



Freedom Houses

Application

Name: _____ Phone number: _____
D.O.B: ____/____/____ SSN: ____/____/____ Female: ____ Male: ____
Race: _____ Desired Entry Date: _____ Planned Exit Date: _____
How Did You Learn About Us: _____ Address: _____
State: _____

Zip: _____
Emergency Contact/Relative: _____ Phone Number: _____

How long have you been using alcohol and/or drugs?
List ALL the drugs that you have used in the past
3 years: 1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____

What was the last drug used and when: _____
History of seizures: Y/N Sobriety Date (the date of first day 100% without drugs or alcohol): _____
Probation Officer: _____

Phone Number: _____ Attorney: _____
Phone Number: _____

Employment: _____ Phone Number: _____
AA/NA Sponsor: _____ Phone Number: _____

Counselor: _____
Phone Number: _____ Doctor: _____
Phone Number: _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ 8
Prior Treatment facilities or centers: _____

Criminal Record: _____
Do you have any mental health issues or diagnosis? Y/N If yes, what _____ Do
you have any physical health/medical issues or disabilities? Y/N If yes, what: _____

_____ Have you been prescribed any medications within 6 months: Y/N
List ALL medications you are currently taking and last date taken

1. _____ Last taken: _____
2. _____ Last taken: _____
3. _____ Last taken: _____

Are you a Se Offender? Y/N _____ Are
there any Restraining Orders against you or by you? Y/N _____ Who:
Relationship: _____