



The Lighthouse
RECOVERY HOME

An Urban Light Community Development Program

Program Application

Please mail to ULCDC/UrbanLightHouse

PO Box 3185

Muncie, IN 47307

or call 765-717-2747 for appointment

The Lighthouse

Application

IDENTIFYING INFORMATION

Name: _____ Date: _____

Contact number: _____ DOB: _____ Age: _____

Marital Status: _____ Married _____ Divorced _____ Single _____ Widowed

Current Address: _____ How long? _____

Previous Address: _____ How long? _____

_____ Date of exit: _____

Emergency Contact: _____

Contact Address: _____

Primary Phone Number: _____ Work: _____

Relationship to you: _____

Referral Source (Please check one)

_____ Treatment Center

_____ Recovery Program

_____ Probation Officer

_____ Attorney

_____ Counselor

_____ Friend

_____ Doctor

_____ Other:

_____ Judge

_____ Mental Health Recovery

VETERAN STATUS: (Circle One)

YES NO

If so, what Branch? _____ Dates of service: _____ - _____

If yes, were you discharged honorably? YES NO

If no, please explain:

JOB HISTORY

Are you currently employed? _____

Where you were last employed? _____

From: _____ to _____ Why did you leave? _____

Supervisors Name: _____ Can we contact? YES NO

Previous employment? _____

From: _____ to _____ Why did you leave? _____

Supervisors Name: _____ Can we contact? YES NO

INCOME (If any)

_____ Retirement -- If so, amount you receive \$_____ monthly bi-weekly weekly

_____ SS disability -- If so, amount you receive \$_____ monthly bi-weekly weekly

_____ SSI -- If so, amount you receive \$_____ monthly bi-weekly weekly

_____ Other -- If so, amount you receive \$_____ monthly bi-weekly weekly

What brings you to the UrbanLightHouse?

How can we best serve you?

Would you consider yourself teachable? _____

Do you believe in God? YES NO If yes, what religion: _____

What your feelings are toward God/higher power? _____

MEDICAL HISTORY

Current Medical Conditions or concerns

List **All** current medications

Do you have any allergies? If so, please list them

Do you have a family doctor? If yes, who: _____

DRUG/ALCOHOL HISTORY/ABUSE

Please list all substances you have used

Substance	How often?	Last date of use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been homeless before? YES NO How many times? _____

Do you have a history of behavioral problems or violence? YES NO If yes, briefly explain:

FAMILY HISTORY

Do you have any children? YES NO (please list)

Name	Age	Describe the relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more than 4, please continue to list on back

Name of Mother: _____ Age: _____

Still living? YES NO If no, date of death _____

Describe the relationship: _____

Name of Step Mother: _____ Age: _____

Still living? YES NO If no, date of death _____

Describe the relationship: _____

Name of Father: _____ Age: _____

Still living? YES NO If no, date of death _____

Describe the relationship: _____

Name of Step Father: _____ Age: _____

Still living? YES NO If no, date of death _____

Describe the relationship: _____

Are your parent still married? YES NO

Childhood abuse? YES NO If yes, list abuse (i.e. sexual, physical, emotional, etc.)

Did you have a good childhood? YES NO If no, please explain briefly: _____

EDUCATION

Do you have a high school education? YES NO _____ Diploma _____ GED

What kind of grades? _____

Was school a good experience? YES NO If no, briefly explain: _____

Higher education? YES NO

_____ Technical trade _____ Date graduated: _____

_____ AAS _____ Date graduated: _____

_____ AS _____ Date graduated: _____

_____ BS _____ Date graduated: _____

_____ Other _____ Date graduated: _____

LEGAL STATUS

Have you ever received a felony? YES NO If yes, how many? _____

If yes, what are they? _____

Do you currently pending a case? YES NO If yes, what court? _____

Please tell us what they are and a brief description of the incident. _____

Are you currently on probation/parole? YES NO

If yes, please list detention officer's name: _____

Phone: _____

Can we contact? YES NO

REFERENCES

(Please list three personal references that we may contact; please give name, contact information, relationship to you, and the time known)

1. _____

2. _____

3. _____

PROGRAM FEE AGREEMENT

I, _____ do hereby acknowledge fee agreement listed below

- Entry fee is \$50 (*Will cover the initial drug test and background report check*)
- Weekly fees will be \$50 per week
- Each drug screen has a cost of \$10 per screen
- During phase 1, at the time you are unable to seek employment, these fees may be put on stay while accumulating until the time you are financially able to assume this responsibility.
- Food is the responsibly of each resident to provide at minimum \$25 groceries a week. At the time of phase I, if the resident is unable to provide monetarily to the kitchen, you must go to minimum of 1 food pantry a week.

SIGNATURE: _____ DATE _____

