

INTAKE APPLICATION FORM



Please complete this information to be considered for Intake at The Lighthouse Recovery Center. When this form is received and reviewed you will be contacted for an Intake Interview. Please attach files that you will considered necessary.

NAME
ADDRESS
PHONE
EMAIL
DATE OF BIRTH
GENDER MALE FEMALE OTHER

CURRENT LIVING SITUATION

EMERGENCY CONTACT

NAME
RELATIONSHIP
ADDRESS
PHONE
EMAIL

CURRENT STATUS

MARRIED SINGLE
DIVORCE IN A RELATIONSHIP

INFORMATION OF THE PERSON YOU CURRENTLY HAVE RELATIONSHIP WITH

NAME
PHONE

CHILDREN YES NO

NAME	AGE
NAME	AGE
NAME	AGE

FACILITY CONTACT INFORMATION

DO YOU KNOW ANYONE AT OUR FACILITY?

YES NO

NAME OF THE PERSON YOU KNOW AT OUR FACILITY

RELATIONSHIP

DO YOU HAVE ANY CURRENT CRIMINAL CHARGES?

YES NO

CHARGES

ARE YOU CURRENTLY ON PROBATION?

YES NO

PROBATION OFFICER INFORMATION

NAME

PHONE

EMAIL

ARE YOU CURRENTLY ON PAROLE? YES NO

PAROLE OFFICER INFORMATION

NAME

PHONE

EMAIL

ATTORNEY INFORMATION

NAME

PHONE

FAX

EMAIL

DO YOU HAVE AN OPEN CASE WITH DCS, CPS, DCFS OR ANY OTHER CHILD SERVICE? YES NO

PAST CRIMINAL CHARGES

HAVE YOU BEEN TO PRISON? YES NO

IF YES, WHERE?

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER? YES NO

