## Wings of Freedom Sober Living P.O. Box 690657 Tulsa, Oklahoma 74169 Tel: (918) 584-8879 Fax: (918) 794-6549

<u>Intake Application</u> If incarcerated, please attach a copy of your CRC card(consolidated record card) Do not leave any unanswered questions Please print and give approximate move in date				
Referred By				
Name				
Current Address				
Date of Birth	Age	(please circle) Male or Female		
Home Phone		_ Cell Phone		

DOC#	PO's name and Ph#		
Dago: Nativo Amor	African Amor	Asian	White

Race: Native Amer.	African Amer	Asia	n White
Veteran: B	ranch		
Expected Move In Date			-

Type of Release: GPS	Parole	Discharge
M =	Name of Course	

Number

Do you have children? \_\_\_\_\_ How Many \_\_\_\_\_ Ages \_\_\_\_\_

Do you plan on your children living with yo	u?	
Do you have an open DHS case?		
Do you have any criminal charges pending?		
Have you ever been arrested for a "sex crim	e"?	
Do you now, or have you ever has any "gang	g affiliation"?	
Can you pass a drug and/or an alcohol test?		
When was the last time you used?		
What was or is your drug of choice?		
What medications are you currently taking	?	
Have you ever entered a Drug/Alcohol treat	ment center?	
Have you ever lived in any other "sober livi	ng" program?	
What is your source of income?		
Name of Employer	Phone number	
Do you believe in Jesus Christ?		
Have you accepted Jesus Christ as your Lor	d and Savior?	
Signature		
Date		