The Next Door provides a continuum of substance abuse and mental health evidence-based services for women in an environment of faith and healing to restore hope and a lifetime of recovery.

Name: __________________________ Date: _____________ Phone # ________________

**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
- □ 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
- □ can pass a blood alcohol test and urinary drug screen upon admission
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

MEDICAL HISTORY
The Next Door, Inc. does not discriminate based on medical history or diagnosis. Information
generated 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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason for taking</th>
<th>Dosage</th>
<th>Times per day</th>
<th>Date prescribed</th>
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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
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 been a victim of sexual assault, rape, harassment, or incest? □ Yes □ No
Have you been a perpetrator of sexual assault, rape, harassment, or incest? □ Yes □ No

EDUCATION

Highest grade completed _________________ GED? □ Yes □ No
Vocational Training/Certificates: (Please List) ____________________________________________
College: __________________________________________________________________________

LEGAL ISSUES

Do you have any evictions from housing? _______________________________________________
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: _______________

Have you ever been convicted of a sex related offense? □ Yes □ No
Please explain: ______________________________________________________________________

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
CHILDREN

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Father</th>
<th>Status of Custody</th>
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Will any of your children be residing with you if you live at FRC? ____________________________
If any of your children are in DCS custody, are you currently working towards reunification with them? ____________________________

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
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 housing at Freedom Recovery Community. If 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.
402 22\textsuperscript{nd} Avenue North, Nashville TN 37203
Fax: 615-321-0293 Phone: 615-251-8805 Ext.608