Application for Admission

Free Indeed Men's Ranch

23751 Meadow Ln, Perris, CA 92570-7978

Phone: 951-550-6987

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:

_____

_____

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

_____

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)

_____

_____

If yes, please list:

_____

_____

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 stuffed 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

_____

_____

_____

What are your goals?

_____

_____

_____

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, firs 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 Men's Ranch
23751 Meadow Ln
Perris, CA 92570-7978

you are to call and make an appointment to speak with program director, Daniel Jacob for an interview at 951-550-6987. 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: _____

Printed Name: _____

Reviewed by Director: _____

Date: _____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

For Office Use Only

Date faxed out: ____ / ____ / _____

Date received: ____ / ____ / _____

Date accepted: ____ / ____ / _____

Date entered program: ____ / ____ / _____

Approved by: _____

Date client exited program: ____ / ____ / _____

(Revised: August 29, 2026)