



# FREEDOM HOUSE OF MECKLENBURG, INC.

## APPLICATION FOR MEMBERSHIP

Date of Application: \_\_\_\_\_ Date of Release: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number Home \_\_\_\_\_  
Work \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Please list who to call in case of an emergency: \_\_\_\_\_

Please list names and phone numbers of 2 family members or close friends below:

\_\_\_\_\_  
Please list the name and phone number of your primary doctor: \_\_\_\_\_

### Substance Abuse History

Are you an alcoholic? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last use: \_\_\_\_\_

Are you addicted to other drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last use: \_\_\_\_\_

If yes, please list drugs to which you are addicted: \_\_\_\_\_

Have you been through a rehabilitation center or other substance abuse treatment facility at any time?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list where you were treated and when: \_\_\_\_\_

When did you attend your first A.A. or N.A. Meeting? \_\_\_\_\_

How many N.A. or A.A. Meetings do you attend each week currently? \_\_\_\_\_

Do you want to stop drinking or using? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to staying clean and sober? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no to either of the above questions, please explain: \_\_\_\_\_

### Employment/Income Information

**Income and employment information is requested only to determine your ability to pay for your expenses for Freedom House. We will not release any financial or employment information to anyone else.**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of your employer: \_\_\_\_\_

Do you have any other source of income? Yes \_\_\_\_\_ No \_\_\_\_\_

Welfare or SSI? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, monthly amount: \_\_\_\_\_

SSDI? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, monthly amount: \_\_\_\_\_

Other (please list source) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, monthly amount: \_\_\_\_\_

What is your total current monthly income? \_\_\_\_\_

What do you expect your income to be in the next month? \_\_\_\_\_

If you are not currently employed, do you plan to seek employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of work are you looking for? \_\_\_\_\_

If you are not planning on seeking work, please explain why: \_\_\_\_\_

Have you ever lived in a recovery house before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list where and approximate dates you lived there:

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Please list the reasons you left previous recovery house(s):

Relapse \_\_\_\_\_ Disruptive Behavior \_\_\_\_\_ Left on a Voluntary Basis \_\_\_\_\_

Briefly explain why you are interested in living at Freedom House: \_\_\_\_\_

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Do you have any other psychiatric diagnosis? \_\_\_\_\_yes \_\_\_\_\_ no If yes what is it?

Do you have any pending legal problems? \_\_\_\_\_yes \_\_\_\_\_no If yes what are they?

Do you have any physical problems or health concerns? \_\_\_\_\_yes \_\_\_\_\_no If so, what are they?

**I have completed the above application for Freedom House. I understand that if I am accepted into Freedom House, I:**

- 1) Agree to waive any landlord/tenant rights I might have with respect to my residency at Freedom House.**
- 2) Agree to fully abide by the House Rules.**
- 3) Understand that my deposit will not be refunded if I am discharged from Freedom House.**
- 4) Understand that I must give two (2) weeks notice ( for return of deposit) if I desire to leave voluntarily; this notice is to be given at the weekly house meeting in writing.**

**I understand that the nature of Freedom House requires discharge without notice or refund of security deposit if any house member is found by majority vote of the house membership, staff or urinalysis to be using either alcohol or other drugs at any time while a member of Freedom House. I understand that disruptive behavior or non-payment of housing fees can lead to immediate discharge.**

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**Applicant Signature**

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**Date**

## FREEDOM HOUSE

PO Box 16157

Charlotte, North Carolina 28297

(704) 505-5981 Phone (704) 392-8467 Fax

At Freedom House we believe that newly recovering people need structure in their lives; they also need to be held accountable and responsible for their own recovery. With this in mind, we have established the following set of guidelines to which each house member must adhere

### House Rules

1. All house members must obtain and utilize a 12-step sponsor within the first two (2) weeks after joining our family.
2. House members must attend 90 meetings in 90 days and five 12-step meetings per week thereafter; this will be verified by sign-off sheets.
3. Each house member is subject to random urine screens.
4. There will be a step-study (7pm-9pm) on Wed., followed by a bonding meeting at 10 pm. The bonding meeting was established to discuss and resolve any issues, as well as being an opportunity to develop healthy relationships and a sense of unity among house members.
5. For the first thirty (30) days, house members will be required to be in by 6:00 P.M. unless you are working at this time. After dinner, they may choose to attend a 12-step meeting of their choice. However, they must be back in by 10:00 P.M. After thirty (30) days, members must be in by 12:00 midnight on Friday and Saturday nights, but the 10:00 P.M. curfew remains in effect for other nights. If you miss your curfew, you risk being discharged. After residing at Freedom House for thirty days, members will be eligible for two week- end passes per month, upon staff approval.
6. Phone usage is restricted to ten (10) minutes for each member every hour and a half. No phone calls will be allowed after 11:00 P.M. on week-days (Sunday through Thursday) or after 12:00 midnight on week-ends. If you abuse the phone privileges, you will be restricted from using the phone for three (3) days. If you continue to abuse phone privileges, you will be discharged.
7. House members will be required to keep their living areas clean, and will be assigned a common area to maintain. Cleaning of common areas must be completed by 10:00 P.M. If you don't complete your cleaning assignment daily, staff will address this with you. If the behavior continues, you will be discharged.
8. House members will be allowed to have privately owned vehicles at Freedom House. You will be allowed to look for a job, drive to your job, 12-step meetings, trips to the store, and back to the house. If you abuse this privilege, you will be asked to park your vehicle until your first 30 days are up. If you refuse to do so, you will be discharged.
9. We at Freedom House understand that when you have recovering people living together, there is going to be some conflict. However, we will not tolerate fighting or threatening other house members. Members who do so will be discharged.
10. There will be no female visitors at Freedom House for men.
11. You are responsible for paying your housing fees on time. Housing fees are due every Sunday for the following week. You will not be allowed to be more than one (1) week behind on your housing fees. If you are a client of Vocational Rehabilitation (V.R.), you are responsible to remind them that your housing fees are due. If your housing fees are due and your V.R. check has not arrived, housing fees must be paid by the member.
12. House members who are behind on their housing fees will not receive a week-end pass until their housing fees are current. No exceptions!
13. Each member will be responsible for sheets, blanket, pillow, pillow case, comforter, towel and wash cloth assigned to him. All items must be returned or your deposit will be forfeited.
14. There will be a mandatory weekly house meeting at 9:00 A.M. every Sunday. Every member is expected to attend this meeting.
15. The kitchen is the designated smoking area. Smoking is restricted to this area. Failure to comply with this restriction will result in discharge.
16. Halogen lamps and space heaters are prohibited. Failure to comply with this restriction will result in discharge.

**I have read and understand all the above rules and agree to abide by them. I understand that if I do not follow these rules, it will result in my discharge from Freedom House.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date