

FREEDOM CITY MINISTRIES

ABBA'S HOUSE – APPLICATION FORM –



PLEASE READ BEFORE CONTINUING

We are designed to make Disciples of Christ, and our recovery is centered on the principles and disciplines found in the Bible. We need our applicants to be willing to surrender and give 100%. If you cannot handle being without a relationship or have a problem with someone getting in your business, you need to stop filling out this application. Remember your way does not work, so you must be willing to allow us to help you develop a new way of living. We have never had anyone surrender to the structure of the program and fail! Those who fail are those who refuse to surrender and try to hold onto the old way of living.

Basic Information: *Include Photocopy of: SS Card/Picture ID/Birth Certificate Date _____

Full Name

(Last) _____ (F) _____ (M) _____ Age: _____

Street Address: _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ (Cell) (Home) (Other) Exp. _____

Social Security No: _____ Date of Birth ____/____/____

City/State/Country of Birth _____

ID/Driver's L. Number _____ Exp. _____ State _____

Gender _____ Marital Status M. S. D. W. S.P. Spouse Name _____

Emergency Contact _____ Phone # _____

Name & Age of Children _____

Explain your relationship w/ your children, and their mother or (guardian). _____

Immediate Family Members _____

Are you a sex offender? YES NO

How did you hear about **Abba's House** (and or) **Freedom City Ministries**?

Friend Family Pastor Parole Officer Drug Court Other _____

Explain: your reason to come to **Abba's House** and what you're hoping to achieve?

(*Attach separate sheet if needed)

FREEDOM CITY MINISTRIES

ABBA'S HOUSE – APPLICATION FORM –



Please list three references: family, friend, pastor, chaplain, therapist, or probation/parole officer

Full Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Full Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Full Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Education, Employment & Income:

H.S. Diploma GED College Military Training/ Skills _____

Employment Goals _____

Work Experience _____

Employment _____ Unemployment GAU/GAX Other _____

Total monthly Income \$ _____ Monthly Payments \$ _____

Legal Records:

List all arrests you have had, DUI/DWI, Misdemeanors, Felonies, Restraining Order, Arrests, Incarcerations, & etc. (Date Arrested/Charges/Results & Date) ***Attach separate sheet if necessary**

Do you have pending charges/upcoming cases? (Y/N) When _____ Reason _____

Are you presently on probation or parole? _____ How long? _____

Name of Officer _____ Phone _____

Name of Attorney _____ Phone _____

Have you ever been involved in a domestic violence situation? (Y/N) _____

Is an order of protection against you in the State of Missouri? (Y/N)

Explain _____

FREEDOM CITY MINISTRIES

ABBA'S HOUSE – APPLICATION FORM –



Medical History: (*Attach separate sheet if needed)

Have you ever been under a doctor's care for any reason in the last year? (Y/N) If yes, please indicate duration _____

Do you take medication or need medical attention regularly? (Y/N) If yes, indicate medicines/dosage and attention needs _____

Do you have a disability, artificial limb, wear a brace, service dog, or have a handicap of any kind? (Y/N) If yes, please explain _____

Have you ever had high blood pressure or any kind of heart disease? (Y/N) Current treatment: _____

Have you ever had any sexually transmitted diseases? (Y/N) If yes, state which one(s) and when treated _____

Date of your last physical checkup: _____ Doctor: _____

Have you ever received treatment or counseling for emotional/psychological problems? (Y/N) If yes, please give details _____

Have you ever been hospitalized or taken to the emergency room as a result of drug abuse and/or alcoholism? (Y/N) If yes, when? _____ Details _____

Have you ever been treated for any of the following? Bipolar PTSD Depression
Anger Schizophrenia Self-Mutilation Suicide Attempt Dissociative Disorder
Borderline Personality Disorder Other: _____

Current Counselor or Psychiatrist: Name: _____ Phone: _____

City: _____ Organization: _____

Last psychological evaluation: Date _____ Service Provider: _____

Current Treatment/Medications: _____

How would you describe your current mental state? _____

FREEDOM CITY MINISTRIES

ABBA'S HOUSE – APPLICATION FORM –



Personal Habits & Addition History:

List all drugs and/or narcotics, legal or illegal, (and years used) you have abused. (Circle the most heavily used). _____

Do you use tobacco (Y/N) How long? _____ What was the first drug you abused? _____

Which substances have you used? Methamphetamine Y N Date last use: _____

Marijuana Y N Date last use: _____ Alcohol Y N Date last use: _____

Cocaine Y N Date last use: _____ Heroin/Opiates Y N Date last use: _____

Hallucinogens Y N Date last use: _____ Inhalants Y N Date last use: _____

Other Prescriptions Y N What kind: _____ Date last use: _____

Drug(s) of choice: _____

Have you ever been involved with homosexuality? (Y/N) Have you ever participated in witchcraft or occult practices? (Y/N) Please explain: _____

Treatment History:

Out Patient	In Patient	Where	Complete?	Date	Length

Current Treatment/Recovery Support:

Name: _____ Phone: _____ City: _____

Organization: _____

Faith/Affiliation:

Have you ever had a conversion experience with Jesus Christ? _____ (Born again, accepted Jesus, etc.)

Explain in detail:

What church have you attended most? _____ How long? _____

Current Situations:

Are you in a romantic relationship of any kind, including emotional? (Y/N) If yes, please explain

FREEDOM CITY MINISTRIES

ABBA'S HOUSE – APPLICATION FORM –



If you are in a romantic relationship with anyone, that means emotional or physical could be a breach to your contract, we encourage you to put it on hold while you are at Abba's House. (Excluding Marriages) When you are ready to live on your own, then you will be more prepared for a relationship. Remember, you signed a contract, and this is part of it. ***This window of time is for you to get your relationship with God in order.*** We hope and pray that one day you'll find your bride a blessed gift from God.

Common Concerns in life: (Please rate 0=none, 1=mild, 2=moderate, 3=severe)

<input type="checkbox"/> marriage	<input type="checkbox"/> divorce	<input type="checkbox"/> alcohol	<input type="checkbox"/> weight control	<input type="checkbox"/> work
<input type="checkbox"/> family	<input type="checkbox"/> sexual	<input type="checkbox"/> singleness	<input type="checkbox"/> depression	<input type="checkbox"/> grief/loss
<input type="checkbox"/> anxiety	<input type="checkbox"/> past hurts	<input type="checkbox"/> mood swings	<input type="checkbox"/> drugs	<input type="checkbox"/> children
<input type="checkbox"/> intimacy	<input type="checkbox"/> stress	<input type="checkbox"/> self-esteem	<input type="checkbox"/> anger control	<input type="checkbox"/> housing
<input type="checkbox"/> abuse	<input type="checkbox"/> other addictions	<input type="checkbox"/> other _____		

Please state your current plan to address the above concerns: _____

COVENANT/RELEASE OF INFORMATION AGREEMENT

I, _____, agree to abide by all policies and requests, written or verbal, of Freedom City Ministries (Abba's House Restoration) and its staff. I agree to random drug screens whenever requested by staff. I hereby release all information pertaining to my residency for the express use of Abba's House Restoration/Freedom City Ministries, its staff, and any other affiliates, organizations, or institutions deemed necessary by Freedom City Ministries' staff. I wish to enroll into Abba's House's Program, a 6 month - 1 year discipleship and accountability program. I realize that I am here voluntarily and am free to leave whenever I choose. I acknowledge and agree that Abba's House Restoration/Freedom City Ministries, its staff, or members are not responsible for any accident or injury.

I certify that the answers given here are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release. I authorize Abba's House Restoration/Freedom City Ministries' staff to make any necessary inquires to evaluate this application.

Applicant's Signature: _____ Date: _____

Send applications to:

Mail: Freedom City Ministries
PO Box 972
Chillicothe, MO 64601

Email: joe@freedomcityministries.com

Questions:

Contact: Joe Burkholder
Phone: (660)605-3050
Email: joe@freedomcityministries.com

*Please understand that we may not be able to respond to your application right away. Applications are on a first-come, first-serve basis. We pray God will help you to see and surrender to your next step of obedience.

www.freedomcityministries.com