

**Freedom House Discipleship
Application**

Name: _____ AKA: _____

Sex: _____ DOB: ___/___/___ Age: _____ Height: _____ Weight: _____

Drivers License: No ___ Yes ___ DL # _____

Social Security: No ___ Yes ___ SS # _____ — _____ — _____

Other Valid ID: No ___ Yes ___ ID # _____

Emergency Contact Name: _____ Relationship: _____

Phone #: _____ Street Address: _____

City: _____ State: _____ Zip code: _____

Do you own a car? No ___ Yes ___ How many times have you been arrested? _____

What were the charges? _____

Will you be on parole ___ or probation ___ when released? If Yes, how long? _____

What is your expected parole date? _____

Are you going to be court ordered to FHD? No ___ Yes ___

Do you have any other legal charges pending upon your release? No ___ Yes ___

If Yes, what? _____

Are you medically and physically able to work as this program requires? No ___ Yes ___

If No, Explain: _____

Have you ever been in a mental health program? No ___ Yes ___ If Yes, Explain: _____

Have you ever been under psychiatric care? No ___ Yes ___ If Yes, Explain: _____

Are you currently taking any prescription drug that is narcotic or psychotropic? No ___ Yes ___

If Yes, List Drugs: _____

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Drug History: What substances have you abused?

Type Of Drug Used	<input checked="" type="checkbox"/>	How Long Abused	Date Last Used
Alcohol			
Barbiturates			
Cocaine			
Glue/Paint/Gas			
Heroin			
LSD			
Marijuana			
Meth			
PCP			
Prescription Drugs			
Speed			
Tobacco			
Other:{Please Describe}			

How old were you when you first time you experienced illegal drugs? _____

How old were you when you first drank alcohol? _____

Why did you try them? _____

How old were you the first time you were incarcerated? _____

What were the charges? _____

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Education: {circle last year completed}

Primary: 1 2 3 4 5 6 7 8 9 10 11 12 **College:** 1 2 3 4 +

Have you ever been in special education classes? No ___ Yes ___ If Yes, Explain: _____

Can you read and write? No ___ Yes ___ Can you speak English? No ___ Yes ___

Religious Background:

Do you believe in God? No ___ Yes ___ Uncertain ___ If you answered anything other than Yes,

Please Explain: _____

Have you accepted Christ as your personal Savior? No ___ Yes ___

Are you attending church services now? No ___ Yes ___ Sometimes ___ If No, Explain: _____

Miscellaneous Information:

Have you been in the military? No ___ Yes ___ Discharged? No ___ Yes ___

Are you receiving any type of income? No ___ Yes ___ If Yes, Explain: _____

Have you ever been charged with any type of sexual offense? No ___ Yes ___ If Yes, Explain: _____

Will you be required to wear an electronic monitor upon release? No ___ Yes ___

What is your current charges? _____

How long have you been incarcerated this time? _____

Are you willing to commit to {12} Twelve months to this program? No ___ Yes ___

Are you willing to give {6} Six months to Life Skills training before you go to work? No ___ Yes ___

Are you willing to comply with ALL FHD rules and regulations? {Please read rules first} No ___ Yes ___

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Health Information: Do you have or have you ever had any of the following?

Heart Problems: No ___ Yes ___ Present Condition _____

High Blood Pressure: No ___ Yes ___ Present Condition _____

Bi-Polar: No ___ Yes ___ Present Condition _____

Schizophrenia: No ___ Yes ___ Present Condition _____

Tuberculosis: No ___ Yes ___ Present Condition _____

Hepatitis A: No ___ Yes ___ Present Condition _____

Hepatitis B: No ___ Yes ___ Present Condition _____

Hepatitis C: No ___ Yes ___ Present Condition _____

HIV Positive: No ___ Yes ___ Present Condition _____

Herpes: No ___ Yes ___ Present Condition _____

V-D's: No ___ Yes ___ Present Condition _____

Body Lice: No ___ Yes ___ Present Condition _____

Crabs: No ___ Yes ___ Present Condition _____

Other: No ___ Yes ___ Present Condition _____

Are you presently on any medication? No ___ Yes ___ If Yes, Describe: _____

Do you currently have and pending or chronic medical conditions {i.e. AIDS, Hepatitis etc.} that would take you off campus during the next 12 months? No ___ Yes ___ If Yes, Explain: _____

Is there any other medical condition you need to express? _____
