

**Application for Admission**  
**Free Indeed Men's Discipleship Ranch**

23751 Meadow Lane, Perris, CA 92570

Phone: (951) 943-5159

**Personal Information**

Full Name: \_\_\_\_\_

*(Please print – Last Name first)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Marital Status:

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_ Children? \_\_\_\_\_

If yes, list names and ages:

\_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of Years There: \_\_\_\_\_

Please write a short paragraph about your abuse of drugs, alcohol, or life-controlling problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Legal Information

Are you currently on probation or parole? \_\_\_\_\_ If yes, provide the name of your probation or parole officer:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Address: \_\_\_\_\_

CDC #: \_\_\_\_\_ How often do you report? \_\_\_\_\_

Physically report, or email in report? \_\_\_\_\_

Do you owe court fines? \_\_\_\_\_ Amount: \_\_\_\_\_

Date Due: \_\_\_\_\_ Criminal History: \_\_\_\_\_

Registered Offender Program? \_\_\_\_\_ Drug \_\_\_\_\_ Arson \_\_\_\_\_ Sex Crimes \_\_\_\_\_

## Church / Religion / Spirituality

Do you attend church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you made a commitment to serve Jesus Christ? \_\_\_\_\_

If yes, where and when?

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

Are you currently under a doctor's care? \_\_\_\_\_

If yes, for what? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

**Medications:**

*List life-sustaining medications only (for example: heart or blood pressure medications).  
Psychotropic medications are NOT considered 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. If they are prescribed Medications not allowed.

List medications and dosage:

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Do you have any allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

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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 injuries, neck or shoulder injuries)

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If yes, please list:

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*A doctor's note on their office stationary, stating the physical limitation(s) is REQUIRED before admission to the program and should be submitted with this application.*

*Understand that we are not equipped to house the disabled. Free Indeed Men's Ranch is not staffed to transport residents to and from medical and dental appointments.*

Therefore, any medical and dental emergencies must be addressed prior to entry into the program. Medical and dental emergencies will be attended to in the appropriate manner.

**Purpose**

My reason for making this application to attend the program is

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What are your goals?

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**Personal Reference**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Known for: \_\_\_\_\_ years

**Ministry Relationship**

I, \_\_\_\_\_, understand that Free Indeed Men's Ranch is a religious, biblically-based organization.

The purpose of Free Indeed is to process new creatures in Christ into people of honor, prepared to take their place, first of all, in the fellowship of believers (regular church attendance), and secondly, return to live and work, brush shoulders with the rest of the world while remaining clean.... "Clean" means no alcohol, no use of drugs, and no smoking.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Drug Treatment Acknowledgment

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** After completely filling out this application and sending it to freeindeedchristianfellowship@gmail.com or mail it to:

### Free Indeed Discipleship Ranch

Attention: Intake  
430 S. D Street  
Perris, CA 92570

you are to call and make an appointment to speak with program director for an interview at (951) 943-5159. If you mail application, please allow 4–5 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 go through a detox center before coming into the program.**

### **Important Notice**

It is the responsibility of the resident/sponsor to cover all 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-smoking program (6 months)**.

I have read the above disclosure statement. I understand and agree to abide by these terms.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

