

Oklahoma Freedom Farm Application

I. PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____
Home Address _____ City _____
State _____ Postal Code _____ Home Phone _____

If Incarcerated:

Facility Name _____ Address _____
City _____ State _____ Zip _____ phone _____
Warden Name _____ Case Worker Name _____
DOC Number _____ length of sentence _____ time served _____
Expected release date _____

Age ____ Date of Birth ____/____/____ Social Security # ____ - ____ - ____
Occupation _____ Business Phone _____

Education

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+

(circle last year completed)

Describe other training, certificates, diplomas. _____

Person Responsible for your monthly support:

First Name _____ Last Name _____ Middle Initial _____
Home Address _____ City _____
State _____ Postal Code _____ Home Phone _____

Person to be contacted in case of emergency:

First name _____ Last Name _____ Middle Initial _____
Home Address _____ City _____
State _____ Postal Code _____ Home Phone _____

II. MILITARY SERVICE

Have you ever been in the military service? ___ Yes ___ No. Branch _____
Highest rank held _____ Jobs held _____
Honorably discharged ___ Yes ___ No

III. LEGAL INFORMATION

Have you ever been arrested or in jail? ___ Yes ___ No
Where _____
Charges _____
Time served _____ Are you on ___ Probation ___ Parole. How Long _____
Name of your parole officer _____
Address _____ City _____
State _____ Postal Code _____ Phone _____
Do you have any pending court cases ___ Yes ___ No
If yes, give details _____

IV. HEALTH INFORMATION

Rate your physical health: ___ Very good ___ Good ___ Fair ___ Declining
Height _____ Weight _____
List all of your present or past illnesses or handicaps _____
Date of your last medical exam _____ Problems noted by your doctor _____
Your doctor's name: _____ Phone _____

If you have a medical condition that requires regular visits to your doctor, list the reasons and how often you need to be seen. _____

Are you presently taking medication? ___ Yes ___ No

List the medications _____

Prescribed by: _____ Address _____

City _____ State _____ Postal Code _____ Phone _____

If accepted can you get enough medication to complete the six-month program? ___ Yes ___ No

Have you ever used drugs for non-medical purposes? ___ Yes ___ No

If yes, list all drugs used and approximate dates and length of use: _____

Have you ever had a severe emotional breakdown? ___ Yes ___ No (use back of page if needed)

Have you ever been a patient in a mental institution? ___ Yes ___ No

Where _____ How long _____ Discharge date _____

Have you ever had any psychotherapy or counseling? ___ Yes ___ No

Counselor/Therapist Dates _____

WOMEN:

Have you ever had a miscarriage? ___ Yes ___ NO an abortion? ___ Yes ___ No

Check all of the health problems you have or have had in the past:

Tuberculosis AIDS STD Poor eyesight

Hearing loss Colitis Pneumonia Leukemia

Bronchitis Cirrhosis Anemia Toothache

Kidney Glaucoma Backache Blackouts

Thyroid Nausea Ulcers Epilepsy

Cancer Mental Illness Prostate Arthritis

Diabetes Dizziness Hypoglycemia

V. MARRIAGE INFORMATION

Complete this section if you have ever been married or had children. **If you have never been married and have no children proceed to Section VI.**

Name of Spouse _____ Home phone _____

Address _____ City _____

State _____ Postal Code _____

Age _____ Occupation _____ Business phone _____

Is your spouse willing to come for counseling? ___ Yes ___ No ___ Unsure

Date of this marriage _____ Have you ever filed for divorce ___ Yes ___ No

Do you have any previous marriages ___ Yes ___ No. If yes, How many _____

Give brief information about any previous marriages. _____

Children

Names	Age	Sex	Grade	Marital Status	Who has custody
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1.

2.

3.

4.

Are you responsible for child support? ___ Yes ___ No. If yes, what arrangements have you made for your payment responsibilities? _____

VI. RELIGIOUS BACKGROUND

Your denomination is _____ Are you a member of a church ___ Yes ___ No
Church attendance per month 0 1 2 3 4 5 6 7 8 9 10 +(circle)
Church name _____ Address _____
City _____ State _____ Postal Code _____ Phone _____
Pastor's name _____ Address _____
City _____ State _____ Postal Code _____ Phone _____
How often do you pray? ___ Often ___ Sometimes ___ Never
Are you going to heaven when you die? ___ Yes ___ No ___ Don't know
If you answered yes, how do you know? _____
Have you been baptized? ___ Yes ___ No. If yes, by immersion? ___ Yes ___ No
Do you read the bible? ___ Often ___ Sometimes ___ Never
Explain any recent changes in your spiritual life. _____

VII. PARENTAL FAMILY HISTORY

Mother's name _____ Living? ___ Deceased ___
Occupation _____ Denomination _____
Attends church? ___ Yes ___ No
Father's name _____ Living? ___ Deceased ___
Occupation _____ Denomination _____
Attends church? ___ Yes ___ No.6
Were you raised by anyone other than your own parents? ___ Yes ___ No. If yes, please explain briefly. _____

Are your parents still living together? ___ Yes ___ No. If no, what year were they separated _____
Rate your parent's marriage: ___ Unhappy ___ Happy ___ Very happy
Who were you closest to as a child? ___ Mother ___ Father
Rate your childhood: ___ Unhappy ___ Happy ___ Very happy
How many brothers and sisters do you have? ___ Brothers ___ Sisters
Are there any addictive problems in your family ___ Yes ___ No. If yes, please describe briefly: _____

VIII. MISCELLANEOUS

Have you, your parents or grandparents ever been involved in any occult, cultic, New Age, or other non-Christian practices? ___ Yes ___ No. If yes, explain briefly.
Have you ever been sexually abused? ___ Yes ___ No. Involved in a homosexual relationship _____
How many hours of music do you listen to per week? _____
List your five favorite musicians/musical groups.

- 1. _____ 2. _____
- 3. _____ 4. _____

What problems are you experiencing that have caused you to apply to this program?

What have you tried to do to solve your problems?

Do you have any other medical or legal problems that we need to know about?

Circle the below feelings that describe your life.
inferiority insecurity inadequacy guilt worry doubt pride bitterness anger
Have you ever thought about or tried to commit suicide? ___ Yes ___ No. If yes, please explain.

I recognize my need for help and I am therefore applying for admission to *Oklahoma Freedom Farm*.

I understand that the Farm is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people like me.

I have carefully read and understand all of the rules of *Oklahoma Freedom Farm*. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant

or repetitious violation will be grounds for my dismissal from the program.

I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life, and my willingness to help myself, including chores and duties as may be assigned to me.

I agree for myself, my heirs and assigns, that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the Farm, to hold the Farm free and

harmless from any and all liability in connection therewith.

I authorize investigations of all statements contained in this application as may be necessary in arriving at a decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.

In the event that I quit the program and leave the Farm before graduation, I understand that *Oklahoma Freedom Farm* is in no way responsible to provide me with transportation from the Farm to any location. I further understand that if I were to leave the Farm without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property. *Oklahoma Freedom Farm* will not be responsible for storage or shipment of any of my personal belongings.

I certify that the answers given in this application are true and complete to the best of my knowledge.

Applicant's Signature

Date

Printed Name

Witness

Date