

**Lighthouse Ministries, Inc.
Jay & Eloise Troxel Family Life Center
Application for Residency**

Date of application _____ Date of interview(s) _____

Name _____ Age _____ DOB _____

Address _____ Social Security # _____

City _____ State _____ Zip _____

How long at this address _____ Previous if less than 1 year _____

Phone _____ Alternate Phones _____ Race/Ethnicity _____

Marital Status _____ Height _____ Weight _____ Eyes _____ Hair _____

FAMILY HISTORY

Number of Children _____ Number of Children with you _____

Name: _____ DOB _____ Grade _____ Father's Name: _____
Social Security # _____ Who has custody? _____

Name _____ DOB _____ Grade _____ Father's Name: _____
Social Security # _____ Who has custody? _____

Name _____ DOB _____ Grade _____ Father's Name: _____
Social Security # _____ Who has Custody? _____

Name _____ DOB _____ Grade _____ Father's Name: _____
Social Security # _____ Who has Custody? _____

Name _____ DOB _____ Grade _____ Father's Name: _____
Social Security # _____ Who has Custody? _____

Why are you seeking shelter? Please explain the circumstances that brought you to us.

Have you ever applied for residency prior to today? _____ Date of application _____

In Case of Emergency, contact: Name _____

Address _____

Phone _____ Relationship _____

Your Father's name, address,
 phone _____
 Mother's name, address, phone _____
 Nearest relative name, address, phone _____
 Do you keep in touch with your relatives? _____

HEALTH HISTORY

Do you or your children have any history of health problems (including mental health diagnosis)? _____ If so, please describe: _____
 Please list allergies (Medicine, food, outdoor, etc.) _____

Do you have any physical disabilities? _____ Explain _____

Are you pregnant? _____ If yes, when due _____ Are you under doctor's care? If yes, name _____

Have you had: HIV Test _____ Results _____ Hepatitis Test _____ Results _____ T. B. Test? _____
 _____ Results _____ HPV Test? _____ Results _____ INSURANCE/MEDICAID _____

Medications _____

Hospitalization (when and why) _____

Have you ever thought of harming yourself or others? _____

Have you been involved in a Domestic Violence situation? _____ Explain _____

Do you currently have (or are appealing) a disability determination pending with Social Security? _____ Amount of Benefits _____
 Explain _____

Are you presently (or in the past) receiving counseling from a mental health professional? _____
 _____ Where _____

Do you have a substance abuse addiction? _____ Drug of choice _____

Alcohol (how often, how much) _____

Drugs (how much, how often) _____

Do you smoke cigarettes? _____ How much? _____

**APPLICATION MUST BE COMPLETE TO BE CONSIDERED FOR AN INTERVIEW.
 PLEASE DO NOT LEAVE ANY BLANKS.**

VEHICLE INFORMATION AND HISTORY

Do you have a valid Florida State Identification Card or Driver's License(Please circle)

Driver's License Number: _____

Vehicle description(Model and Make) _____ Tag Number _____

Have you ever had your Driver's license suspended or revoked? _____ Please explain _____

Do you have car insurance? _____ If not, please explain _____

LEGAL ISSUES AND HISTORY

Do you have a misdemeanor/felony arrest record? _____ Explain _____

Any charges pending? _____ Explain (date of arrest, court date, etc.) _____

Arrests? _____ Incarcerations? _____ Community Service? _____

Probation/Parole/PSI Officer's name _____

Attorney's Name _____ Address & Phone No. _____

Are you involved with other agencies? _____ If yes, social worker/case manager's name and contact number _____

EDUCATION/EMPLOYMENT INFORMATION/HISTORY

What is your education level? _____

What additional education would you like to pursue? _____

What career path would you like to pursue? _____

Are you currently employed? _____ Where _____

How long? _____ Income _____

Other Income and Source _____

Give a brief summary of your employment history _____

Please Do Not Write Below This Line

Notes _____

SPIRITUAL SURVEY

Do you believe in God or a higher power? _____ Are you a Christian? _____

How long _____ What church or denomination? _____

Are you willing to invest the next twelve months for personal evaluation and adjustment time in order to be in this program? _____ If not, why _____

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 _____

Personal History or Testimony

Please use the space below to write something you would like to share with us. An example would be your personal testimony or something about your background or life.
