

Admissions Form/ New Applicant
Lighthouse Recovery Center, Inc.
(All Information Provided Will Be Kept Strictly Confidential)

Please fill out every line that applies to the best of your knowledge

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Gender: ____ Male ____ Female ____ Trans Male ____ Trans Female

List Previous Two Addresses:

1. Number and street: _____

City, State, Zip: _____

2. Number and street: _____

City, State, Zip: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Home: _____

What is your History Concerning Homelessness?

Check all that apply

Homeless Emergency Shelter Transitional Housing Unit

Halfway House Oxford House Own Home

Rental House/ Apt. Psychiatric Hospital Hospital

Substance Abuse Treatment Facility Jail/ Prison

Lived with other addicts or dealers Stayed/ lived with Family Members

Other (Please explain below)

Please List Your Current Criminal Charges Against You With Dates:

Income Status:

Do you have a job? If so, Employer/Address: _____

Are you receiving public assistance at this time? List all sources/Amounts below:

Check all that apply

Social Security Benefits Disability Child Support

Unemployment Retirement Alimony/Spousal Support

Workman's Comp SSDI TANF

Other (What Source _____)

Drug(s) of Choice: _____

Age of First drug/alcohol Consumption: _____

Are you currently on any prescribed or over the counter medications? _____ if so, please list.

Physician Name, Address, Phone:

Do you have any physical ailments? _____ Are you Pregnant? _____ if yes, please explain.

List Names and Ages of Children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Race: _____ American Indian/American Native _____ African American/Black
 _____ Caucasian/White _____ Asian _____ Native Hawaiian or Pacific Islander

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Non-Latino

**Submitting this application does not guarantee your acceptance into the Lighthouse Recovery Center.
Add any other information you feel will be important for us to know when reviewing your application.**

