

Free-Man House



So if the son sets you free you are free indeed. John 8:36 NIV

APPLICATION FOR RESIDENCE IN FREE-MAN HOUSE

To be accepted in a Free-Man House an applicant must complete **both sides** of this application. Carefully read the application and honestly answer all the questions. Living in a Free-Man House is a privilege, and if you understand it's value it will help you in the maintenance of your sobriety without relapse.

1. Print Name (Last, First, Middle)	2. Date of Birth: Month: Day: Year:
3. Present Address (Number, Street) Check if treatment facility: Yes _____ No _____	4. Phone where you can be reached: Home: ()
City State Zip Code	Work: ()
5. Are you an alcoholic? Yes _____ No _____	6. Date of last drink?
7. Are you addicted to drugs? Yes _____ No _____	8. Date of last drug use?
9. List drugs you used additively:	10. Do you want to stop drinking alcohol and using addictive drugs? Yes _____ No _____
11. Where are you coming from: Prison: _____ Jail: _____ Treatment Center: _____	12. What was your offense?
13. How long where you incarcerated?	14. Are you on Probation or Parole?
15. If you don't have a job, are you willing to get one? Yes _____ No _____	16. What are your plans for a job?
17. What is your current monthly income?	18. What do you expect your monthly income to be next month?
19. What is your Marital Status? Never Married _____ Married _____ Separated _____ Divorced _____	20. Do you have a Medical Doctor? Yes _____ No _____
21. What is the name of your Doctor?	22. What is your doctor's phone number?

<p>23. Have you ever been to a treatment facility for alcoholism or drug addiction? Yes _____ No _____</p>	<p>24. If you've had treatment in the past, list treatment provider, phone number and primary counselor.</p>												
<p>25. Do you take prescription drugs? Yes _____ No _____</p>	<p>26. List all prescription drugs you use and reason for prescription.</p>												
<p>27. Approximate date that you plan to move into the Free-Man House. Date of move in: _____</p>	<p>28. If not immediately, list reasons why?</p>												
<p>29. Emergency Phone numbers: List family doctor, if you have one and two family members or friends.</p> <table border="0"> <thead> <tr> <th style="text-align: left;">NAME</th> <th style="text-align: left;">PHONE</th> <th style="text-align: left;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> </tr> </tbody> </table>	NAME	PHONE	RELATIONSHIP	1. _____			2. _____			3. _____			<p>30. Use this space for additional relevant information.</p>
NAME	PHONE	RELATIONSHIP											
1. _____													
2. _____													
3. _____													
<p>31. I have read all of the material on this form. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.</p> <p>SIGNATURE: _____ DATE: _____</p>													
<p>INITIAL EACH LINE:</p> <p>Free-Man House is not responsible for death or injury that may occur on any of the Free-Man Houses. <u> X </u></p> <p>Free-Man House is not responsible for any theft or damage to personal property: <u> X </u></p> <p>If you are planning on leaving; and you pack your belongings, you have 48 hours to pick up your belongings. If you do not pack up any of your belongings or do not pick up your packed up belongings within 48 hours, said belongings will be donated to a charitable institution such as Goodwill Industries <u> X </u></p>													

Return Mail:
Intake Coordinator
13340 Southview Ln.
Dallas, Texas 75240

