



Path2Freedom Application

1500 West University Ave Suite 110 Georgetown, Texas 78628
844-312-3733 (office)

I am requesting the following:

Non-Residential Program Housing Program* Both

Housing requests require additional information and may take up to 30 days to process

TheKey2Free does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

First Name: _____ Middle: _____ Last: _____

Other names used: _____

Date of birth: _____ Social Security Number: _____

Ethnicity: Hispanic/Latino Non-Hispanic Non-Latino

Race: American Indian/Alaskan Native Asian African American/Black
 Caucasian Native Hawaiian/Pacific Islands
 Other/Multiracial Black/African American & White

Current Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Email: _____

Do you have children? Yes No

If yes, will the children require housing as well? Yes No

Name and Ages:

1. _____ Age: _____ DOB: _____

2. _____ Age: _____ DOB: _____

3. _____ Age: _____ DOB: _____

Parent/Guardian Name (For Minor if applicable): _____

Custody of Minors:

- Joint/Mother Custodial Mother only
 Joint/Father Custodial Father only Other (Please Explain)

EDUCATION

Grade Completed: _____ High School Diploma or GED? Yes No

TRANSPORATION

Do you own a vehicle? Yes No Do you have a Driver's License? Yes No

DL Number: _____ Insurance: Yes No

Any outstanding tickets and or warrants as a result of tickets must be resolved prior to placement in housing

TRAFFICKING HISTORY

I am a victim of trafficking Yes No

RESIDENTIAL TREATMENT HISTORY

It is Key2Free policy to contact previous residential placements in order to secure social history information when housing has been requested. Your signature on this application allows us to request this information.

Any history of residential programs? Yes No

1. Program name: _____ Phone: _____

Contact name: _____ Dates resided: _____

Successful completion? Yes No

If no, reason for leaving: _____

RELATIONSHIPS

I have exited the sex industry Yes No Date: _____

How long were you in the sex industry? _____

Are you in touch with people you met while in "the life"? Yes No

Do you have a history of gang involvement? Yes No

DRUG USE/ HISTORY

Any history of drug use Yes No Currently using Yes No

Please describe _____

MENTAL HEALTH

Please check if you have been diagnosed with any of the following:

ADD/ADHD Oppositional Defiant Disorder Depression

Anxiety/Panic Attacks Posttraumatic Stress Disorder (PTSD) Bipolar Disorder

Schizophrenia Dissociative Identity Disorder Anorexia

Attachment Disorder Multiple Personality Disorder Bulimia

Are you currently taking medication for any of the above? Yes No If so, please list each medication _____

Are you currently receiving therapy? Yes No May we contact them? Yes No

Therapist: _____ Phone: _____

Are you willing to attend weekly counseling sessions? Yes No

Are you willing to meet with a mentor provided by the program? Yes No

Are you willing to participating in the LAUNCH2Freedom program? Yes No

REFERENCES:

Name: _____ Phone: _____

Relationship to you _____

Name: _____ Phone: _____

Relationship to you _____

PRE- ENROLLMENT AUTHORIZATIONS

By signing below, you are agreeing the above information is accurate and truthful. Falsification of any part of this application will result in the immediate withdrawal of the application and termination of services.

By signing below, you are authorizing The Key2Free to conduct a criminal history check prior to program enrollment. Applicants are expected to clear any known warrants prior to program enrollment.

By signing below, you are authorizing The Key2Free to conduct a drug test prior to program enrollment.

Applicant Signature: _____ **Date:** _____

K2F Staff Signature: _____ **Date:** _____

Application received Date _____	Staff application review Date _____ Notes:	Notified applicant of progress Date _____ <input type="checkbox"/> Spoke by phone <input type="checkbox"/> Left Voicemail <input type="checkbox"/> Sent Email <input type="checkbox"/> No	Admitted to Program Date _____ If no, why
Criminal history request Date _____			
Criminal History received Date _____			

AUTHORIZATION FOR CRIMINAL HISTORY AND CENTRAL REGISTRY

I hereby authorize The Key2Free and its designated agents and representatives to obtain my information from a criminal background for employment and/or volunteer purposes through The Volunteer Center. I understand this information will be kept confidential and only viewed by parties authorized by TXDPS. I understand I will have an opportunity to review the criminal history by a personal request to TXDPS if the need arises.

Social Security Number / Numero de Seguro Social (attach copy / apegue copia)	Date of Birth / Fecha de nacimiento	Gender / Sexo <input type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino
First Name / Primer nombre	Middle Name / Segundo Nombre	Last Name / Apellido
Other Names used - First Name / Otros nombres usados – Primer Nombre	Middle Name / Segundo Nombre	Last Name / Apellido

Photo ID Type / Tipo de Identificación: <i>(attach copy / apegue copia)</i> <input type="checkbox"/> None <input type="checkbox"/> Driver License / Licencia de Conducir <input type="checkbox"/> State ID / identificación del estado	DL or State ID Number / Numero de el permiso de conducir or numero de identificación:
Ethnicity (must accompany race) Etnicidad (Debe de acompañar raza) <input type="checkbox"/> Hispanic / Hispano <input type="checkbox"/> Not Hispanic	Race / Raza <input type="checkbox"/> White / Blanco <input type="checkbox"/> Asian / Asiatico <input type="checkbox"/> Pacific Islander / Islas del Pacifico <input type="checkbox"/> American Indian/Alaskan Native / Nativo Americano o Nativo de Alaska <input type="checkbox"/> Black / Raza Negra

Street Address / Domicilio	City / Ciudad	State / Estado	Zip / Codigo postal	County / Condado
Please list all other cities in Texas where there has been residency. Please list previous address(es) for the past 5 years outside of Texas, including the county: Usted debe escribir una lista de otras ciudades en Texas donde usted ha residido. Si vivió fuera de Texas en los últimos cinco años deberá anotar la dirección anterior (es) fuera de Texas, incluyendo el condado:				

Telephone Number / Numero de Telefono:	Email Address / Correo Electronico:
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The information provided is correct to the best of my knowledge. I hereby release The Key2Free from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____

Printed Name: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification

The Key2Free

I, _____ acknowledge that a Computerized Criminal
NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	_____ initial
Purpose of CCH: _____		
Employee	Vol/Contractor	_____ initial
Date Printed:	_____	_____ initial
Destroyed Date:	_____	_____ initial
Retain in your files		