

Application for Admission
Free Indeed Men’s Discipleship Ranch

23751 Meadow Lane, Perris, CA 92570
Or: P. O. Box 430, Perris, CA 92572
Office (951) 943-5159 or Fax (951)943-3471

Personal Information

Name.....
(Please print—last name first)
Address.....
City.....State.....ZIP.....
Phone #.....
Date of Birth.....
Social Security.....
Driver’s License #.....Married?.....
Divorced?.....Children?.....
Names and ages.....
Place of work.....
Number of years there.....
Write a short paragraph about your abuse of drugs, alcohol, life controlling
problems.
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Legal Information

Are you currently on parole or probation?.....If yes, please give the name of
your parole or probation officer.....
Phone #.....Extention.....
How often do you report?.....In person, on the phone?.....
Do you owe Court fines?.....Amount?.....Date due.....
Criminal history.....
Registered Offender Program?.....Drug.....Arson.....Sex Crimes.....Violence.....

Medical Information

Are you currently under a doctor’s care? If yes, for what.....

Dr.’s Name.....Dr.’s phone #.....

Medications: Life sustaining meds only. Example: Heart and Blood Pressure meds.....
(Psychotropic medications are **Not** life sustaining medications).....

Free Indeed does not allow many Psychotropic medications in the program. Any person requesting entry into the program and currently taking Psychotropic medication must have a *Step-Down Schedule* prescribed by their doctor to be submitted with this application; and for any other prescribed meds that aren’t allowed here. List Psych meds and mg.

dosage.....

List all life sustaining medications; by name and mg. dosage.....

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Do you have any allergies? If so, please list them here.....

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Do you have any physical limitations that would inhibit your ability to perform manual labor? For example: A history of herniated or slipped disc in the back, hip or knee injury, neck or shoulder injuries. If so, please list here.....

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A doctor’s note, on *their* office stationary, stating the specific physical limitation(s) is **required** before admission to the program and should be submitted with this application. Please know that we are not equipped to house the disabled. “Free Indeed Ranch” is not staffed to transport guests to and from medical and dental appointments. Therefore, please take care of those problems prior to entering the ranch. Medical and dental emergencies will be taken care of promptly.

Purpose

My reason for making this application to the program is.....

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.....

What are your goals?.....

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Personal Reference

Name (of someone who knows you).....
Phone #.....Known for how many years.....
Address.....City.....State.....

Ministry Relationship

I,.....understand that **Free Indeed Men’s Ranch** is a religious, bible based organization, a ministry of **Free Indeed Christian Fellowship** a church. The purpose of Free Indeed is to process new creatures in Christ into people of honor, prepared to take their place (1.) in the fellowship of believers (regular church attendance), and (2.) return to live and work, brush shoulders with the rest of the world while remaining clean and sober; meaning no alcohol, no use of drugs, and no smoking. Signature.....Date.....

Church—Religion—Spirituality

Do you attend church?.....If so, where?.....
Pastor’s name.....Phone #.....
Have you committed to serving Jesus?.....if so, where and when.....
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Drug Treatment

I understand that Free Indeed is not licensed by the State of Calif. as a drug treatment program. Signature.....Date.....

Note: After completely filling out this application and sending it by fax, or U. S. mail to the number—address on page 1. You are to call and make an appointment to speak with the program Director for an interview (951-943-5159). If you mail the application, please allow 3-5 days for your application to arrive before contacting us.

You must call and be approved before coming into the program! During the interview prior to entry you will be asked if you have taken drugs or alcohol in the past 24 hours. Please note; that circumstances may require you to go thru a detox center before coming into the program.

Important Notice

It is the responsibility of the guest, or sponsor to cover travel expenses from the place of origin to Free Indeed and from Free Indeed back to the place of origin, whether they graduate or terminate the program.

This is a non-tobacco use program—6 month’s

I have read the above disclosure statement. I understand and agree to abide by these terms. Signature.....Date.....
Printed Name.....
Reviewed by Director.....Date.....

For Office Use Only

Date Faxed.....
Date Received.....
Date Accepted.....
Date Started Program.....
Denied?.....
Approved by.....
Date Guest exited Program.....