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](mailto:Pastormjm11@gmail.com)