

**Wings of Freedom Sober Living
P O Box 690657
Tulsa, Oklahoma 74169
918.584.8879
FAX – 918.794.6549**

INTAKE APPLICATION

(If incarcerated, please attach a copy of your CRC – Consolidated Record Card)

All questions MUST be answered.

Please PRINT all answers. Please include approximate move-in date.

Referred by: _____

Legal Name: _____

Current Address: _____

Phone Number: _____ **Social Security Number:** _____

Date of Birth: _____ **Age:** _____ **Male:** _____ **Female:** _____

DOC Number: _____ **PO's Name & Phone:** _____

Race: Native Am: _____ **African Am:** _____ **Asian:** _____ **Hispanic:** _____ **White:** _____

Expected Move In Date: _____

Type of Release: GPS: _____ **Probation:** _____ **Parole:** _____ **Discharge:** _____

Marital Status: _____ **Name of Spouse:** _____

Emergency Contact: _____

Relationship: _____ **Phone Number:** _____

(Please Continue on Other Side)

Do You Have Children: _____ **How Many:** _____ **Ages:** _____

Will Your Children Be Living With You: _____

Do You Have An Open DHS Case: _____ **If so, What County:** _____

Do You Have Pending Criminal Charges: _____

If so, What and Where: _____

Have You Ever Been Arrested for a "Sex Crime": _____

Do You Now or Have You Ever Had Any Gang Affiliation: _____

Can You Pass a Drug and/or Alcohol Test: _____

Drug of Choice: _____ **Last Time Used:** _____

Medications You Are Currently Taking: _____

Have You Ever Entered a Drug/Alcohol Treatment Center: _____

Have You Ever Lived in a "Sober-Living" program: _____

Source of Income: _____ **SSDI - SSD - SS:** _____

Name of Employer: _____ **Phone Number:** _____

Have You Ridden a City Bus? _____

Have You Accepted Jesus Christ as Your Savior & Lord: Yes: _____ **No:** _____

Signature: _____ **Date:** _____