



Program Application

Please print all responses. Answer all questions completely unless directed otherwise. Use "N/A" (not applicable) for all questions that do not apply to you.

Please also sign and complete the attached Consent Form and Criminal History Check Form. These documents are required for admission.

Submit this completed application to freedfromwithin@gmail.com or mail to Freed From Within, Inc P.O. Box 851 Corydon, IN 47112

Contact Information

Full legal name _____

Jail/Prison ID # _____

Driver's License # _____ Race _____

Date of Birth _____ Home phone _____ Cell phone _____

Home address _____

City, State, zip code _____, _____, _____

Vehicle Model _____ Make _____ Color _____ Plate # _____

Current Family

Marital status () single () married () separated () divorced () widow how long?

Spouse's name: _____

Do you have children? _____

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P.O. Box 851
Corydon, Indiana 47112



Names and ages: _____

How much contact do you have with your child(ren)? _____

Educational and Employment History

Last grade completed in school: _____ Do you have: _____ a High School diploma
_____ GED

Current Employer: _____

Title or occupation: _____ Phone: _____

Address _____

Hire date: _____ Work schedule shift: _____ night _____ evening _____ day _____
swing

What job skills do you have? _____

Are you self-employed? _____

List your most recent 2 employers and, if you are no longer employed, the reason you
are currently unemployed: _____

Are you on? _____ disability _____ SSI _____ retirement/pension



Financial History

What debts or financial amends do you owe? List in order of importance.

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

What is your current child support obligation? _____ Are you behind on child support?

Addiction History

Are you presently clean and sober? _____ If so, how many days? _____

What is your longest period of abstinence? _____

List all street drugs you have used both past and present. _____

List all over the counter and prescribed medications that you currently take. _____

What is your drug of choice? _____

Have you ever received treatment for alcohol or drugs and when? _____



List the facility name(s). _____

Have you ever participated in a sober living program? Where and when?

Please list 3 reasons you use alcohol or drugs. Be as honest as possible.

1. _____

2. _____

3. _____

Legal History

Are you currently incarcerated? _____

Are you currently on parole or probation? _____ What charges?

If so what county/ counties? _____

Are you currently out on bond, furlough, or released on own recognizance?

Do you have any pending cases? _____ What charges?



List all felony and misdemeanors you have ever been arrested or convicted of. Continue on the back of this page if necessary.

Arrest/Charge (regardless of conviction)
(Yes or No)

Date Convicted

How many of your arrests have been alcohol or drug related? _____

Are you court ordered to this program? _____

List name and phone number of probation or parole office.

Have you ever committed violent offenses? List:

Have you ever committed sexual offenses? List: _____



Medical History

Do you have any physical disabilities? _____

If so what disabilities? _____

Is there a history of mental illness in your family? _____

Have you ever seen a psychiatrist? _____

Have you ever been diagnosed as () borderline or anti-social personality disorder:

() bi-polar () schizophrenic () clinical depression () Other _____

Spiritual and Religious History

Do you or have you ever attend(ed) church or religious services? _____

Do you feel your life has a purpose? _____ What gives your life meaning? _____

Do you believe in a Higher Power? Why or why not? _____

How do you feel about religion and spirituality? _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home phone _____ work _____ cell/other _____



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are complete and true. I understand that if I am accepted, I must read FFW's rules and agree to those entrance conditions. I also agree to submit to drug/alcohol screenings or test anytime requested. All expenses owed FFW must be paid on time. I will hold FFW free from, and indemnify and defend FFW, from all liability for fire, theft, and personal injury while an FFW program participant. Any false statements, omissions, other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name _____

Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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Page 8 of 8