



Lighthouse

RECOVERY CENTER

Leading People Out Of The Darkness Into The Light.

New Applicant Admission Form

The Lighthouse Recovery Center, Inc.

Ladies Facility: 311 E. Main Street

Men's Facility: 1276 East 250 North

Washington, Indiana 47501

Ladies 812.254.0860 or Men's 812.257.0113

All information provided will be kept strictly confidential.

Intake date: _____

Room Number: _____

Bed Number: _____

Worker: _____



Section One

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How Long? _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Relationship: _____

Please list two previous addresses:

Address: _____

City: _____ State: _____ Zip: _____

How Long? _____

Address: _____

City: _____ State: _____ Zip: _____

How Long? _____

Identification:

Social Security #: ____/____/____ Date of Birth: _____

Driver's License #: _____ State: _____ Expiration: _____

Physical Characteristics:

Gender: Male Female Trans Male Trans Female

Hair Color: _____ Eye Color: _____ Birthmarks: _____

Scars and/or Tattoos: _____



Section Two

EDUCATIONAL INFORMATION

Graduated High School? Yes No Year Graduated: _____

Last grade completed: _____ Interested in obtaining a G.E.D.? Yes No

Did you attend college? _____

Degrees or Diplomas: _____

Special abilities or training: _____



Section Three

FAMILY INFORMATION

Marital Status: Single Engaged Married Common Law
 Separated Legally Separated Divorced Widowed

Family Origins:

If you raised by someone other than your parents, please explain:

Please give the following information about your family members:

Father: Name _____ Drug Use? Never Past Current

Briefly describe your relationship: _____

Mother: Name _____ Drug Use? Never Past Current

Briefly describe your current relationship: _____

Step-Father(s): Name _____ Name _____
Drug Use? Never Past Current Never Past Current
Briefly describe your current relationship(s): _____

Step-Mother(s): Name _____ Name _____
Drug Use? Never Past Current Never Past Current
Briefly describe your current relationship(s): _____

Grand-Father(s): Name _____ Name _____
Drug Use? Never Past Current Never Past Current
Briefly describe your current relationship(s): _____

Grand-Mother(s): Name _____ Name _____
Drug Use? Never Past Current Never Past Current
Briefly describe your current relationship(s): _____

Siblings: Name _____ Name _____
Drug Use? Never Past Current Never Past Current
 Name _____ Name _____
Drug Use? Never Past Current Never Past Current
 Name _____ Name _____
Drug Use? Never Past Current Never Past Current

Briefly describe your current relationship(s) with your siblings: _____

Have there been any deaths in the family in the past year? Yes No

If yes, who and when? _____

If yes, were any of the deaths drug related? Yes No

If yes, explain: _____



Section Four

Legal
Status

Employment History: Do you currently have a job? Yes No

Please list jobs beginning with your current employment. Go back 5 years.

1. _____
2. _____
3. _____
4. _____
5. _____

Living Situation:

Have you been homeless ... Once Twice Three or more times

Check the living situations that relate to your past or present circumstances:

- Homeless Emergency Shelter Half-Way House
- Oxford House Transitional Housing Unit Psychiatric Hospital
- Hospital Rental House, Apartment, Unit-Room Own Home
- Jail/Prison Substance Abuse Treatment Facility
- Living with other addicts or dealers
- Stayed or lived with Family member
- Other — Please explain: _____

Date left last permanent address: _____

Criminal Charges:

Have you ever been arrested? Yes No Explain: _____

Charges Pending: _____ Court Date: _____

Place: _____ Telephone #: _____

Parole or Probation Officers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Business #: _____

How often do you report: _____

Are you currently involved in any civil lawsuits? Yes No

Are you currently involved in divorce proceedings? Yes No

Are you required to register as a drug offender? Yes No

Are you required to register as a sex offender? Yes No

Attorney or Public Defenders name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Social Workers name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Additional Income:

Are you receiving any public assistance at this time? Yes No

Please check all sources:

Social Security Benefits Disability Child Support

Unemployment Retirement Alimony or Spousal compensation

Workman's Comp Veterans Pension SSDI TANF

Other — Please explain: _____



Section Five

HEALTH
INFORMATION

Rate your health: (Good) 10 9 8 7 6 5 4 3 2 1 (Poor)

Any change in weight recently? Yes No Lost: _____ Gained: _____

Date of last medical exam: _____ Results: _____

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Medical Facility: _____

Have you ever been tested for Attention Deficit Disorder? If so, explain the outcome: _____

Medications:

Please Note: The Lighthouse Recovery Center does not allow the use of narcotics for any reason.

Any communicable diseases? (Include lice, crabs, scabies) Yes No

If yes, which disease and what treatment are you receiving? _____

Are you currently taking any prescription medication? Yes No

Prescribed by whom: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Medical Facility: _____

Drug Name: _____ Reason for taking: _____

Drug Name: _____ Reason for taking: _____

Drug Name: _____ Reason for taking: _____

Are you currently taking any over-the-counter medication? Yes No

Drug Name: _____ Reason for taking: _____

Drug Name: _____ Reason for taking: _____

Drug Name: _____ Reason for taking: _____

Are you allergic to any medications? Yes No

If yes, to which drugs? _____

Are you willing to sign a release of information so that The Lighthouse may write for psychiatric or medical reports?

Signature: _____ Date: _____

Please attach a list of all psychological and/or medical evaluations in the last 5 years.

Please check any of the following diseases you have had:

- AIDS Anemia Asthma Bladder Infections Cancer Diabetes
- Epilepsy Eye Disease Heart Trouble Hepatitis Herpes
- High Blood Pressure HIV Positive Kidney or Bladder Disease
- Malaria Pneumonia Skin Infection Stomach or Peptic Ulcer
- Stroke Tuberculosis Venereal Disease

List important present or past allergies, illnesses, injuries or handicaps: _____

• Any deception on this application can result in immediate release from this facility.

Sexual Activity:

Ever been pregnant? Yes No Currently expecting? Yes No

Have you ever had an abortion? Yes No

Have you ever had homosexual / lesbian tendencies? Yes No

Was this with a friend, relative, other: _____

Have you ever been involved in solicitation/prostitution? Yes No

Have you ever been sexually molested, abused or raped? Yes No

If yes, how old were you? _____

Have you ever had syphilis or gonorrhea? Yes No

Have you ever had a blood test for either? Yes No

If yes, which disease and what treatment are you receiving? _____

Please attach a separate sheet explaining all of your above "Yes" answers.



Section Six

ADDICTIONS & SUBSTANCE ABUSE

Do you use tobacco? Yes No Cigarettes Cigars Chew

How many times per day? _____ At what age did you start? _____

Do you drink alcohol? Yes No How often do you drink? _____

At what age did you start? _____ Last time you drank? _____

What did you drink last? _____ How much? _____

Are you addicted to alcohol? Yes No

Have you ever kicked alcohol? Yes No Explain: _____

Have you ever used drugs for other than medical reasons? Yes No

What reasons? _____

Please check the drugs you have used: Anti-Depressants Barbiturates

Cocaine Crack Meth Amphetamine Hallucinogenics Hash

Ice LSD Marijuana Methadone Heroin Opium Stimulants

Please check the following prescription drugs you have used:

Adderall Concerta Desidren Dilaudid Lorcet Lortab

OxyContin Oxycodone Percodan Percocet Ritalin Tylox

Valium Vicodin Librium Xanax

What is your drug of choice? _____

What drug do you use most often? _____ How much? _____

Are you addicted? Yes No Ever kicked any drugs? Yes No

What? _____

How? _____

Have you ever overdosed? Yes No On what? _____

Name of Drug	Year of First Use	Frequency of Use	Date of Last Consumption

Please use a separate sheet of paper to write anything else about your history of substance abuse that we might need to know.



Section Seven

**PERSONALITY
INFORMATION**

Have you ever had severe emotional upset/nervous breakdown? Yes No

Explain: _____

Have you ever tried to commit suicide? Yes No

Explain: _____

Have anti-depressants ever been prescribed for you? Yes No

If yes, what was the dosage? _____

How often were they taken? _____ What were they taken for? _____

Have you ever been under psychiatric care of any kind? Yes No

Please detail in the following chart:

Type	Where	Dates	How Long?
W Group Therapy			
h a Psychiatric			
t Hospitalization			

W

What was the outcome? _____

Describe how you see yourself, using 3 words or more:

Check any of the words that describe you now: Active Ambitious
 Calm Easy-Going Excitable Extrovert Good-Natured
 Hard-Boiled Hard-Working Imaginative Impatient Introvert
Leader Likable Lonely Moody Nervous Often-Blue
Persistent Quiet Self-Confident Serious Shy

Briefly answer the following questions:

What problems are you having? (Why do you want to come to The Lighthouse)?

What kind of help do you expect to receive at The Lighthouse? _____

What occurred in your life to cause you to come to The Lighthouse? _____

Is there any information we should know? _____

3 Wishes: _____

3 Life Goals:

1. _____

2. _____

3. _____

Explain how you think other people view you: _____

Denominational Preference: _____

Church Attendance (How many times per month?): _____

Did your family attend church when you were a child? Yes No

Have you received Jesus as your personal Savior? Yes No

Have you been Water-baptized? Yes No Do you Pray? Yes No

Describe any religious training: _____

Describe any recent change in your spiritual life: _____

What have you done about the problem(s)? _____

List other programs you have been in:

Name of Program	Dates	Reason(s) for Termination
I		
h a		

I have filled out the above information to the best of my ability. To my knowledge all information is correct.

Signature of Prospective Student

Date



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Agreement of Policies and Procedures: New Applicant

I, _____ have read and fully understand the policies and procedures of the Lighthouse Recovery, Inc. I agree to abide by the policies and procedures, and take instruction when needed.

Applicant Signature: _____

Executive Coordinator Signature: _____

Behavior Resulting in Immediate Removal From the Lighthouse Premises:

The Lighthouse Board of Directors expects all Lighthouse residents to behave at all times in a manner that reflects positively on the mission of the Lighthouse Recovery Center (LRC), and aids in their recovery. The staff and Board of Directors (BOD) of the LRC have compiled a list of certain behaviors that will result in the immediate removal of any individual or individuals who violate any of the following actions listed below. Any person or persons who violate any of these actions forfeits all rights to an appeal to the Lighthouse Board of Directors and/or the Lighthouse Executive Director. The Lighthouse BOD and Executive Director also reserves the right to remove any individual or individuals for any other reason that could cause harm to themselves or another individual, harm to the Lighthouse property, or be seen as detrimental to the Recovery Program.

YOUR REMOVAL FROM THE PROGRAM WILL BE IMMEDIATE FOR THE FOLLOWING REASONS AND CAN NOT BE APPEALED.

- 1) Smoking, (except in the designated areas) especially in the dorm areas.
- 2) Any drugs or alcohol brought into any Lighthouse facility or property or to a Lighthouse function.
- 3) Fighting: Any physical or violent contact that could harm another individual or yourself.
- 4) Threatening or being verbally abusive to staff, teachers, board members or law enforcement.
- 5) Weapons brought to any Lighthouse facility, property or Lighthouse function.
- 6) Leaving the Lighthouse dorms during the night without prior permission. No one is to be outside of the Lighthouse dorms after the 10:00 pm curfew for any reason unless approved in advance by the Executive Director.
- 7) Pornography brought to any Lighthouse facility, property or Lighthouse function.
- 8) Having sex in any Lighthouse facility, property or while at a Lighthouse function.
- 9) Huffing: Putting Solvent soaked in a rag, sock or other material over or in the mouth/nose and inhaling. This also includes:
 - a) Sniffing: Breathing the inhalant through the nostrils
 - b) Bagging: Spraying or placing the inhalant or inhalant soaked material in a plastic bag and inhaling by nose/mouth or by putting the bag directly over the head and inhaling
 - c) Spraying: An inhalant is sprayed directly into the nose or mouth.
 - d) Balloons/Crackers: Using a pin or other "cracking" device to puncture a can of nitrous oxide or other inhalant while a balloon is placed over the end of the can, the gas in the balloon is then inhaled.
- 10) Actions the Lighthouse Board of Directors or Executive Director feel could cause harm to any person, property or themselves or could be detrimental to the program itself. This includes actions outside of the Lighthouse property.

I understand I will be removed immediately from the Lighthouse Recovery Program if I violate any of these rules.

Signature

Date

Witness Signature

Date

Title