



Application for Admission

Name: _____ Date: _____

Current Mailing Address: _____

Email: _____ Phone Number: _____

Age: _____ DOB: _____ Marital Status: (Circle One) Single Married Divorced Separated

If you are not married, are you currently in a relationship? Y N Ages of Children? _____

What are your addictions/drug(s) of choice? _____

When was the last time you used: _____ How long have you used? _____

What drugs have you used in the last year? _____

What is the longest clean time you've had in the last 5 years? _____

Have you ever been to treatment: Y N Where: _____ When: _____

Are you currently in counseling? Y N Counselor Name: _____

What are your mental health challenges, if any? _____

Do you have any gang affiliations? Y N Are you on any prescription medications? Y N

What medications: _____

Do you have any diseases? Y N If yes what? _____

Are you able to use stairs daily (up to 2 flights) to get to your bedroom? Y N

Are you able to climb a ladder to a top bunk? Y N If no, why? _____

Are you able to work? Y N When is the last time you worked? _____

What type of work do you do? _____

Do you have any physical limitations? _____

Have you ever been convicted or accused of a Sexual Crime? Y N Violent Crime? Y N Arson? Y N

Please list all felonies and misdemeanors, including approximate dates: _____



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Are you on Probation? Y N or Parole? Y N or Non-Res at the Halfway House? Y N

Officer or Case Manager's Name: _____

Officer's Number: _____

Are you on Pre-Trial? Y N Pre-Trial Case Manager: _____

Do you have any outstanding warrants? Y N

Can you pay the Monthly Program Fees that average about \$650? Y N

If accepted, are you able to pay \$700 at the time of intake? Y N

What is your current living situation? _____

Why do you want to come to The Lighthouse? _____

Please rate yourself in the area of cleanliness/organization 1 2 3 4 5 6 7 8 9 10

(1 being very messy and 10 being OCD neat and clean)

Are you a heavy, medium, or light sleeper? _____ Do you snore? Y N

Are you considering any other facilities besides The Lighthouse? _____

If accepted to Lighthouse, when do you want to move in? _____

How long do you see yourself staying in a program like The Lighthouse? _____

Are you able to make a definite 3-month commitment (minimum) to the Lighthouse Program? Y N

If accepted to Lighthouse, what goals do you want to achieve while in the program ? _____

I certify that all of the information I have provided is true and complete to the best of my knowledge. I understand that if at any time during my participation in the program at The Lighthouse that the information I have provided is found to be inaccurate or incomplete it will be grounds for immediate discharge from The Lighthouse.

Signature: _____ Date: _____

Printed Name: _____



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References to Assist in Admission Decision – Please list references who know you and your addiction / recovery history. Lighthouse prefers to have at least 1 professional reference and at least 1 personal reference, if possible.

Authorization to Release Confidential Information

Name: _____ **Date:** _____

DOB: _____ **SS#:** _____

- Parole – Specify County _____
- Probation – Specify County _____
- Larimer County Community Corrections
- Summitstone Health Partners
- Department of Human Services
- Attorney _____
- Hospital _____
- Doctor _____
- Counselor/ Therapist _____
- Parents _____
- Siblings _____
- Children _____
- Other Contact(s): _____
- Other Contact(s): _____
- Larimer County Pre-Trial
- Homeward Alliance
- Public Defenders’ Office
- Catholic Charities
- Rescue Mission
- Harvest Farm

Authorization to Release Confidential Information: I, _____, authorize the Lighthouse to retrieve from, release to, and exchange information with the above listed people / entities. I understand that the purpose of this release of information is to assist with my admission decision. I understand that this consent is voluntary and will remain in effect for two years from the date signed, unless I revoke this consent in writing prior to that time.

Signature: _____ **Date:** _____

Complete this portion only to REVOKE the Authorization to Release Confidential Information Above:

I, _____, hereby revoke my authorization for the Lighthouse to retrieve from, release to, and exchange information with the above listed people / entities as of _____ :

Signature: _____ **Date:** _____