

“Wings of Freedom” Application

Please type or print

Send application to: Phone: 918-584-8879
Barbara Foster Fax: 918-619-9849
PO Box 690657
Tulsa, Okla. 74169

A copy of your CRC card (consolidated record card) must be attached
Be honest in filling out application.
Do not leave any questions unanswered.
Clients will be accepted without regard to race, religion or ethnic origin.
Please sign, date and give approximate move in date.

Referred By: _____

Name: _____

Date of Birth: _____ Age: _____

Current Address _____

Phone Number: _____

DOC# _____ Social Sec. Number _____

Type of release: GPS _____ Parole _____ Discharge _____

Expected Date of Arrival:

Race: Native Amer. _____ African Amer. _____ White _____

Asian _____ If Native Amer. what tribe? _____

If incarcerated, case managers name: _____

Phone # _____ Facility _____

Reason for Incarceration: _____

Number of incarcerations: _____

Non-Violent or Violent? _____

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

Employed? _____ **Company Name:** _____

Hourly Income: \$ _____ **Employer's Phone Number** _____

Person to contact in case of emergency: _____

Relation: _____ **Phone Number** _____

Number of Children: _____ **Ages:** _____

Please give names and ages below:

1. _____

2. _____

3. _____

Where are your children currently living: _____

Do your children plan to live with you? _____

What medications are you currently taking? _____

Current physician name and phone number: _____

Why do you want to be a participant in the "Wings of Freedom program?"

What do you hope to accomplish during your stay in the program?

Do you understand that this is a “faith based program”?

Program History: List all programs that you have entered into and the dates in which you where there?

(Example: John 3:16, Oxford House, Shelters, etc.)

Please be honest and describe why you went there and when you left.

Note: A copy of your CRC card must be attached to the application

Signature: _____