

Freedom Counseling Services

PO Box 1260
Lafayette, Georgia 30728

Phone: 706-506-7792

freedomcounseling@msn.com

Fax: 706-944-4191

APPLICATION FOR RESIDENCY AT THE FCS RECOVERY RESIDENCE

Revised 01/02/2018

You are being considered for admission to Freedom Counseling Services Recovery Residence Program in LaFayette, GA. All information acquired in this application and interview is strictly confidential and will only be used by Freedom Counseling Services to make a determination if our program is appropriate for you at this point in your recovery. You may refuse to answer any question asked but please understand that incomplete information may prevent you from being accepted into the Yobel program.

PERSONAL INFORMATION

Last Name _____, First _____ Middle _____

DOB ___/___/___ Social Security No. ___-___-___ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

What was your drug(s) of choice? _____

Other drugs you have recently used: _____

Date last used or drank any addictive substance? _____

What is your treatment history? _____

Are you currently in treatment? _____ If so, where? _____

What is your scheduled completion or court date? _____

Are you currently in incarcerated? _____ If so, where? _____

What is your scheduled release or court date? _____

Why do you want to be a resident at Yobel? _____

Freedom Counseling Services requires a twelve-month commitment. Are you mandated by () court order () probation () parole to be in a recovery residence. After completion of the four phases of rehabilitation, you may apply for consideration of completion of the twelve-month program in a 3/4 house or at home. A continuing care plan must be presented to and approved by the counseling staff and the client community.

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RELATIONSHIP STATUS

()Married ()Divorced ()Separated ()Widowed ()Single ()Live Together

Details (If needed) _____

Dependent Children (State Ages) _____

Who has legal custody? _____

Are you responsible for child support? _____ If so, how much per month? _____

What address do you send the child support? _____

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EMERGENCY CONTACT INFORMATION

(CONTACT INFORMATION FOR TWO PEOPLE IS REQUIRED)

CONTACT #1

Name _____ Relationship _____

Is he/she willing to commit to attend Al-Anon weekly while you are at Yobel? _____

Address _____

Telephone: Home _____ Work _____ Cell _____

CONTACT #2

Name _____ Relationship _____

Is he/she willing to commit to attend Al-Anon weekly while you are at Yobel? _____

Address _____

Telephone: Home _____ Work _____ Cell _____

MEDICAL BACKGROUND

Please list all medical problems that you currently are experiencing or have experienced in the past (anything less than full disclosure could result in your non-admittance or discharge):

(If additional space is needed, please use the back of this page)

Will any of these medical problems prevent you from working full-time or fully participating in our program? (Please circle one) **YES NO NOT SURE**

Please explain: _____

Are you taking prescribed medications for any physical or psychological disorder? Yes or No

Please list with the dosage: _____

What specifically are you being treated for? _____

Do you have any signs or symptoms of a contagious disease such as Hepatitis C?

(Please circle one) **YES NO NOT SURE**

Please explain: _____

IF YOU CIRCLED YES OR NOT SURE, YOU WILL BE REQUIRED TO OBTAIN BLOOD WORK AT THE LOCAL HEALTH DEPARTMENT AND RELEASE THAT INFORMATION TO FREEDOM COUNSELING SERVICES.



EDUCATION

Check the highest level of school completed: () Up to 9th Grade; () 10th Grade; () 11th Grade; () High School; () GED; () Some College; () Post Graduate Work; () Master's or Higher

College attended: _____ Dates attended: _____

Major: _____ Degree Objective: _____

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WORK HISTORY

Type of work experience: _____

Military Background: _____ Date and type of Discharge: _____

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SPIRITUAL COMPATIBILITY

Freedom Counseling Services is a Christ-Centered rehabilitation program of the Grace Community Church in Northwest Georgia. People from several different churches and denominations are also involved in this ministry. You will be required to participate in Christ-Centered, Biblical Counseling. You will also be required to attend church weekly and to participate in daily group prayer and devotion in the house.

Are you willing to comply with all aspects (including the spiritual aspects) of the program?
(Circle One) **YES** or **NO**

Have you participated in any spiritual program or activities at any point in your life? (Circle One) **YES** **NO** **NOT SURE**

Please describe: _____

Have you had any significant spiritual experiences in recent days and months? (Please circle one) **YES** or **NO**

If yes, please describe in detail: _____
(If additional space is needed, please use the back of this page)

Were you been baptized as an infant or child? (Please circle one) **YES** or **NO**

Have you been baptized as an adult? (Please circle one) **YES** or **NO**

If you could change one thing about your spiritual life, what would that be?

Any additional information that would help us understand who you are spiritually:

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LEGAL CONSIDERATIONS

Do you have any of the following: () Up-Coming Court Dates; () Outstanding Warrants; () Charges Pending. If so please provide details: _____

Are you incarcerated now? _____ If so, where? _____

Are you represented by an attorney? Yes or No. Attorney's Name: _____
Address _____ Phone: _____

Are you on () Probation () Parole? If probation, is it misdemeanor or felony? _____

How long? _____ What State and County? _____

Probation/Parole Officer's Name: _____
Address _____ Phone: _____ Fax: _____

Are you a convicted sex offender? Yes or No (Circle One)

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PERSONAL ID REQUIRMENTS

Do you have the following? () Driver's License () State ID Card () Social Security Card
NOTE: A current Driver's License or State ID card is required for admission.

You must come with a Social Security card **AND** a current driver's license or State ID card or bring an additional \$100.00 to cover the cost of obtaining these necessary documents and transportation to secure them. Please initial here to verify that you understand and will bring these documents or the fee _____. ***Your application will be denied without this verification.***

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The above information is true and accurate to the best of my knowledge. I understand that giving false or inaccurate information may result in my immediate discharge from Yobel Recovery Residence.

Signed _____ Date _____

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FINANCIAL AGREEMENT

- *The Administrative Fee of \$850.00 must be paid in full or payment arrangements must be made before a bed assignment will be finalized. (Please initial indicating that you have read this item). _____*
- *Please provide the contact information for the person that will be paying the Administrative Fee or making these payment arrangements. **THE CLIENT CANNOT BE LISTED AS THE PERSON RESPONSIBLE UNLESS YOU HAVE THE CASH ON HAND. IF YOU LIST YOURSELF AND DO NOT HAVE THE MONEY, YOUR APPLICATION WILL BE DENIED.** Name _____ Phone Number _____*
- ***The client must have someone to assist him with grocery money until he is able to get on Food Stamps or until he is current on all client fees.** The grocery money consists of \$20 per week for house groceries, which covers the evening meal and other items for the house such as cleaning supplies and paper products, and his personal groceries for breakfast and lunch. We recommend between \$20-\$30 per week for personal groceries. Please provide the name of the individual who will be paying the \$50 per week until you obtain Food Stamps. **THE CLIENT CANNOT BE LISTED AS THE PERSON RESPONSIBLE.** Name _____ Phone Number _____*

Print Client's Name: Last _____ First _____ Middle Initial _____

Client Signature _____ Date _____

Witnessed by _____ Date _____

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Please fax completed application to Freedom Counseling Services at 706-944-4191 or scan and email to freedomcounseling@msn.com