



DOC Inmate Application for Admission

Name: _____ Date: _____

DOC Number: _____ Date of Birth: _____ Age: _____

Marital Status: (Circle One) Single Married Divorced Separated Ages of Children: _____

Name of Jail/Prison: _____

Why are you incarcerated? _____

How long have you been incarcerated? _____

When do you expect to be released? _____

Case Manager: _____ Case Manager Phone Number: _____

Case Manager Email: _____ Case Manager Fax Number: _____

When you are released will you be on Parole? Y N How long will you be on parole? _____

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

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

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

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

What drugs have you used in the last year? _____

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

What is the longest clean time you've had in the last 5 years? (including time in jail or prison) _____

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

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? _____

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Do you have any physical limitations? _____

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? _____

Other sources of income: _____ How much? _____

Are you able to pre-pay \$700 for your first month PRIOR to receiving an acceptance letter? Y__ N__

If yes, please list contact name and number so we are able to verify funds: _____

Once at Lighthouse, will you be able to pay Monthly Fees of about \$650? Y__ N

Why do you want to come to 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

Have you participated in the program at Lighthouse previously? Y N If yes, when? _____

What is your level of interest in the Lighthouse Program? 1 2 3 4 5 6 7 8 9 10

(1 being only minimally interested as a backup plan and 10 being 100% certain you will come to Lighthouse immediately upon your release if accepted)

What other facilities are you considering besides Lighthouse? _____

Are you able to make a definite commitment to complete Phases 0-4 of the Lighthouse Program? Y N
(This takes an average of 4-6 months and will be a condition of your parole.)

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

If you are not able to come to Lighthouse, what will your living situation consist of upon your release? _____

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 Lighthouse that the information I have provided is found to be inaccurate it will be grounds for immediate discharge from Lighthouse.

Signature: _____ Date: _____



Applicant's Name: _____ Date: _____

DOB: _____ DOC#: _____

References to be Used for an Admission Decision

Contact Name Agency/Organization Name Phone Number

Parole: _____

Probation: _____

Case Manager: _____

Public Defender: _____

Attorney: _____

Counselor: _____

Therapist: _____

Hospital: _____

Detox Center: _____

Mental Health Facility: _____

Pastor / Chaplain: _____

Parents / Siblings / Children: _____

Other Contact(s): _____

Authorization to Release Confidential Information: I, _____, authorize 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 making a proper determination regarding my admission to Lighthouse. I understand that this consent is voluntary, and will remain in effect for one year from the date signed, unless I revoke this consent in writing prior to that time.

Signature: _____ Date: _____

SIGN HERE TO REVOKE THE RELEASE ABOVE: I, _____, hereby revoke my authorization for Lighthouse to retrieve from, release to, and exchange information with the above listed people / entities as of _____ :

Signature: _____ Date: _____