

The Lighthouse

Application for Admission

(Please print your answers clearly and fill the application out completely.)

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Hospital Code if required: _____

Email Address: _____

Social Security Number: _____ Birth Date: _____

Race or Ethnic Origin: _____ Gender: _____ Veteran: Yes: ☐ No: ☐

Who referred you to The Lighthouse? _____

Referral Address: _____

Referral Phone Number: _____

Referral Email Address: _____

Have you been admitted to our program before? Yes: ☐ No: ☐ If yes, date of last admittance: _____

Are you ready to commit to a biblically-based rehabilitation program? Yes: ☐ No: ☐

Are you currently working? Yes: ☐ No: ☐ If yes, where? _____

Are you currently receiving any income? Yes: ☐ No: ☐ If yes, from where? _____

Did you complete High School? Yes: ☐ No: ☐

Do you have your G.E.D.? Yes: ☐ No: ☐

Do you have a college degree? Yes: ☐ No: ☐

Do you have a reliable vehicle? Yes: ☐ No: ☐

If needed could you sleep on a top bunk? Yes: ☐ No: ☐

RELATIONSHIPS

I am currently (check all that apply): Single ☐ Married ☐ Divorced ☐ Living with someone ☐

Does your significant other drink or use drugs? Yes: ☐ No: ☐

Do you have kids? Yes: ☐ No: ☐ If yes, where do they live? _____

Please list the names and ages of your kids: _____

Name of church (if any) that you currently attend: _____ Location: _____

MEDICAL HISTORY

Have you ever struggled with anxiety or depression? Yes: ☐ No: ☐

Have you ever considered or attempted suicide? Yes: ☐ No: ☐

Have you ever struggled with personality disorders, bi-polar, or schizophrenia? Yes: ☐ No: ☐

Have you ever struggled with any other psychological issues? Yes: ☐ No: ☐

Have you ever been diagnosed with HIV, HEP C, or another transmittable disease? Yes: ☐ No: ☐

Have you ever struggled with recurring medical issues that require ongoing medical treatment? Yes: ☐ No: ☐

Have you ever been diagnosed with a disability? Yes: ☐ No: ☐

Have you ever been hospitalized for any major surgery or overdose? Yes: ☐ No: ☐

Are you taking any medication (Please list medication below.): Yes: ☐ No: ☐

Are you taking your medication as prescribed? Yes: ☐ No: ☐

Are you currently using (MAT) Medicated Addiction Treatment? Yes: ☐ No: ☐

Do you have any allergies? Yes: ☐ No: ☐

If you answered yes to any of the above questions, please explain: _____

LEGAL HISTORY

Are you currently incarcerated? Yes: ☐ No: ☐ If yes, how do we contact you? _____

Have you ever been convicted of a felony? Yes: ☐ No: ☐

Do you currently have a warrant? Yes: ☐ No: ☐

Are you involved with CPS or have to report to any agency other than parole or probation? Yes: ☐ No: ☐

Have you ever been charged with a sexual offense? Yes: ☐ No: ☐

Have you ever committed arson? Yes: ☐ No: ☐

If you answered yes to any of the above questions, please explain: _____

Probation / Parole officer's name (If applicable): _____

Address: _____

Phone Number: _____ Fax Number: _____

ADDICTION HISTORY

How old were you when you first used illegal drugs or alcohol? _____

When was the last time that you used illegal drugs or alcohol? _____

How long have you known that you had an addiction problem? _____

Do you struggle with any other addiction? _____

Have you lost a job because of an addiction? _____

Have you ever been treated for addiction before? _____

Where: _____ When: _____

Addiction:	First time used:	Last time used:	Quantity:	Frequency:
Alcohol	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Heroin or Opioid	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Prescription	_____	_____	_____	_____
Pornography	_____	_____	_____	_____
Sex	_____	_____	_____	_____
Eating Disorder	_____	_____	_____	_____
Synthetic (Spice, K2)	_____	_____	_____	_____
Other	_____	_____	_____	_____

Please initial the following, affirming that you agree to the following statements:

I understand that The Lighthouse is a faith-based program and that as a result, I will be required to attend church services and participate in Bible studies and other faith-based recovery groups.

INITIALS: _____

I understand that The Lighthouse is an alcohol, drug, and addiction free environment. I agree to stop participating in all addictive behaviors while in the program. I understand that failure to do so may result in dismissal.

INITIALS: _____

I agree to follow the rules of the program and to submit to the authorities of The Lighthouse.

INITIALS: _____

I agree to submit to all supervised urine screens and breathalyzers without question.

INITIALS: _____

I agree to pay all program fees on time as agreed upon during my intake.

INITIALS: _____

I understand that The Lighthouse is not responsible for any of my medical needs, transportation needs, or loss due to theft.

INITIALS: _____

I understand that a background check may be conducted.

INITIALS: _____

I authorize The Lighthouse staff to talk with my referral source, previous addiction providers, doctor, or lawyer to coordinate care.

INITIALS: _____

I acknowledge that all the information given on this application is true. I authorize investigation of all statements contained in my application for admission. I further authorize The Lighthouse to speak with my support network to determine eligibility for admission. I authorize The Lighthouse to speak with anyone who may be representing me such as an attorney, or other legal representation, to assist in admission, recovery, and aftercare. I also agree that any false or misleading information could result in my not being accepted or in subsequent release from The Lighthouse.

Signed (by person seeking admission): _____ Date: _____

Please submit in writing the following:

Please tell us about your childhood: _____

Please tell us about how you got involved in your addiction: _____

Please tell us about your religious experiences and your understanding of God: _____

Please explain what you have done so far to stay sober: _____

Please tell us why you want to be a part of The Lighthouse program: _____

Please share anything else that you think we should know: _____

* The Lighthouse does not discriminate on the basis of age, race, gender, religion, or sexual preference.

* **Along with this application, please have your pastor, or referral source send us a letter of recommendation.**

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