



# ANCHORED

THE LIGHTHOUSE 30 DAY PROGRAM

## Application for Admission

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

### PERSONAL INFORMATION

I have a need for financial assistance

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? \_\_\_\_\_

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:

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

Do you have kids? Yes:  No:  If yes, where do they live? \_\_\_\_\_

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 any other psychological issues? 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:

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

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

### **LEGAL HISTORY**

Have you ever been incarcerated? Yes:  No:

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

Do you currently have a warrant? Yes:  No:

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

Have you ever committed arson? Yes:  No:

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

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? \_\_\_\_\_

Do you struggle with any other addiction? \_\_\_\_\_

Have you ever been treated for addiction before? \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

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

\* \$200 will be collected with the application or at the interview before being placed into the 30-day program, **THIS WILL ONLY BE ACCEPTED IN CASH OR MONEY ORDER.** Financial assistance is available for consideration for approved individuals.

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

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