

Lighthouse Ministries
Application for Men's Recovery Program
Please Mail Application to Lighthouse Ministries:
117 E. Magnolia St. Lakeland, FL 33801

Date: _____

Name: _____ Date of Birth: _____

Do you have a picture ID? Yes No

SS #: _____ Driver's License: Yes No State: _____

Last address: _____

How long did you live here? _____ Phone: _____

In case of emergency contact: Name _____

Address: _____

Phone: _____ Relationship: _____

Check One

Married

Single

Divorced

Separated

Have you ever been convicted of a felony? Yes No

If yes, when: _____ where: _____ reason: _____

Do you have any charges pending? Yes No If yes, where: _____

List charges: _____

Are you a registered sex offender? Yes No

Are you currently on Probation or Parole? Yes No If yes, we need:

Officer's name: _____ Phone # _____

When do you report to Parole Officer? _____

Do you have any upcoming scheduled court dates? Yes No If yes, when: _____

Please sign here to authorize Lighthouse Ministries to contact and/or release confidential information to the above named person: _____

Have you been in the Lighthouse men's program before? Yes No If yes, when: _____

Do you know anyone who is in the Lighthouse program now? Yes No

If yes, who: _____

What other programs have you been in before. _____

Why do you want to enroll in the Men's Christian Recovery Program?

Do you receive income of any kind? Yes No

If yes, what: _____

Do you have any current financial obligations (debts, foreclosures, child support)? Yes No

If yes, list them: _____

Are you willing to commit to a 1 year recovery program? Yes No

Do you have any personal issues to attend to before you can enter the program? Yes No

If yes, what are they: _____

What is your drug of choice? _____ When is the last time you used? _____

Are you currently on any medication? Yes No

If yes, what is the medication for: _____

Have you ever been tested for any of the following?

Hepatitis Yes No

TB Yes No

HIV Yes No

List the ones, if any, that tested positive: _____

Do you now have or have you ever had any mental health issues? Yes No

Do you smoke or dip? Yes No

Do you have any physical limitations or needs? Yes No

If yes, what are they: _____

What kind of work do you have experience in. _____

Describe your relationship with God. _____

I acknowledge that the above statements are true and correct to the best of my knowledge and that incorrect or inadequate information may cause my release from the program. I also agree to comply, cooperate and invest myself into this program to discover God's perfect plan for my life.

Signature _____ Date _____