are not allowed to have personal cars, motorbikes, pets, bicycles, weapons, record players, radios, televisions, cell phones, computers or any electronic devices.

Money: All money in your possession upon arrival will be turned over to FHM intake staff and a signed receipt given to you. This is for your own protection. You will have necessary access to your own money when needed.

All visitors must complete BALM classes and visits must be approved in advance by the Program Director.

I have completed the application and have read the Short Version of the Rules of the program. I understand that this program is a structured program and after careful consideration, I commit to entering Freedom House Ministries at the earliest convenience of which the program can accept me. I understand that if the program is currently full, I will be kept on a waiting list and I will be contacted when availability opens for me to enter. In the meantime, I understand that I can remain in contact with the Program Director for updates and encouragement.

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Applicant's Signature

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Date of Application