



Freedom
Transforming Lives

Freedom Communities Application Form





Referral Form

This form covers referrals to Freedom Community 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.

Freedom Communities is a trading style of Freedom Community Alliance (FCA) which is a registered charity and not for profit company limited by guarantee company number: 06628989 Registered Charity number: 1125960

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 Community 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 6 to 12 month 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 approximately 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 Community Alliance is a Christian organisation and there is an element of the programme where Christian values and Christian based principles may be discussed. As part of our pro-social activities residents will be expected to attend Church at once a week; however, are not expected to involve yourself with the service. If you have objections to this policy, please make your position clear at this stage of the referral process. Freedom Community 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 Community 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 **MAPPA or PPO**, violence, arson or sexual offending.
- **Special programme considerations** - the applicant may initially need to be referred for medical detoxification. Freedom Community is **not** able to provide detoxification for prospective residents. If the applicant requires detoxification this must be completed before arrival at Freedom Community. The applicant is required to be free of substance before entry.

Applicant Information

Applicant Name: _____ Date of birth: _____ Age: _____

Address: _____

NI Number: _____ E-Mail Address: _____

Mobile No: _____ Landline No: _____

Referrer Information

Referrer Name: _____ E-Mail Address: _____

Address: _____

Mobile No: _____ Landline No: _____

Agency Information

Agency Name: _____ E-Mail Address: _____

Agency Address: _____

Phone No: _____

Details of current treatment: _____

Please answer all questions fully

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Document Development Lead: Kevin Randall/ Roger Bartlett

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| PATTERN OF DRUG USE | | |
|---------------------|---|--|
| No. | Question | Response [<i>please circle the number</i>] |
| 1. | How many times a week do you use drugs including alcohol ? Date last drank alcohol: _____ | 1 = 1 or 2 times per week 2 = Sporadic use (binges) 3 = 3 or more times per week 4 = Every day 5 = <i>I never use drugs/alcohol</i> |
| 1b. | How many times a day do you drink alcohol? | 1 = 1 to 2 drinks 2 = 3 - 5 drinks 3 = 6+ 4 = <i>I don't drink alcohol</i> |
| 2a. | What is your primary drug (i.e. the main drug that you use) including alcohol ? Date last used drugs: _____ | 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> |
| 2b. | Do you use needles to take drugs? | 0 = No 1 = Yes |
| 3. | If you use drugs, how many times a day do you use them? | 1 = Once 2 = 2 - 3 3 = 4+ 4 = <i>I do not use drugs</i> |
| 4a. | Have you ever overdosed? | 0 = Never 1 = Once 2 = 2 - 3 3 = 4+ |
| 4b. | Explain the above. (Never: No explanation needed) | |
| 5. | 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 |
| 6. | Have you ever been hospitalised due to your drinking/using? Explain: | 0 = Never 1 = Once 2 = 2 - 3 3 = 4+ |
| 7. | Have you been arrested for driving under the influence of alcohol or drugs in the last year? | 0 = No 1 = Yes _____ How Many _____ |

| PREVIOUS ABSTINENCE | | | | | | | |
|----------------------------|--|----------|--|--|--------------|--------------------|--------------------------|
| 7a. | In the last 4 years was there a time when you were able to stay off drugs or alcohol for 3 months or more? | | | 0 = No 1 = Yes | | | |
| 7b. | If YES , was this when you were in prison or treatment? | | | 1 = Prison 2 = Treatment 3 = <i>not applicable</i> | | | |
| 7c. | What has been the most helpful in past recovery attempts? | | | 1 = 12 Step Fellowships 2 = Church/Religion 3 = Friends 4 = Family 5 = Other 6 = <i>Not been in recovery before</i> | | | |
| 8. | What has been missing in previous recovery attempts? Explain: | | | | | | |
| PREVIOUS TREATMENT HISTORY | | | | | | | |
| FACILITY | | LOCATION | | RESIDENT | NON-RESIDENT | DATES From - To | COMPLETED [Yes or No] |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SOCIAL FACTORS | | | | | | | |
| 9. | If you have a place to live, is it free of street drugs? | | | 0 = No 1 = Yes 2 = <i>I do not have a place to live</i> | | | |
| 10. | 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 3 = I don't associate with anyone 4 = <i>I was in prison</i> | | | |
| 11. | How many of your associates or the people you hang out with committed a serious crime in the last 90 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 3 = I don't associate with anyone 4 = <i>I was in prison</i> | | | |

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| | | |
|-----------------------|---|--|
| 12. | 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 |
| 13. | Do you currently have any difficulties with your partner, family, friends, neighbour, boss, PO or any anyone else? | 0 = No 1 = Yes |
| 13a. | <i>If Yes please give brief details:</i> | |
| EMPLOYMENT | | |
| 14. | Have you or any other adults you live with had a regular job for more than two years? | 0 = No 1 = Yes |
| 15. | Have you completed secondary school? | 0 = No 1 = Yes |
| 15a. | Have you completed any vocational qualifications or any other training/qualifications? | 0 = No 1 = Yes |
| 15b. | Do you think you could earn a living with the skills/experience you have? | 0 = No 1 = Yes |
| 16. | Was your main source of financial support in the past year an illegal activity? | 0 = No 1 = Yes |
| RESPONSIBILITY | | |
| 17. | 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 21 | (____/____) <i>Record actual number</i> |
| 17a. | Is there another relative or friend who could take care of these children for you? | 0 = No 1 = Yes 2 = <i>I'm not responsible for anyone</i> |
| 18. | Is any child protective agency currently monitoring you? | 0 = No 1 = Yes |
| 19. | Are there any other people that you provide care for or are responsible for? | 0 = No 1 = Yes 2 = <i>I'm not responsible for anyone</i> |
| 20. | Would leaving your family for more than 9 months cause severe financial hardship for them? | 0 = No 1 = Yes 2 = <i>I'm not responsible for anyone</i> |

| MEDICAL | | |
|--------------------|--|------------------------------------|
| 21. | Do you have any medical condition that requires hospitalisation or regular hospital treatment? <i>PLEASE NOTE – you are advised to have a dental and eye checkup, BEFORE admission to the community. We are unable to facilitate routine dental appointments for residents. Brief details please.</i> | 0 = No 1 = Yes |
| 21a. | If you answered yes to the above Explain: | |
| 22. | Have been diagnosed with or under a doctor's care for any Medical diseases, illnesses or impairment? Psychiatric further on | 0 = No 1 = Yes |
| 22a. | If you answered yes to the above Explain: | |
| 22b. | Current medication [<i>please list</i>] | Strength |
| | | |
| | | |
| | | |
| 23. | 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 _____ | <i>Brief details please</i> |
| PSYCHIATRIC | | |
| 24. | When you are not taking drugs, do you ever see or hear things that other people would say are not there? | 0 = No 1 = Yes |
| 25. | Have you been diagnosed with a mental health condition? | 0 = No 1 = Yes |
| 25a. | Are you currently taking daily medication which a doctor has prescribed for psychological or emotional problems? | 0 = No 1 = Yes |
| 25b. | Current medication [<i>please list</i>] | Reason for medication – To treat? |
| | | |
| | | |
| | | |
| 25c. | Are you willing to come off these medications? | 0 = No 1 = Yes |

| | | |
|------|--|---|
| 26. | List any psychological or emotional problems and/or Diagnosis | Approximate date of you were diagnosed |
| 26a. | Were you using drugs/alcohol at the time of diagnosis | 0 = No 1 = Yes |
| 26b. | If so, which diagnoses | |
| 27. | Have you ever been detained – “sectioned” - under the Mental Health Act (1983) <i>If Yes please give details:</i> | 0 = No 1 = Yes |
| 28. | 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 |
| 28a. | 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 How many _____ |
| 28b. | <u>IF 25 and 25a IS “YES”</u> , how many times and explain circumstances and how it was attempted eg. Overdose | (____/____) |
| 29. | Do you have a history of self-harm (self-cutting, burning etc.) if so with what? <i>If Yes please give details:</i> | 0 = No 1 = Yes |
| 30. | Are you prone to angry outburst? If yes, Explain: | 0 = No 1 = Yes When under the influence? 0 = No 1 = Yes |
| 31. | Have you been emotionally ____ Physically ____ Sexually____ Abused? | 0 = No 1 = Yes |

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| | | |
|---------------------------|--|--|
| 32. | Was there any domestic violence in your childhood? | 0 = No 1 = Yes |
| OFFENDING HISTORY | | |
| 33. | Are you currently serving time in prison | 0 = No 1 = Yes |
| 33a. | If so what offense? | |
| 33b. | Are you on Probation? | 0 = No 1 = Yes |
| 33c. | Are you a PPO or MAPPA? | 0 = No 1 = Yes |
| 33d. | If applicable, Probation/Parole Officer's Name. Address. Phone No. Report frequency. | |
| 34. | Have you served time in prison within the last 3 years? | 0 = No 1 = Yes |
| 35. | How much prison time have you done in total during your lifetime? | Months _____ years _____ |
| 36. | Have you committed a serious crime in the last year? [please circle all that apply] | 1 = Robbery/Burglary 2 = Assault/Violence to Others 3 = Carrying weapons 4 = Kidnapping 5 = Murder 6 = <i>I have not committed a serious crime in the last year</i> |
| 36a. | Have you committed any violations such as vagrancy, loitering, vandalism more than once in the last 30 days? | 0 = No 1 = Yes |
| 36b. | Have you committed any violations such as ARSON or RAPE/SEX offense? | 0 = No 1 = Yes |
| | IF 36, 36a and 36b is "YES", Which ones, | |
| 36c. | Please list previous convictions [<i>continue on a separate sheet if necessary</i>] how many times and Brief details please | Date(s) Time served |
| | | |
| | | |
| | | |
| 37. | 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 | | |
| 38. | Are you coming to treatment because the court or your job mandated you (required that you go) to a particular type of | 0 = No 1 = Yes |

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| | | |
|---|--|--|
| | treatment, (for example residential)? | |
| 39. | 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 |
| SPECIAL PROGRAMME CONSIDERATIONS | | |
| 40. | Do you ever experience any of the following when trying to stay off drugs and/or alcohol? | 0 = No 1 = Yes Seizures..... Dizziness..... Difficulty breathing..... Tremors/shakes..... Sweats..... Severe cramping..... Fever..... Nausea..... <i>IF CURRENTLY YES, TO ANY, <u>DETOXIFICATION</u> MAY BE WARRANTED</i> |
| 41. | Do you have an opiate addiction (such as heroin, methadone, codeine, morphine) and want medications in order to get clean? | 0 = No 1 = Yes |
| FINANCIAL | | |
| 42 | Do you have FINANCIAL 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 5 = <i>I don't have any financial responsibilities</i> |
| 42a. | Are you eligible for the following benefits?: Benefits | 1 = Housing benefit 2 = ESA/Universal Credit 3 = JSA 4 = DLA/PIP 5 = Incapacity benefit 6 = Income support 7 = Other 8 = <i>I don't claim any benefits</i> |
| 43. | DO YOU HAVE A PHOTO ID (eg. Driver lic, passport) | 0 = No 1 = Yes |
| 43a. | DO YOU HAVE A BIRTH CERTIFICATE? | 0 = No 1 = Yes |
| 43b. | IF NOT CAN YOU OBTAIN THESE BEFORE YOU COME? | 0 = No 1 = Yes |

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

Personal information provided during the application process is covered by the Data Protection Act 2018. This information will only be used internally within Freedom Community Alliance (FCA) whilst the applicant remains a client or resident unless the applicant has given specific written consent for it to be shared with another individual or organization.

However, if FCA considers 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 to prevent such harm. FCA is registered as the Data Controller with the ICO.

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

I _____(name) authorise the staff of Freedom Community Alliance (FCA) 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 FCA to seek medical, social and psychiatric reports about me for the purpose of considering my application, my ongoing stay and behaviour progress at the rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of FCA to seek pre-sentence, probation and legal reports about me for the purpose of considering my application, my ongoing stay and behaviour progress at the rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

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

Signed _____ Date _____

I _____(name) authorise the staff of FCA 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 _____

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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 Community 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 Community.

INFORMATION EXCHANGE

In order for Freedom Community Alliance (FCA) to make a full assessment we need to know about your housing situation 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 FCA 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 within Freedom Community Alliance 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 2018 provides for my information to be discussed to other agencies to prevent harm.

**Applicant
Signature:**

Print Name:

Date:

| |
|--|
| |
| |
| |

MONITORING INFORMATION

Where possible, this should be completed by the applicant. The following information will enable FCA 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:

Referrals
Freedom Community
Crocombe Barton
Nr Lynton
EX35 6JW

Tel: 01598 753886/558

or alice@freedomcommunityalliance.org.uk

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