



Freedom
Transforming Lives

Application Form



Referral Form

This form covers referrals to Freedom Communities from a variety of agencies. All referring agents and applicants are advised to read the guidelines and each section carefully. Please complete all sections fully. Any sections not completed may delay admission to the community.

If the applicant is subject to a probation supervision order and/or a drug or alcohol service, the application for a placement with us must be made by that service.

- Freedom Communities offers accommodation and a supportive therapeutic programme for men who require treatment for substance misuse.
- The applicant must be prepared to **commit** to and **fully participate** in a 9 month residential programme.
- The programme is based on the Theory, Model and Method described by De Leon (2000) and as such the applicant must be **fully prepared** to have negative thinking and behaviour patterns challenged.
- Residents must **abide** by the house rules at all times – no violence or threats of violence, no sexual or racial discrimination, no drugs or alcohol use, no bullying, no sexual contact with another resident or member of staff.
- Residents are not permitted personal telephone calls or personal mail for the first 6 weeks of the programme.
- This initial 6 week induction period allows both the resident and the therapeutic community time for adjustment, and to gauge if this method of treatment is suitable for the resident's needs.

Please be aware that Freedom Communities is a Christian organisation and some elements of the programme are based on Christian values and use Christian based principles. As part of our pro-social activities residents will be expected to attend Church at least once a week. If you have objections to this policy please make your position clear at this stage of the referral process. Freedom Communities does not discriminate on the grounds of religion and in the interests of equality the programme is open to those of any faith or none.

Referral Guidelines

There are a number of practical circumstances in the applicant's life that may limit whether Freedom Communities is the appropriate type of treatment to which the individual may be referred.

- **Responsibilities** - refers to the need to maintain employment or care for children that limit the extent of the possible treatment demands.
- **Medical Exclusion** - occurs when the applicant has a medical condition necessitating frequent and/or intensive hospital treatment.
- **Psychiatric Exclusion** - occurs when the applicant is in an acute psychiatric crisis, or has a history of mental hospitalisation or suicide attempts which require treatment programmes with specialist psychiatric or mental health services.
- **Criminal History** - may limit referrals to Freedom Communities when applicants have a recent history of violence, and any history of arson and sexual offending. We do not consider those offenders managed by **MAPPA**, of whatever category.
- **Special programme considerations** - the applicant may initially need to be referred for medical detoxification. **Freedom Communities is not able to provide detoxification for prospective residents.** If the applicant requires detoxification this must be completed before arrival at Freedom Communities.

Applicant Information

Applicant Name: _____ Date of birth: _____
Address: _____ Age: _____
E-Mail Address: _____ Mobile No: _____
NI Number: _____ Landline No: _____

Referrer Information

Referrer Name: _____ E-Mail Address: _____
Address: _____ Mobile No: _____
Department: _____ Phone No: _____

Agency Information

Agency Name: _____
Agency Address: _____
E-Mail Address: _____
Phone No: _____
Details of current treatment: _____

Please answer all questions fully

PATTERN OF DRUG USE			
No.	Question	Response [please circle the number]	For office use only
1.	How many times a week do you use drugs including alcohol ?	1 = 1 or 2 times per week 2 = Periods of intense, sporadic use (binges) 3 = 3 or more times per week 4 = Every day 8 = <i>I never use drugs/alcohol</i>	(____) (1)
2a.	What is your primary drug (i.e. the main drug that you use) including alcohol ?	1 = Barbiturates 2 = Non-crack cocaine 3 = Crack 4 = Heroin or other opiates 5 = Marijuana 6 = Alcohol 7 = Amphetamines/speed 7a = Other (e.g. methadone, inhalants, codeine etc.) 8 = <i>None</i>	(____) (2a)
2b.	Do you use needles to take drugs?	0 = No 1 = Yes	(____) (2b)
3a.	When you use drugs, how many times a day do you use them?	1 = Once 2 = 2 - 3 3 = 4+ 8 = <i>I do not use drugs</i>	(____) (3a)
3b.	Or, if alcohol was the primary drug	4 = 1 to 2 drinks 5 = 3 - 5 drinks 6 = 6+ 8 = <i>I don't drink alcohol</i>	(____) (3b)
	Date last used drugs:	How much? Type?	
	Date last drank alcohol:	How much? Type?	

PREVIOUS ABSTINENCE

4a.	How long have you been using drugs or alcohol on a regular basis to get high or change your mood?	1 = 0-12 months (1 yr.) 2 = 1 to 3 yrs. 3 = 4 yrs. or more	(____)(^{4a})
4b.	In the last 4 years was there a time when you were able to stay off drugs or alcohol for as much as 3 months or more?	0 = No 1 = Yes	(____)(^{4b})
4c.	If YES , was this when you were in prison or treatment?	1 = Prison 2 = Treatment 8 = <i>not applicable</i>	(____)(^{4c})
4d.	What has been the most helpful in past recovery attempts?	1 = 12 Step Fellowships 2 = Church/Religion 3 = Friends 4 = Family 5 = Other 8 = <i>Not been in recovery before</i>	(____)(^{4d})
4e.	What has been missing in previous recovery attempts?		

PREVIOUS TREATMENT HISTORY

FACILITY	LOCATION	RESIDENT	NON-RESIDENT	DATES	COMPLETED [Yes or No]

SOCIAL FACTORS

5.	If you have a place to live, is it free of street drugs?	0 = No 1 = Yes 8 = <i>I do not have a place to live</i>	(____) ⁽⁵⁾
6.	How many of the people you currently associate or hang out with do you think took drugs or alcohol to get high in the past 30 days? <u>If you were in prison, don't count other inmates.</u>	0 = None 1 = One 2 = Two or More 7 = I don't associate with anyone 8 = <i>I was in prison</i>	(____) ⁽⁶⁾
7.	How many of your associates or the people you hang out with committed a serious crime in the last 60 days? This includes robbery, assault, murder, rape, sexual assault, or burglary, etc. <u>If you were in prison, don't count other inmates.</u>	0 = None 1 = One 2 = Two or More 7 = I don't associate with anyone 8 = <i>I was in prison</i>	(____) ⁽⁷⁾
8.	Have you served time in prison within the last 2 years?	0 = No 1 = Yes	(____) ⁽⁸⁾
9.	Have you committed a serious crime in the last year? <u>[please circle all that apply]</u>	1 = Robbery/Burglary 2 = Assault/Violence to Others 3 = Carrying weapons 4 = Arson 5 = Kidnapping 6 = Rape/Sex Offences 7 = Murder 8 = <i>I have not committed a serious crime in the last year</i>	(____) ⁽⁹⁾
10.	In the last 30 days have you been involved in crime. This includes benefit fraud, prostitution, shoplifting, selling drugs, or other crimes of this nature (excluding drug use/possession)?	0 = No 1 = Yes	(____) ⁽¹⁰⁾
11.	Have you committed any violations such as vagrancy, loitering, vandalism <u>more than once</u> in the last 30 days?	0 = No 1 = Yes	(____) ⁽¹¹⁾
12.	Have you been arrested for driving under the influence of alcohol or drugs in the last year?	0 = No 1 = Yes	(____) ⁽¹²⁾
13.	Was your main source of financial support in the past year an illegal activity?	0 = No 1 = Yes	(____) ⁽¹³⁾
14.	Is any child protective agency currently monitoring you?	0 = No 1 = Yes	(____) ⁽¹⁴⁾

EMPLOYMENT

15.	Have you or any other adults you live with had a regular job for more than two years?	0 = No 1 = Yes	(____) ⁽¹⁵⁾
15a.	Have you completed secondary school, vocational qualifications or any other training/qualifications?	0 = No 1 = Yes	(____) ^(15a)
15b.	Do you think you could earn a living with the skills/experience you have?	0 = No 1 = Yes	(____) ^(15b)

RESPONSIBILITY

16.	How many children under the age of 18 are you responsible for taking care of (include both biological and step children)? Record actual number. IF 0, GO TO QUESTION 17	(____/____) <i>Record actual number</i>	(____/____) ⁽¹⁶⁾
16a.	Is there another relative or friend who could take care of these children for you?	0 = No 1 = Yes 8 = <i>I'm not responsible for anyone</i>	(____) ^(16a)
17.	Are there any other people that you provide care for or are responsible for?	0 = No 1 = Yes 8 = <i>I'm not responsible for anyone</i>	(____) ⁽¹⁷⁾
18.	Would leaving your family for more than 9 months cause severe financial hardship for them?	0 = No 1 = Yes 8 = <i>I'm not responsible for anyone</i>	(____) ⁽¹⁸⁾

MEDICAL

19.	Do you have any medical condition that requires hospitalisation or regular hospital treatment? <u>PLEASE NOTE – you are advised to have a dental checkup BEFORE admission to the community. We are unable to facilitate routine dental appointments for residents.</u>	0 = No 1 = Yes	(____) ⁽¹⁹⁾
20.	Are you diagnosed with or under a doctor’s care for any diseases, illnesses or impairment?	0 = No 1 = Yes	(____) ⁽²⁰⁾
20a.	Do you experience any of the following – <i>please answer YES or NO.</i> Trouble sleeping _____ Rapid weight gain/loss _____ Loss of appetite _____ Diarrhoea/constipation _____ Eye/vision problems _____ Liver problems _____ Frequent headaches _____ Low blood sugar _____ Allergies _____ Gastritis/indigestion _____ Blood in stools _____ Coughing up blood _____ Tremors _____ Sores that don’t heal _____ Convulsions/seizures _____ Vomiting _____ Persistent cough/cold _____ Difficulty breathing _____	Brief details please.	
20b.	Current medication [<i>please list</i>]	Strength	Frequency

PSYCHIATRIC

21.	When you are not taking drugs, do you ever see or hear things that other people would say but are not there?	0 = No 1 = Yes	(____) ⁽²¹⁾
22.	Are you currently taking daily medication which a doctor has prescribed for psychological or emotional problems?	0 = No 1 = Yes	(____) ⁽²²⁾
22b.	Have you ever been detained – “sectioned” - under the Mental Health Act (1983) <i>If Yes please give details:</i>	0 = No 1 = Yes	(____) ^(22b)

23.	In the last 3 years have you attempted to kill yourself when <u>you were</u> under the influence of drugs or alcohol?	0 = No 1 = Yes	(____) ⁽²³⁾
23a.	In the last 3 years have you attempted to kill yourself when <u>you were not</u> under the influence of drugs or alcohol?	0 = No 1 = Yes	(____) ^(23a)
23b.	<u>IF 23 and 23a IS "YES"</u> , how many times and tell us what happened.	(____/____)	(____/____) ^(23b)
23c.	Do you have a history of self-harm (self-cutting, burning etc.) and with what? <i>If Yes please give details:</i>	0 = No 1 = Yes	(____) ^(23c)

OFFENDING HISTORY

24.	Have you ever attempted or committed rape or sexual assault?	0 = No 1 = Yes	(____) ⁽²⁴⁾
25.	Have you ever tried to set something like a building, car, or person on fire?	0 = No 1 = Yes 2 = Yes, but only while under influence of drugs or alcohol 3 = Yes, but was less than 14 years old	(____) ⁽²⁵⁾
26.	Are you currently in prison?	0 = No 1 = Yes	(____) ⁽²⁶⁾
27.	Are you currently involved in any legal matters?	0 = No 1 = Yes	(____) ⁽²⁷⁾
27a.	If YES is this?	1 = Probation 2 = Remand 3 = Drink-driving/DUI 4 = Divorce proceedings 5 = Child care custody 6 = Civil proceedings 7 = Assault charges 8 = [Other – please state]	(____) ^(27a)
28.	Do you have a court case pending?	0 = No 1 = Yes	(____) ⁽²⁸⁾
28a.	If YES please give details		
29.	Please list previous convictions [<i>continue on a separate sheet if necessary</i>]	Date(s)	Time served
	If applicable, Probation/Parole Officer's Name.		
	Address.		
	Phone No.		
	Report frequency.		
30.	For criminal justice referrals: [<i>please supply details of licence conditions</i>]	Conditional Release Date (CRD)	
		Licence Expiry Date (LED)	
		Sentence Expiry Date (SED)	

MANDATED TREATMENT			
26.	Are you coming to treatment because the court or your job mandated you (required that you go) to a particular type of treatment, (for example residential)?	0 = No 1 = Yes	() (26)
27.	Are you coming to treatment because you have been told that you must go into a specific type of treatment in order to get or to take custody of your children?	0 = No 1 = Yes	() (27)
SPECIAL PROGRAMME CONSIDERATIONS			
28.	Do you ever experience any of the following when trying to stay off drugs and/or alcohol?	0 = No 1 = Yes Seizures..... () (28i) Dizziness..... () (28ii) Difficulty breathing..... () (28iii) Tremors/shakes..... () (28vi) Sweats..... () (28v) Severe cramping..... () (28vi) Fever..... () (28vii) Nausea..... () (28viii) <i>IF YES, TO ANY, <u>DETOXIFICATION</u> MAY BE WARRANTED</i>	
29.	Do you have an opiate addiction (such as heroin, methadone, codeine, morphine) and want medications in order to get clean?	0 = No 1 = Yes	() (29)
FINANCIAL			
30.	Do you have responsibility for any of the following any of the following.	1 = Bills/fines 2 = Child support 3 = Living expenses, e.g. mortgage/rent 4 = Savings 8 = <i>I don't have any financial responsibilities</i>	() (30)
30a.	Are you eligible for the following benefits: Benefits	1 = Housing benefit 2 = ESA 3 = JSA 4 = DLA 5 = Incapacity benefit 6 = Income support 7 = Other 8 = <i>I don't claim any benefits</i>	() (30a)

STATEMENT FROM THE APPLICANT:

The applicant needs to state here in their own words. Please include:

- Why you want to change
- How committed you are to making that change
- What is the major problem that caused you to seek help at this time?
- If you have been in treatment/recovery before, what do you need to do differently this time?

AUTHORISATION FORM

Information given to us during the application process is covered by the Data Protection Act 1998. It is normally only used internally by Freedom Communities during the application process and during the applicant's time as a resident with us. However, if we consider there is serious risk of harm to others or the applicant/resident, section 115 of the Crime and Disorder Act 1998 provides that the information may be shared as necessary. Freedom Communities is registered as the Data Keeper with the ICO.

You must **PRINT** your name and **SIGN ALL** the following statements:-

I _____(name) authorise the staff of Freedom Communities to contact any person/s I so designate, to seek full information about me when considering my application to join their rehabilitation programme, on the understanding that it will be in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of Freedom Communities to seek medical, social and psychiatric reports about me for the purpose of considering my application to join their rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of Freedom Communities to seek pre-sentence, probation and legal reports about me for the purpose of considering my application to join their rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of Freedom Communities to seek medical, social and/or psychiatric help, if it is deemed by the staff I am not in a fit state, either mentally or physically, to make the decision for myself.

Signed _____ Date _____

I _____(name) authorise the staff of Freedom Communities to seek information with regards to my debts and finances on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of Freedom Communities to seek information from the Benefits Office with regards to my benefits, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

APPLICATION COMPLETED BY:

Name
Job Title
Signed
Date

DECLARATION BY THE APPLICANT

I confirm that the information I have given is accurate to the best of my knowledge.

I understand that if I obtain a placement with Freedom Communities by knowingly giving false information, I risk losing the accommodation provided to me. I understand I will be required to abide by a licence agreement and residents contract whilst resident with Freedom Communities.

INFORMATION EXCHANGE

In order for Freedom Communities to make a full assessment we need to know about your housing and any offending history and any risk of harm you may pose to either yourself or other people.

If you are not willing for your Referring Agency and Freedom Communities to share information about you we will not be able to process your referral.

I agree to allow any information contained within this document to be shared with Freedom Communities and any other organisations that may offer support for any issues I may have.

I understand that each organisation will have their own confidentiality policy, and in normal circumstances will not disclose my information further. However, if there is a serious risk of harm to others, or myself, section 115 of the Crime and Disorder Act 1998 provides for my information to be discussed as is considered necessary.

**Applicant
Signature:**

Print Name:

Date:

MONITORING INFORMATION

Where possible this should be completed by the applicant. The following information will enable Freedom Communities to monitor who they are assisting in order to ensure equality of access.

Mark X as appropriate

Ethnic Monitoring

A1	Asian or Asian British: Indian	<input type="checkbox"/>
A2	Asian or Asian British: Pakistani	<input type="checkbox"/>
A3	Asian or Asian British: Bangladeshi	<input type="checkbox"/>
A9	Asian or Asian British: Other	<input type="checkbox"/>
B1	Black or Black British: Caribbean	<input type="checkbox"/>
B2	Black or Black British: African	<input type="checkbox"/>
B9	Black or Black British: Other	<input type="checkbox"/>
M1	Mixed: White & Black Caribbean	<input type="checkbox"/>
M2	Mixed: White & Black African	<input type="checkbox"/>
M3	Mixed: White & Asian	<input type="checkbox"/>
M9	Mixed: Other	<input type="checkbox"/>
O1	Chinese	<input type="checkbox"/>
O2	Other Ethnic Group	<input type="checkbox"/>
W1	White: British	<input type="checkbox"/>
W2	White: Irish	<input type="checkbox"/>
W9	White: Other	<input type="checkbox"/>
NS	Prefer not to say	<input type="checkbox"/>

Sexuality e.g. Gay, Lesbian, Transgender or not stated

Do you consider yourself to have a disability: Y or N (please circle) The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities"

If yes, please state nature of disability:

REFERENCES:

De Leon, G. (2000) *Therapeutic Community: Theory, Model and Method*. Springer Publishing: New York

Melnick, G and De Leon, G (1997) *Phase II Version Client-Treatment Matching Protocol (CMP)* New York: Centre for Therapeutic Community Research (CTCR) at NDRI (National Drug Research Institute)

Please send the completed form and any additional material to:

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Nr Lynton
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Fax: 01598 752126

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