



FREEDOM RESIDENTIAL RECOVERY PROGRAM

This is an official application for admission to the Freedom program, a residential addiction and substance abuse recovery program at [Harvest House](#). Information submitted on this application is confidential and stored on a secure server.

The primary goal of the Freedom Program is to facilitate a stable, sober environment that gives individuals an opportunity to break the cycle of addiction and homelessness as they rebuild their lives by achieving residential stability, increasing their skill level, and obtaining a greater understanding of their strengths and purpose.

This residential recovery program offers two tracks: *Post-Prison Release* and *Self-Pay*. More information is provided below. The application should take approximately 30 minutes to complete. If possible, we invite you to submit an application online at harvesthousecenters.org.

Length of Stay: Although the program curriculum is six months, there is no length of stay minimum for court orders and a 24-month length of stay maximum for court orders. No matter the length of stay, each participant will receive robust recovery services.

Program Expectations

1. Commit to engage in case management services and required classes held in the evenings, including mental health fitness, addiction education, life skills, trigger identification, support systems, anger management, step meetings, fiscal responsibility, and more.
2. Commit to obtaining and maintaining full-time work, if not on disability or retirement income.
3. Honor the Freedom program rules and community living guidelines.
4. Agree to a search of your person and possessions upon arrival, or at any time thereafter, while a resident of Harvest House.
5. Agree to random and requested urinalyses.
6. Permit Harvest House to assist with financial management and accountability by establishing an escrow (savings) account with Harvest House.

Your signature below indicates that you have voluntarily and free of coercion, read and agree to submit to the guidelines of Harvest House as referenced in this document. Upon the review of your completed application and the available bed space, you will be notified of the next steps.

Please be as accurate as possible when answering the questions on this application. All questions must be completed for this application to be processed. Adding to or minimizing your history does not influence your application outcome. Incomplete or falsified information submitted on this application is subject to denial.

Applicant's Name (PRINT): _____

Applicant's Signature: _____

Date: _____



Applicant Assistance

If you are completing this application with the prospective client or on their behalf, please submit your information below.

Assistant First Name _____

Assistant Last Name _____

Phone Number _____

Email _____

Relationship to Applicant

- Re-entry Navigator Attorney Case Worker Probation Officer
 Chaplain Counselor Family Member Friend OTHER

Program Tracks

The Freedom program has three tracks, each tailored to meet specific recovery needs. **Please select the track that is best for you.**

- Self-Pay:** This track is for adult men and women seeking assistance recovering from addiction. There are two sub-tracks, one for males and one for females. The cost per week is \$200.00 (women) and \$240.00 (men). We ask for an initial payment upfront: \$1060 (men), \$900 (women). We do have bed space available for those without funds, but they are limited. Those without funds will be accepted with program fees only starting to accrue upon intake. The program fee and initial payment are non-refundable and by submitting this application the applicant acknowledges that funds will not be returned if the participant leaves voluntarily or is discharged for a rule violation.
- Post-Release Substance Abuse Transitional Housing:** This track is for adult males who have exited in a Florida State prison institution within the last 365 days. The cost per week is \$130.



Applicant Information

First Name: _____

Last Name: _____

M.I.: ____ Maiden Name: _____

DOB: _____

SSN: _____

DC Number: _____

Email Address: _____

Primary Phone: _____

Gender: Male Female

Veteran? Yes, I am a US Veteran.

Ethnicity/Race

- Asian Black/African American Hispanic/Latinx
- Native American or Alaska Native Native Hawaiian or Other Pacific Islander
- White Other: _____

Current Housing Status

- I am currently experiencing homelessness I am living in my own home.
- I am currently incarcerated. I am in a temp. housing situation/program.
- Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If applicable what is the name of the program, jail, or prison where you are currently located?

Education Level

- Some High School High School Vocational/Technical Degree
- Associates Degree Bachelor's Degree Master's Degree or above

Do you have a copy of your:

Drivers License?	Y	N	Social Security Card?	Y	N
Birth Certificate?	Y	N	DD214 (Veterans only)	Y	N

What languages do you speak fluently?

- English Spanish French
- Chinese Arabic Other: _____

What other cities have you lived in?

Have you ever been a client of Harvest House before? Y N

If so, what program(s) and when? _____



Income

Please indicate any sources of income you receive each month and the amount per month.

Employment: _____ Unemployment: _____

Social Security Income (SSI): _____ WIC: _____

HUD: _____ Cash Assistance: _____

Other: _____ Other: _____

TOTAL MONTHLY INCOME: _____

Criminal Justice System

Do you have any pending or prior charges? Pending Prior NONE

Date of Charge	City	Charge Type	Disposition

Have you been sentenced? Y N What is your EOS date? _____

Probation or Parole Status?

I am NOT on probation or parole. I am on probation. I am on parole.

What are the terms of your probation or parole? _____

Do you currently have an attorney or public defender?

No Attorney – Appointed Attorney – Retained Public Defender

Attorney/Public Defender Name: _____

Attorney/Public Defender Phone: _____

Attorney/Public Defender Email: _____

Was a victim physically harmed in any of your charges or convictions? Y N

If so, please describe the situation. _____

Have you ever been required to register as a sex offender? Y N

If so, when were you required to file and what were the charges? _____

Substance Abuse History

When was the last time you used drugs or alcohol? _____

Do you feel that alcohol or drugs are a problem for you? Y N

Have you ever been arrested while under the influence or high? Y N

Have you ever needed more alcohol or drugs to get the same effect? Y N

Has anyone ever complained about your behavior? Y N

Have you ever tried to cut down or stop using alcohol or drugs? Y N

How old were you when you first noticed that you had a problem with drugs and or/alcohol? _____

[Substance Abuse History continued on the next page]



Substance Abuse Survey

Substance	Have you used this substance?	How long did you use this substance for?		How often did you use it during that time?
Alcohol	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Marijuana	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Hallucinogenic	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Barbiturates	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amphetamine	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Methamphetamine	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Heroin	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Methadone	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Cocaine	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Opiates	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
K2/Spice	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Kratom	<input type="checkbox"/> Never <input type="checkbox"/> Used in the past <input type="checkbox"/> Used in the last 7 days	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months	<input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5+ years <input type="checkbox"/> 10+years	<input type="checkbox"/> Never <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

Mental Health History

Do you have a mental health diagnosis? Y N

If so, what is your diagnosis? _____

Are you experiencing auditory or visual hallucinations? Y N

If prescribed psychotropic medication by a medical professional,
 are you willing to comply? Y N

Have you been prescribed medication for your diagnosis? Y N

Please list the medications. _____

Do you need assistance getting your medication? Y N

Have you ever attempted suicide? Y N

If so, when? _____

What were the circumstances around this event? _____

Were you hospitalized? Y N

Health and Medical Information

Do you have a medical diagnosis? Y N

If so, what is your diagnosis? _____

Have you been tested for COVID-19?

Yes – I tested positive Yes – I tested negative No

When did you take your most recent COVID-19 test? _____

Are you able to carry out daily living activities* without assistance? Y N

**i.e. caring for your personal needs such as preparing meals, cleaning living space, personal hygiene*

If not, please explain why not. _____

Is it possible that you are pregnant? Y N

Are you able to carry out full time work? Y N



Are you currently experiencing a cough, fever, or shortness of breath? Y N

Have you been exposed to anyone who has tested positive for COVID-19 in the last 14 days? Y N

Employment History

Employer	Position	Start Date	End Date

What kind of work are you trained to do? _____

Housing History

How many times have you experienced homeless in the past three years? _____

Where did you sleep last night?

- Jail/Prison Outside Friends home/Couch
- My own home/apt Shelter Institution OTHER _____

When was the last time you had a safe, permanent place to live? _____

How long did you live there? _____

Freedom Program

List three goals that you hope to achieve by participating in this program.

1. _____

2. _____

3. _____



Is there anything else that you would like Harvest House to know?

How did you hear about us?

- Friend/Family
- A Previous Client
- Search Engine (ex: Google)
- Social Media
- Attorney/Public Defender
- Another human services agency
- Counselor
- Other: _____

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Print First & Last Name _____

Today's Date _____

How to Submit Your Application

Mail it to Harvest House Freedom Program
3650 17th Street, Sarasota, FL 34235

Fax it to (941) 954-2349

Email it to info@harvesthousecenters.com

Call to drop off (941) 953-3154

Staff Only

Received by: _____

Date: _____

