



Step 1) Application: Form A - Currently Incarcerated

Client Application

*This form is for potential clients that are **currently incarcerated in prison or jail**. Please complete **ALL** fields with asterias (*) before submitting.*

Client Referral Source

*Who referred you to Wings of Freedom? _____

General

Tell us about yourself? _____

*What is your first name? _____

What is your middle name? _____

*What is your last name? _____

*What is your social security? _____

*When is your birthdate? _____

What is your gender? _____

What is your race/ethnicity? _____

*What tribe are you apart of? _____

Are you a veteran? _____

*What is your marital status? _____

Name of your spouse? _____

What is your maiden name? _____

*Do you have children? _____

How many children do you have? _____

*Do you plan on your children living with you? _____

*Do you have an open child custody case? _____

Contact Information

How can we reach you? _____

*What is your DOC number? _____

*What is your DOC case manager information? _____

*What is a good mailing address? _____

Medical History

Tell us about your medical history.

*Do you have 30 days of sobriety? _____

*Can you pass a drug and/or an alcohol test? _____

*What is your substance(s) of choice? _____

*Have you been clinically diagnosed with anything? _____

*Do you have any health problems? _____

*Have you ever been admitted to a drug/alcohol treatment? _____

*Have you ever lived in another sober living program? _____

Additional medical notes. _____

Medications

*Are you on any medications? _____

*List ALL the medications you are currently prescribed. _____

Additional medication notes. _____

Criminal Background

We require all clients to have a background check before entering our program. Felonies will NOT disqualify clients' applications.

What is the date of your last misconduct? _____

*Have you ever been convicted of a "sex crime"? _____

Do you now, or have you ever had any "gang affiliation"? _____

*What type of release? _____

*What is your expected move-in date? _____

Spiritual Status

We are a faith-based sober living program. Let us know about your faith. This does NOT decline any potential clients from being accepted into the program if they have different beliefs.

*What are your beliefs? _____

Submission

Please do NOT leave any unanswered questions. If incarcerated, please attach a copy of your CRC card (consolidated record card).

Signature: _____

Date: _____