



**FREED FROM WITHIN, Inc.**  
**P.O. BOX 851, CORYDON, IN 47112**  
**(812) 738-7779 (812) 620-3987**  
**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.*

**Personal Information**

1. Date \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Name \_\_\_\_\_  
Last First Middle

4. Jail/prison ID Number \_\_\_\_\_

5. Date of Birth \_\_\_\_\_

6. Phone Number \_\_\_\_\_ 7. Message Number \_\_\_\_\_

8. Emergency Contact: (Name/Address/Phone) \_\_\_\_\_  
\_\_\_\_\_

9. Address (if currently incarcerated, name of institution) \_\_\_\_\_  
\_\_\_\_\_

10. Address after release \_\_\_\_\_  
\_\_\_\_\_

11. Family Background:

Your current marital status (circle only one)

Married Separated Divorced Widowed Single (never married)

Do you have children? (If yes list names, ages, and where they reside) \_\_\_\_\_  
\_\_\_\_\_

12. Your current status (circle only one)

Incarcerated Served out Parole Probation No criminal record

Other

Explain other: \_\_\_\_\_  
\_\_\_\_\_

13. When do you expect to be released? \_\_\_\_\_ When did you become incarcerated?

\_\_\_\_\_

14. Will you be on probation after parole? \_\_\_\_\_

15. In what county will you be on probation or parole? \_\_\_\_\_

16. For what are you currently incarcerated?

\_\_\_\_\_

17. Have you received any write-ups while incarcerated? \_\_\_\_\_

## EDUCATION

18. Explain the nature of each level of formal education listed below that you have pursued (names of institutions, dates, whether completed, degrees and diplomas, major courses of study, etc.)  
High School/G.E.D. Vocational Training College.

High School / G.E.D. \_\_\_\_\_

College \_\_\_\_\_

Vocational Training \_\_\_\_\_

Other \_\_\_\_\_

19. In which of the following programs did you participate while in jail/prison?

(Check all that apply).

☐ G.E.D.    ☐ College    ☐ Vocational Training    ☐ Drug or Alcohol treatment

☐ Sex offender program    ☐ Violent offender program    ☐ AA

☐ Other \_\_\_\_\_

## WORK HISTORY

20. What job skills do you have? \_\_\_\_\_

\_\_\_\_\_

21. When, where, and how long was your most recent employment? \_\_\_\_\_

\_\_\_\_\_

22. List other employment you've had in the past:

\_\_\_\_\_

\_\_\_\_\_

## OTHER INFORMATION

23. Why are you interested in residing at Freed From Within?

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## MEDICAL

24. Have you ever participated in treatment or counseling when not incarcerated?

(Circle one)      Yes      No

25. Have you ever participated in treatment or counseling while in Jail/prison?

(Circle one)      Yes      No

26. Have you ever been diagnosed with having psychological or emotional problems?

(Circle one)      Yes      No

If so please list the nature of your illness \_\_\_\_\_

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27. List the names, dosages, and frequencies of doses of all prescription medication you currently take or have been advised to take:

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28. Which of the following apply to you? (Check all that apply)

- ☐ Diabetes
- ☐ Hypertension (High Blood Pressure)
- ☐ Seizures
- ☐ Cancer
- ☐ AIDS/HIV Positive
- ☐ Hepatitis A, B or C (Circle one or more)
- ☐ Sexually Transmitted Disease
- ☐ Heart problems
- ☐ Allergies
- ☐ TB
- ☐ Other Serious Illnesses

29. Please list how you heard about FFW or who referred you to the program:

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30. Please list anything else you would like us to know about you:

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Signed \_\_\_\_\_

Date \_\_\_\_\_