



Changed lives for a lifetime

NewStart Application Process

Applications for the New Start program may be picked up any time at the following location:

The Lighthouse Ministries, Inc.

The Nehemiah House

Mailing Address: P. O. Box 54494

Lexington, KY 40555

Phone: (859) 259-3434

Fax: (859) 226-9362

Street address: 185 Elm Tree Lane, Lexington, KY 40507

On line at our website: www.thelighthouseministries.org

Applicants must bring the completed application to The Lighthouse Ministries, Inc. between the hours of 9am and 5 pm, Monday-Wednesday, and at that time then set up an appointment for an interview. The Lighthouse Ministries staff will meet the applicant on Thursday at 10 am. Applications are reviewed by staff on Fridays. If you do not show up for your interview, your application is discarded and you will have to start the process over. The applicant should call The Lighthouse Ministries on Monday to see if they have been accepted.

If all of the beds are already full, the application will be placed in an “accepted but pending” file and reviewed each Friday. Applicants should continue to contact The Lighthouse Ministries every Monday to see if a bed has become available. If they do not call and check Monday, the application will be pulled and the application process will need to be started over. When an applicant is accepted into the program and a bed becomes available, intake will occur on the Monday after notification.

For men that are incarcerated:

We will accept faxed applications. Once we have received the application you can call for an interview on Thursday from 1pm - 3 pm. Interviews are done on Thursday only unless arrangements are made ahead of time. If you are accepted into the program, we will work with the probations officer, parole officer or the attorney. Your bed will be held for you.

KEEP THIS TOP COPY FOR YOUR INFORMATION.

General Information:

Name _____ Date _____

Address _____ Phone _____

Hometown and State _____

Social Security Number _____ Date of Birth _____ Age _____

Birth Certificate? _____ Social Security Card? _____

Picture ID/Licenses (and Expiration Date) _____

Marital Status _____ Single _____ Married _____ Seperated _____ Divorced _____ Widowed _____

Education (Last year completed) _____

Skills and Work History _____

Military Service _____ No _____ Branch _____

Dates of Service _____ Description of Duties _____

_____ Type of Discharge _____

Do you presently have an income? _____ Yes _____ No If so, how much _____

From what source? _____

Health Information

Rate your health: _____ Very Good _____ Good _____ Average _____ Declining _____ Poor _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Recent weight changes: Lost _____ lbs. Gained _____ lbs.

List all important present/past (illnesses, injuries, or disabilities): _____

Date of last medical examination _____ Results _____

Your physician(s) _____

Address _____

Are you presently taking medication? _____ Yes _____ No

Name(s) of medications _____

Are you willing to sign a Release of Information Form so that we may obtain Social Security, Psychiatric, Medical, or other such reports? _____ Yes _____ No

Law/Court Information:

Have you ever been arrested? _____ Yes _____ No

State circumstances _____

Do you know of any warrants out on you? _____ If so, explain _____

Are you presently on probation or pre-parole or parole? _____

Explain _____

Name of Probation or Parole Officer _____

Do you know of any fines that you owe? _____ If so, explain _____

Religious Background:

Denominational Preference _____

Member _____

Church attendance per month (Circle) 0 1 2 3 4 5 6 7 8 9 10+

Baptized? _____ Yes _____ No

Church attended in childhood _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? _____
Do you believe in God? _____ Yes _____ No _____ Uncertain
Do you pray to God? _____ Often _____ Occasionally _____ Never
Are you saved? _____ Yes _____ No Not sure what you mean _____
How frequently do you read the bible? _____ Often _____ Occasionally _____ Never
Explain recent changes in your spiritual/religious life, if any _____

Marriage and Family Information

Name of spouse _____
Address _____
Phone number _____ Occupation _____
Business phone _____ Spouse's age _____
Education (in years) _____ Religion _____
Have you ever been separated? _____ Yes _____ No When? _____
From _____ To _____
Have either of you ever filed for divorce? _____ Yes _____ No When? _____
Date of marriage _____
How long did you know your spouse before marriage? _____
Length of engagement _____
Give brief information about any previous marriage _____

Information about children:					
Education					Marital Status
Name	Age	Sex	Living?	In Years	

Check if child is by previous marriage _____ Yes _____ No

Do you keep in contact with spouse and/or children? _____ Yes _____ No

Are your parents married, separated, divorced, deceased? _____

If you were raised by anyone other than your parents, briefly explain _____

How many older brothers _____ Sisters _____ do you have?

How many younger brothers _____ Sisters _____ do you have?

Do you keep in contact with any family members? _____ Yes _____ No

Have there been any deaths in your family during the last year? _____ Yes _____ No

If yes, who and when? _____

Personal Information:

Have you used drugs for other than medical purposes? _____ Yes _____ No

If yes, what have you used?

Do you have now or ever had a drinking problem? _____ Yes _____ No

Have you ever been in treatment for drug or alcohol abuse or addiction? _____ Yes _____ No

If yes, when and where? _____

Are you now or have you ever been involved in a homosexual lifestyle? ____ Yes ____ No

Do you have trouble remembering things? _____ Yes _____ No

Have you ever had a severe emotional upset? _____ Yes _____ No

If yes, explain _____

Have you recently thought of taking your own life? _____ Yes _____ No

Have you ever been physically or sexually abused? _____ Yes _____ No

Have you ever had any psychotherapy or counseling? _____ Yes _____ No

List counselor(s) or therapist(s) and dates: _____

Personal information continued: What was the outcome?

If you have never been in therapy or counseling, would you object to going to psychotherapy or
Counseling? _____ Yes _____ No

Circle any of the words that best describe you now: Stubborn Angry Sad Bitter Content Thoughtful

Nervous Confused Hopeless Hardworking Impatient Impulsive Moody Calm Embarrassed Tired Often

Blue Excitable Serious Fearful Shy Close to God Easy-going Good-natured Introverted Extroverted

Ashamed Distant from God Likable Leader Quiet Self-conscious Lonely Guilty Destructive Sensitive

Other(s) _____

What hobbies do you have?

List your strengths and weaknesses:

Strength _____ Weaknesses _____

Have you ever felt like people were watching you? _____ Yes _____ No

Have you ever had hallucinations? _____ Yes _____ No

Have you ever heard voices? _____ Yes _____ No

Do you have problems sleeping? _____ Yes _____ No

Briefly answer the following questions:

What brings you to the Mission? _____

What brings you here at this time? _____

What are your plans and goals for you life? _____

What have you done about them? _____

What do you want us to do? (What are your expectations for coming here?) _____

Is there any other information we should know? _____

In your own words, how do you feel about community? (Other people?) _____

Do you interact well with others? (Please explain your answer) _____

A key role in your recovery will involve interacting and working with others.

Do you agree? _____ Yes _____ No

Briefly explain why you feel this way. _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____ Phone Number () _____ - _____

Personal References:

Name _____ Relationship _____

Address _____ Phone number () _____ - _____

DO NOT WRITE BELOW THIS LINE

_____ Acceptance with no reservations _____ Acceptance with some reservations _____

_____ Acceptance Denied

Notes:
