

Application for Residence – The Harbor: A Lighthouse for Recovery

A sober living community for men

We are currently accepting applications from men aged 18+. Anyone applying to live at The Harbor's Lighthouse must read the Resident Handbook and submit this completed application prior to interviewing, and must be clean & sober 30 days or successfully complete a residential treatment program. Once interviewed and accepted, a minimum payment of \$250.00 is required to move in (money order, cashier's check, PayPal [extra \$3.00 cost], cleared check, and cash only)

| PERSONAL INFORMATION | | | | | | | | | |
|--|-------------------------------------|--|----------------|------------------|--------------------------|--|--------------------|-----|--|
| Print Your Full Name | | | | | | Date of Birth | | Age | |
| Phone | | | Email | | | | | | |
| Social Security # | | | Marital Status | | Current Living Situation | | | | |
| Current Address | | | | | City | | State | Zip | |
| Own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No | Year/Make/Model | | | | | License # | | | |
| Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No | State | Driver License # | | | | | | | |
| RECOVERY INFORMATION | | | | | | | | | |
| Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Drug addict? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Last Use | | Drug(s) of Choice | | | |
| Currently/recently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name & Location of Facility | | | | | | | |
| Did you complete successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Discharge Date | | | Name of Counselor | | | | |
| How do you plan to stay clean and sober? | | | | | | | | | |
| Who referred you to The Harbor's Light House? (Name, Relationship & Phone) | | | | | | | | | |
| Do you attend 12-step meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, how often? | | | | Do you have a sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you lived in a recovery house before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name & Location of House | | | | | When/How long? | | |
| Why did you leave there? | | | | | | | | | |
| Why do you want to live at The Harbor's Lighthouse? | | | | | | | | | |
| EMPLOYMENT INFORMATION | | | | | | | | | |
| Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Name & Location of Employer | | | | Job Title | | How long employed? | | |
| Are you on govt disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain the disability: | | | | | | | | |

| | | | | |
|--|---|---|-------|-----|
| Current Monthly Income | What other types of work have you done? | Special Skills/Training | | |
| If No, How long since last employed? | Are you willing/able to get a job within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing/able to be self-supporting? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Will someone else be paying your rent until you find work? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name/Relationship | | Phone | |
| Street Address | | City | State | Zip |

LEGAL INFORMATION

| | | | |
|--|----------------|---|-----------------------------|
| List Pending Charges/Cases/Warrants | | | |
| Ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No | When/How Long? | Reason | Name & Location of Facility |
| Currently on probation/parole? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason | | Location of Office |
| Name of Officer | | Contact Phone | |
| List Felony Convictions | | | |
| Are you a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you in drug court? Where? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

MEDICAL INFORMATION

| | | | |
|--|--|------------------------------|--|
| List All Medical/ Psychiatric Conditions | | List All Current Medications | |
| Describe Any Injuries/Disabilities | | Name of Physician | |
| Describe Physical Limitations | | | |
| Are you receiving: <input type="checkbox"/> Vivitrol <input type="checkbox"/> Subutex <input type="checkbox"/> Suboxone <input type="checkbox"/> Methadone | | Physician Prescribing | |
| Do you have any condition which might require you to take any mood altering medication of controlled substance? Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EMERGENCY CONTACTS (LIST TWO)

| | | | | |
|----------------|--------------|-------|-------|-----|
| Name | Relationship | Phone | | |
| Street Address | | City | State | Zip |
| Name | Relationship | Phone | | |
| Street Address | | City | State | Zip |

I have read and agree to all house rules, and I swear every word of this application is true. (signature required)