



Name: _____ Date: _____

CURRENT LOCATION: _____ Contact Phone # _____

The mission of The Next Door Inc. is to meet the physical, emotional, and spiritual needs of women in crisis, equipping them to develop a life of wholeness and hope.

FREEDOM RECOVERY COMMUNITY – APPLICATION FOR HOUSING

The Freedom Recovery Community is permanent apartment living for women and their children. This community provides the opportunity to continue recovery services onsite within a supportive peer environment.

Applicant Qualifications for Freedom Recovery Community: (Please Check All That Apply:)

- is a woman 18 years of age or older
- has an addiction to a substance, but demonstrates at least 30 days of sobriety/clean time
- has a mental health diagnosis and history of treatment
- is either single **OR** has up to 3 children under the age of 18 who may reside with her. Mother must submit proof of continuing enrollment in school and a birth certificate for each child.
- is currently employed working at least 30 hours per week
- is not currently employed, but able to work at least 30 hours per week
- receives SSI or SSDI; but able to work/volunteer
- agreeable to participate in required group meetings and case management sessions as assigned
- is able to pass a drug screen upon admission





Name: _____ Date: _____

PERSONAL INFORMATION

Name _____ SS # _____
Date of Birth _____ Age _____

Present Address _____ How long? _____

City _____ State _____ Zip _____ Phone _____

Previous Address _____ How long? _____

City _____ State _____ Zip _____ Phone _____

Do you consider yourself homeless? Yes No

I am currently: (please check the most appropriate response)

- living on the street or in a short term emergency shelter
- in a transitional house for homeless persons
- being evicted from a private dwelling
- being discharged or released from a short term stay (less than 31 days) from an institutional/facility and I previously lived on the street or in an emergency shelter
- being discharged or released from a longer stay (more than 31 days) in an institution/facility
- fleeing a domestic violence situation





Name: _____ Date: _____

MEDICAL HISTORY

The Next Door, Inc. does not discriminate based on medical history or diagnosis. Information provided below will be protected and will not be shared with individuals without written consent by the applicant. The information below will help The Next Door, Inc. to ensure that you receive the most appropriate and timely services.

Medication	Reason for taking	Dosage	Times per day	Date prescribed

Have you ever been tested for:

Hepatitis A Yes No
Result _____

Date of last test _____

Hepatitis B Yes No
Result _____

Date of last test _____

Hepatitis C Yes No
Result _____

Date of last test _____

TB Yes No
Result _____

Date of last test _____

HIV Yes No
Result _____

Date of last test _____

Have you been told you have any of the above? If yes, which one (s)? _____

Have you ever had treatment for HIV or AIDS? Yes No

IF YES, PLEASE EXPLAIN: _____





Name: _____ Date: _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? Yes No
If yes, what diagnoses have you been given in the past? _____

What symptoms led someone to give you this diagnosis? _____

Have you ever received outpatient mental health treatment? (i.e. case management, medication management, counseling) Yes No

If yes, Where _____ When _____ Who _____

Do you have any history of inpatient psychiatric admissions? Yes No

If yes, Where _____ When _____ Duration _____

Have you ever tried to commit suicide or kill someone else? Yes No

If yes, please describe: _____

SUBSTANCE USE/ABUSE HISTORY

Alcohol Use

What age did you start drinking? _____ How long have you been drinking? _____

Give the reason you first started drinking _____

When was your last drink? _____

Do you feel that you are addicted to alcohol? Yes No

Have you tried to stop using alcohol in the past? Yes No

What happened? _____

Have you ever been in treatment? If yes, when and where? _____

What were the consequences of your use? _____

Drug Use

What was/is your drug(s) of choice? _____

What age did you start using drugs? _____ How long did/have you used? _____

How often would you use? _____ When did you last use? _____

Do you feel that you are addicted to drugs? Yes No

Have you tried to stop before? Yes No





Name: _____ Date: _____

If yes, what happened? _____

Have you ever been in treatment or recovery programs? If yes, when and where? _____

What were the consequences of your use? _____

VIOLENCE/ABUSE HISTORY

Have you ever been involved as a victim in domestic violence? Yes No

Have you ever been a perpetrator in domestic violence? Yes No

Have you ever witnessed domestic violence? Yes No

Have you ever been a victim of sexual assault, rape, harassment, or incest?

Yes No

Have you ever been a perpetrator of sexual assault, rape, harassment, or incest?

Yes No

EDUCATION

Highest grade completed _____ Do you have your GED?

Yes No

Vocational Training/Certificates: (Please List) _____

LEGAL ISSUES

Are you or will you on Parole or Probation? Yes No

If yes, for how long? _____ POs Name _____

Do you have any pending court cases? Yes No If yes, please explain and give court date _____

Were there any financial judgments against you when you went into prison? _____

Yes No If yes, in what amount? _____

Do you have any evictions from housing? Yes No

Do you have any outstanding debts? Yes No

(Examples include but are not limited to -- tickets, **child support**, credit cards, loans, electric, phone company) – If yes, please explain and give amounts: _____





Name: _____ Date: _____

Incarceration History

How many times have you been in county jail for 1 or more nights? _____

How many times have you been in prison for 1 or more nights? _____

Do you have any felonies? Yes No _____

How old are they? _____

List the 4 most recent convictions/charges:

Date	Charge	Sentence	Time Served

Have you been served a warrant for violating parole or probation? Yes No

If yes, please explain: _____

Present Location _____ Unit _____ How Long? _____

Current Program (ie: TC, New Start) _____

Parole Hearing Date _____ Final Release Date _____

County of Offense _____

Attorney Name _____ Phone Number _____

Counselor Name _____ Phone Number _____





Name: _____ Date: _____

EMPLOYMENT BACKGROUND

Job Skills / Work Experience _____
Current or Last Place of Employment _____
Address _____ Phone _____
Job Title/Description _____
Duties _____ Rate of Pay _____
Date Job Started _____ Date Job Left _____
Reason For Leaving _____

IDENTIFICATION

Do you have a copy of your Birth Certificate? Yes No
Do you have a copy of your Drivers License or State ID? Yes No
Do you have a copy of your Social Security Card? Yes No

RELATIONSHIP BACKGROUND

Marital Status: (Circle One) Married / Divorced / Separated / Widow / Single /
Live together / Partner
Significant Other's Name _____
Length of Relationship? _____

Information about Children:

Name	Age	Sex	Father	Status of Custody

Will any of these children be residing with you at any time?
_____ If any of your children are in DCS
custody, who is the case manager? _____





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EMERGENCY CONTACT INFORMATION

If I am accepted for residency at the Freedom Recovery Community, I give the Freedom Recovery Community/The Next Door, Inc. permission to contact the following individual in the event of an emergency or my extended absence from the FRC property:

Name _____ Relationship _____

Telephone Number (Including Area Code) _____

Address _____

I agree to allow information gathered herein to be used as deemed necessary and appropriate by "The Next Door, Inc." its affiliates and employees for their ongoing ministry whether I am accepted or not. The information provided herein shall become the property of TND. While efforts will be made to keep information confidential there is no guarantee this will be achieved and you agree to hold harmless TND, its employees and affiliates.

Signed

Date





Name: _____ Date: _____

With your completed application, please provide documentation of:

- proof of mental health diagnosis if applicable (signed and dated letter stating diagnosis from treatment provider)
- proof of substance abuse issue if applicable (signed and dated letter noting substance addiction(s) from treatment provider)
- proof of ALL income and employment verification from current employer if applicable (copies of three most recent paycheck stubs and signed and dated letter stating position and work location)
- a letter of reference from your current landlord, program case manager, or others that you are in good standing, with any rent payments, program fees, etc
- a letter of reference from your Probation/Parole Officer that you are in good standing, if applicable

TND does not discriminate based on race, color, national origin, religion, age, disability or veteran status.

After an application has been received, an initial review will be conducted to determine eligibility for FRC's Recovery program. If program eligibility is determined, you will be contacted to schedule an interview. If approved, your name will be placed on a waiting list until an apartment becomes available. Please do not hesitate to contact the office if you have any questions. Thank you for your interest in The Next Door's Freedom Recovery Community. We look forward to the opportunity to serve you.

Please return completed application to:

FRC Admissions
c/o The Next Door, Inc.
PO Box 23336 Nashville, TN 37202
Fax: 615-251-8868 Phone: 615-251-8805 Ext.608

