



ANCHORED

THE LIGHTHOUSE 30 DAY PROGRAM

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 at birth: _____ 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:

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 narcotic 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.

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