

FREEDOM HOUSE

Admission Application

Thank you for your interest in coming to Freedom House. **Please read all of the information carefully and follow the steps below:**

Step 1 Complete Application – Read all information and complete the entire application and all applicable forms. You must fill out the entire application yourself. Give as much detail as possible so as not to delay your application process. **Mail the application and forms to Freedom House, PO Box 38215, Greensboro NC 27438. Wait two days, and then call to inquire if we received the application.**

Step 2 Interview – We will schedule a phone or face-to-face interview upon receiving your completed application if we feel we will be able to meet your needs in our program. Interviews last approximately two hours.

Step 3 Additional Forms– Needed after Interview

- Fill out Maternity form if you are pregnant.
- Fill out a form for each child you wish to be considered for admission to Freedom House.
- Make a doctor’s appointment to have a physical exam. (Using enclosed form)
- Arrange to get records sent to Freedom House from all agencies you are currently involved with (psychological, medical, criminal)
- Have an adult witness, sign, and provide their personal information on the Release for Admissions form.
- Fill out Information Releases for those requiring information about you or from Freedom House
- Pay Admission Fee

Step 4 Call (336) 286-7622 to confirm that all information has been received – All forms must be received before you can be admitted. If accepted, you will be placed on the Completed Application List until a space is available. Please understand that your cooperation in following the steps is the quickest way to enter the program. We understand that you want help quickly, however we must abide by these guidelines in order to ensure that everyone is treated fairly.

Step 5 Pay Fee’s when admission date is given.

FREEDOM HOUSE

30 Day Commitment

Your First 30 Days

It has been our experience that the first 30 days of resident's stay in our program is filled with many challenges. This most often includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first inclination of the resident is the desire to leave prematurely, before the adjustment period is complete. We have found that after the first 30 days, most of this turmoil passes.

Unfortunately, we have witnessed residents walk away from their opportunity with Freedom House because of not giving themselves time enough to make the necessary adjustments. With this in mind, we are requiring a strong commitment on your part to enter this program with a determination in your heart to see it through to the end. Your signature to this 30-day commitment is your agreement to not compromise your decision to change, and, therefore, agree to inform staff of any difficulty/struggling with wanting to leave the program. We understand these feelings of being homesick and missing your family/friends. However, you must determine now that you will not allow these feelings to drive you from your commitment to what God has for you through this program.

The first 30 days is the first of many steps in the healing process. Your signature represents your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to us.

I, _____, understand that the first 30 days at Freedom House is a critical transition period and requires my dedication to fulfill my determination to change. By my signature, I choose to not allow myself to compromise this decision.

Signature of Applicant

Date

FREEDOM HOUSE
12 Month Commitment

Understanding the Twelve Month Commitment

Your commitment to this twelve month time will set in motion what you need to complete the program. This is a good faith agreement, signed by you to give your whole heart to your time in the program. We believe God makes a divine appointment for every family who comes to Freedom House. This is a place where women can come who are serious about changing their lifestyle and/or receiving healing from life issues that have damaged them emotionally, spiritually, and physically. We take our commitment to minister to you seriously, and we expect your commitment to be as serious to us that you will focus on working through your issues and allowing the Lord to minister you while you are in this program.

Please read over everything and sign the twelve month commitment agreement. This will help you to stick with the program when you get to a point where you think you have it all figured out and could leave early. Commit to the entire 12 months and receive all the support you need to maintain your recovery.

I, _____, understand that Freedom House is a year-long program that I am agreeing to take part in. By my signature, I choose to not allow myself to compromise this decision.

Signature of Applicant

Date

FREEDOM HOUSE
Admission Application

Application for Freedom House

Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application. If a question is not applicable to you please put N/A next to it.

General Information

Name: _____ Date: _____ Name you go by: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Date of Birth: _____ Age: _____
City, State, and County of Birth Place: _____
Social Security Number: _____
Driver's License Number (and expiration date): _____

Home Living Situation

Are you currently homeless? **Y N** If yes, with whom are you currently living? _____
Are you being evicted? **Y N** If yes, date of eviction: _____
List all members of your household: _____

Parent Name(s): _____
Address: _____
City _____ State _____ Zip _____ Country _____
Telephone #: home () _____ work () _____
How did you hear about us? DSS ___ Court ___ Parents ___ Friends ___ Freedom House
Affiliate ___ Radio/TV ___ Internet ___ other (specify) _____

Physical Characteristics

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Race: _____

Assistance

Do you receive any type of government or financial assistance? **Y N** (Please check all that apply)
____ Medicaid _____ Food Stamps
____ Workfirst/TANF _____ SSI
____ Child Support _____ WIC
____ Insurance Type _____ From whom _____
____ Other (Please Specify) _____

Will your coming to Freedom House have any effect on this assistance? _____

Marital Status

Single Married Divorced Separated Widowed In a Relationship

Please give specifics about all past or current relationships. This information is **very important** to your recovery; please give as much detail as possible. (Use the back of the page if necessary)

Children

** You will need to fill out a Child's Application on each child that you want to have considered for the program.*

How many children do you have? _____

List names and ages:

| | |
|-------|------------|
| _____ | Age: _____ |
| _____ | Age: _____ |
| _____ | Age: _____ |
| _____ | Age: _____ |

Who has custody of your children? _____

Whose care are they in currently? _____

Will your coming to Freedom House have any effect on your custody status? _____

Explain: _____

Have you ever used drugs during your pregnancies? **Y N** If yes, please list all used: _____

Are you currently pregnant? **Y N** Approximate Due Date: _____

Has a doctor confirmed your pregnancy? **Y N**

Have you used any drugs during this pregnancy? **Y N**

If so, please list all used _____

Is the birth father aware of your pregnancy? **Y N**

What involvement do you anticipate the birth father having with you during your pregnancy?

What are you considering? (Please check one) Parenting _____ Adoption _____ Abortion _____

Family History

| Relative/Name | Age | Emotional | Health | Drugs & Alcohol | Living/ Deceased | Cause of Death |
|---------------|-----|-----------|--------|-----------------|------------------|----------------|
| Mother: | | | | | | |
| Father: | | | | | | |
| Sister(s): | | | | | | |
| | | | | | | |
| | | | | | | |
| Brother(s): | | | | | | |
| | | | | | | |
| | | | | | | |
| Children: | | | | | | |
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Family

Does your family support your decision to come to Freedom House? **Y N** Explain: _____

Are they willing to be involved with a family program on weekends? **Y N** Explain: _____

Education

Name of last school attended: _____

Dates of attendance: _____

Did you graduate: **Y N** If not, last grade completed? _____

Highest level of school completed: _____ GED? _____

Have you ever been in any special education classes? **Y N** If so, please list: _____

Did you have any other problems in school? (Please specify): _____

Do you plan on obtaining a GED? **Y N** Other courses/interests: _____

Employment History

Last Employer/Date: _____ Type of job _____

Employment skills you possess: _____

Are you interested in additional schooling or career training? **Y N** If yes, what type? _____

Career Goals: _____

Have you ever served in the military? **Y N** If yes, which branch? _____
 When did you serve? _____ Are you still active? _____

Medical History

Mark if you have had any of the following and list the age in which you had them.

| Condition | Yes | No | Age | Condition | Yes | No | Age |
|----------------|-----|----|-----|-------------------|-----|----|-----|
| Scarlet Fever | | | | Syphilis | | | |
| Measles | | | | Gonorrhea | | | |
| Chickenpox | | | | HPV | | | |
| Mumps | | | | Diphtheria | | | |
| Whooping Cough | | | | Hepatitis | | | |
| Smallpox | | | | Tuberculosis | | | |
| Typhoid Fever | | | | Pneumonia | | | |
| Cancer | | | | Nervous Breakdown | | | |
| Anemia | | | | Goiter | | | |
| HIV-AIDS | | | | TB | | | |

Past Surgeries or Hospitalizations:

| Past Surgeries or Medical Hospitalizations (not substance abuse or psychiatric) | Dates |
|---|-------|
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Have you ever have any problems with the conditions below:

| Problems | Yes | No | Please Explain |
|---------------------------------|-----|----|----------------|
| Low or High blood pressure | Y | N | |
| Blurred vision | Y | N | |
| Chest pain or Racing heart | Y | N | |
| Hearing loss | Y | N | |
| Swelling of ankles | Y | N | |
| Jaw pain or teeth discomfort | Y | N | |
| Lacerations (indicate location) | Y | N | |
| Scales/Sores | Y | N | |
| Asthma | Y | N | |
| Blackout spells | Y | N | |
| Shortness of breath | Y | N | |
| Diarrhea or Constipation | Y | N | |

| | | | |
|--------------------------------|---|---|--|
| Burning in urination | Y | N | |
| Blood in urine | Y | N | |
| Sinus trouble or Allergies | Y | N | |
| Rheumatic fever | Y | N | |
| Heart trouble | Y | N | |
| Frequent kidney infections | Y | N | |
| Kidney stones | Y | N | |
| Vomiting blood | Y | N | |
| Convulsions/Epilepsy | Y | N | |
| Arthritis | Y | N | |
| Backache | Y | N | |
| Chronic/Excessive fatigue | Y | N | |
| Severe or persistent headaches | Y | N | |
| Are you depressed often? | Y | N | |
| Do you cry easily? | Y | N | |
| Do you worry? | Y | N | |
| Are you nervous/anxious? | Y | N | |
| Do you sleep well? | Y | N | |
| Are you excessively sleepy? | Y | N | |
| Do you bruise easily? | Y | N | |

List any and all medications that you currently take:

| Medication | Dosage | Reason | For How Long |
|------------|--------|--------|--------------|
| | | | |
| | | | |
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Do you have any special dietary needs? **Y N** If yes, explain: _____

Do you have a letter from your physician to confirm any special dietary requirements? _____
 Do you, or have you ever had, a problem with food, eating, or dieting? **Y N**

If yes, please explain: _____

Do you have any allergies? **Y N** (Please specify) _____
List drugs to which you are allergic or sensitive: _____

Any other past or present illness (es) not listed: _____

Have you had a blood transfusion? **Y N** When? _____

Do you have a letter from your physician to confirm the special dietary requirements? _____

Your age at the time of your first period: _____ Days between periods: _____

Length of period: _____ Flow: Heavy Average Light

Have you had any bleeding between periods? _____ Number of pregnancies? _____

Number of full-term: _____ Number of Miscarriages: _____ Weight of smallest baby: _____

Have you ever had an abortion? Explain: _____

Have you had complications with a pregnancy? Explain: _____

Financial

Do you have any outstanding debts? **Y N** Explain: _____

What arrangements will you make for their payment while you are in the program?

Would a church, ministry, family, or individual assist you with finances for your personal needs while you reside at Freedom House? _____ If yes, whom? _____

NOTICE:
Freedom House is not responsible for medical expenses or prescriptions. It is the responsibility of the resident to cover these expenses. Applicants should provide for themselves and their children. Arrangements should be made prior to residency in our program.

Legal Background

Have you ever been arrested? **Y N** How many times? _____

Have you ever been incarcerated? **Y N** How many times? _____

Dates, charges, etc.: _____

Do you have any pending court dates? **Y N** Explain: _____

Are you currently incarcerated? **Y N** How long? _____ Length of time remaining? _____

Name of attorney or legal representative: _____

Telephone #: () _____

Have you ever been on probation or parole? **Y N** Are you now? _____

How long? _____ Length of time remaining: _____

How often do you report? _____ In person or through mail? _____

Name of probation or parole officer: _____

Address: _____

Telephone #: () _____

Substance Abuse

First Drug Ever Used: _____

Age at first use: _____

Preferred Drug: _____

Date and last substance used: _____

Please indicate use of the following substances.

Alcohol:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Blackouts: **Y N**

Cocaine:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Method of use: _____

Heroin/Narcotics:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Method of use: _____

Marijuana:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Methamphetamines:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

LSD/Hallucinogens:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Any other:

Age of first use: _____

Frequency of use: _____

Quantity: _____

Date of last use: _____

Substance used: _____

How did you support your drug use?

Stealing

Dealing

Prostitution

Other: _____

List any other substances used that are not listed above: _____

How much have you been spending on drugs? \$ _____ per day \$ _____ per week

What is the longest period of time that you have not used drugs? _____

Have you ever been to an AA or NA meeting? **Y N**

Are you attending AA or NA now? **Y N**

Have you ever been in an alcohol, drug, or detoxification program before? **Y N**

Please list facilities below:

| Entry Date | Program Name | City/State | Reason for Leaving | Discharge Date | Length of Stay |
|------------|--------------|------------|--------------------|----------------|----------------|
| | | | | | |
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Psychological

Have you ever been diagnosed or treated for any of the following:

ADD/ADHD **Y N**

Bi-Polar Disorder **Y N**

Borderline Personality Disorder **Y N**

Dissociative Identity Disorder **Y N**

OCD **Y N**

PTSD **Y N**

Schizophrenia **Y N**

Other Diagnosis (please name): _____

Have you ever received counseling? **Y N**

Have you ever received psychiatric care or been in a psychiatric hospital? **Y N**

If yes, please list all psychological facilities below: (Inpatient or Outpatient)

| Entry Date | Program Name | City/State | Reason for Leaving | Discharge Date |
|------------|--------------|------------|--------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
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Please sign release forms with the **above** facilities/programs/counselors from the **past two years** and have your records forwarded to Freedom House prior to admission.

Why? _____
Have you ever self-harmed? **Y N** How? _____
If yes, for how long? _____ Have you ever required medical treatment for self harm?
Explain: _____

Have you ever been a victim of:

Rape **Y N** Frequency/Duration: _____ Age: _____
Incest **Y N** Frequency/Duration: _____ Age: _____
Sexual abuse **Y N** Frequency/Duration: _____ Age: _____
Physical abuse **Y N** Frequency/Duration: _____ Age: _____

Have you ever had sexual relations with a female? **Y N**
If yes, was there a relationship with this female? Explain: _____
If there was a relationship, how long did it last? _____

Spiritual

Have you ever witnessed or been involved in something you would consider occult activities? **Y N**
If yes, please explain: _____

Were you raised going to church? **Y N** **If yes, what denomination?** _____
Have you ever committed your life to Christ? **Y N** Explain: _____

Do you presently attend church? **Y N** If yes, name of church: _____
Do you feel that you have a need for God in your life? **Y N** Explain: _____

How has your drug use affected your housing situation? _____

How has your drug use affected your children's lives? _____

How has your drug use affected your education and employment? _____

How has your drug use affected your relationship with God? _____

How has your drug use affected your self-esteem? _____

How has your drug use affected your financial situation? _____

How has your drug use affected your relationships? _____

I have given all truthful information filling out this packet. I understand that if Freedom House finds I have failed to answer these questions truthfully or withheld information, it may be considered grounds for refusal to or dismissal from the program.

Signature: _____

Date: _____

FREEDOM HOUSE
Release for Admissions

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of the Freedom House. Information regarding such matters cannot be given without the written consent of the applicant.

Name of Applicant: _____ Date: _____

I, _____, do hereby give permission for the Freedom House to share information related to my application to the program with: (family members, youth workers, etc.)

1. _____
2. _____
3. _____
4. _____

I also give the following professional(s), permission to exchange the following information with the Freedom House for the purpose of application to the program.

1. _____
2. _____
3. _____
4. _____

Medical records and information
Psychiatric records
Treatment records and summaries

Psychological records
Discharge summaries
Counseling records

Signature of Applicant

Date

Signature of Witness

Date

Witness Printed Name

Witness Address

Witness Phone Number

This release will expire in one year after consent is given unless written notification by the applicant is provided.

FREEDOM HOUSE

Fees Required

Freedom House requires a \$500.00 admission fee that is non-refundable for each family. This fee is paid at the time application is accepted and admission date is given.

If you currently do not have medical insurance coverage, Freedom House will need a \$200.00 medical deposit to cover any medical expenses and prescription costs for yourself and each of your children. If you do not have any medical coverage, please immediately begin the process to apply for Medicaid.

I, _____, have read the above medical information and am aware of the required deposits. I agree to fully comply with the medical and admissions policies of Freedom House and state that my medical information is completely accurate. I also understand that the total of all medical expenses acquired while staying at Freedom House that exceed the required medical and prescription cost unpaid by Medicaid or private insurance are my responsibility to pay in full.

Applicant's Signature

Date

FREEDOM HOUSE

Physical Exam

Patient's Name _____ Date _____ Age _____

Required Testing:

History AND Physical (Required for ALL RESIDENTS) TB HIV Pregnancy

| | | | |
|----------------|-------------|--------------|--------------|
| BP _____/_____ | Pulse _____ | Weight _____ | Height _____ |
| HEENT | | | |
| Cardiac | | | |
| Lungs | | | |
| Abdomen | | | |
| Extremities | | | |
| Neuro | | | |

| | | |
|---|---|--|
| <u>Cardiovascular</u> ___ Hypertension ___ Rx ___ Angina ___ Rx ___ MI Dates _____ ___ CABG Dates _____ ___ Angioplasty Dates _____ ___ PVD ___ Symptomatic ___ Previous Surgery ___ CHF Dates _____ Rx ___ Congenital Lesion, describe _____ _____ ___ Valvular disease | <u>Endocrine</u> ___ Diabetes ___ Insulin Rx ___ Hypoglycemic Agents ___ Diet Controlled ___ Hypothyroid ___ Rx ___ Hyperthyroid ___ Rx | <u>Infectious Disease</u> ___ Recent URI (<4 weeks) ___ HIV ___ Active Tuberculosis ___ MRSA ___ Other _____ |
| <u>Pulmonary</u> ___ COPD Steroid Rx ___ Chronic ___ Intermittent ___ ___ Asthma Steroid Rx ___ Chronic ___ Intermittent ___ ___ Restrictive disease ___ Sleep Apnea ___ CPAP | <u>Neurologic</u> ___ Seizure Disorder ___ Rx ___ Cerebrovascular Disease ___ Stroke ___ TIA Dates _____ ___ Neuromuscular Disorder Describe _____ _____ ___ Low back problems ___ Arthritis ___ TMJ [] Neck | |
| <u>Skin/Hair</u> ___ Rash ___ Eczema ___ Lice ___ Ringworm | | |

Allergies: _____

Medicines: _____

Dietary Restrictions: _____

| | |
|--------------------|----------------------|
| Signed _____ | Date _____ |
| Printed Name _____ | Office Phone # _____ |

Please Fax this form and test results to 336-286-7618.

If you have any questions, please feel free to contact Freedom House at 336-286-7622.