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)

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| 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? CheckboxYes CheckboxNo | Year/Make/Model | License # |
| Valid Driver License? CheckboxYes CheckboxNo | State | Driver License # |
| RECOVERY INFORMATION |
| Are you an alcoholic? CheckboxYes CheckboxNo | Drug addict? CheckboxYes CheckboxNo | Date of Last Use | Drug(s) of Choice |
| Currently/recently in treatment? CheckboxYes CheckboxNo | Name & Location of Facility |
| Did you complete successfully? CheckboxYes CheckboxNo | 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? CheckboxYes CheckboxNo | If so, how often? | Do you have a sponsor? CheckboxYes CheckboxNo |
| Have you lived in a recovery house before? CheckboxYes CheckboxNo | 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? CheckboxYes CheckboxNo | If Yes, Name & Location of Employer | Job Title | How long employed? |
| Are you on govt disability? CheckboxYes CheckboxNo | 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? CheckboxYes CheckboxNo | Are you willing/able to be self-supporting? CheckboxYes CheckboxNo |
| Will someone else be paying your rent until you find work? CheckboxYes CheckboxNo | Name/Relationship | Phone |
| Street Address | City | State | Zip |
| LEGAL INFORMATION |
| List Pending Charges/Cases/Warrants |
| Ever been incarcerated? CheckboxYes CheckboxNo | When/How Long? | Reason | Name & Location of Facility |
| Currently on probation/parole? CheckboxYes CheckboxNo | Reason | Location of Office |
| Name of Officer | Contact Phone |  |
| List Felony Convictions |
| Are you a registered sex offender? CheckboxYes CheckboxNo | Are you in drug court? Where? CheckboxYes CheckboxNo |  |
| MEDICAL INFORMATION |
| List All Medical/ Psychiatric Conditions | List All Current Medications |
| Describe Any Injuries/Disabilities | Name of Physician |
| Describe Physical Limitations |
| Are you receiving: Checkbox Vivitrol Checkbox Subutex Checkbox Suboxone Checkbox Methadone | Physician Prescribing |
| Do you have any condition which might require you to take any mood altering medication of controlled substance? Explain: CheckboxYes CheckboxNo |
| 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) |

Questions? Contact Melissa Mankamyer, Director. Email Pastormjm11@gmail.com