



CHANGED LIVES FOR A LIFETIME

Application for
The Nehemiah House
Men's Residential 7-12 month Faith Based Recovery Program
Updated March 16, 2010

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
Web: www.thelighthouseministries.org

Mail and Walk-In Applicants:

- Mail your complete application to the mailing address for The Lighthouse Ministries, Inc.
- OR**
- Bring your complete application to The Lighthouse Ministries, Inc. between the hours of 9:00am and 5:00pm, Monday-Friday.

For men that are incarcerated:

- We will accept faxed or mailed applications.
- We will notify you through mail that we have received your application.

Applicant must also mail or fax his Criminal History Record to The Lighthouse. Unless a sexual offense, this will in no way effect your eligibility for acceptance into our program.

AFTER SUBMITTING YOUR APPLICATION, IT IS THEN THE RESPONSIBILITY OF THE APPLICANT TO CONTACT THE MEN'S PROGRAM DIRECTOR AT 859.259.3434 TO FOLLOW-UP ON YOUR APPLICATION PROCESS. YOU MUST CONTACT US; WE WILL NOT CONTACT YOU.

KEEP THIS TOP COPY FOR YOUR INFORMATION

Please fill out the application completely and with detailed responses.
Vague answers will lead us to assume that you are not sincerely interested in joining our program.

General Information:

Name _____ Date _____

Address of most recent residence: _____

Secondary Address (if incarcerated): _____

Personal Phone: _____ Detention Center Phone: _____

Hometown and State _____

Social Security Number _____ Date of Birth _____ Age _____

Do you have a Birth Certificate? _____ Do you have a Social Security Card? _____

Do you have a driver's license? _____ Is it currently suspended? _____

Education (Last year completed) _____

Skills and Work History _____

Military Service ____ Yes ____ No If yes, what 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? _____

Where was your last place of employment? _____

Health Information:

Rate your health (circle one) Very Good Good Average Declining Poor

Height _____ Weight _____ Eye Color _____ Hair Color _____

Have you ever had seizures? _____ Yes _____ No If yes, date of last one _____

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

Date of last medical examination _____ Results _____

Your physician's name _____

Address _____

Are you presently taking medication? _____ Yes _____ No

Name(s) of medication(s) _____

For what purpose(s) are you taking each medication? _____

Have you ever been hospitalized? _____ Yes _____ No If yes, name facility _____

If yes, what were you hospitalized for? _____

Dates: _____

Law/Court Information:

Have you ever been arrested? ____ Yes ____ No

What and when was your most recent charge and/or conviction? _____

Please list in detail all past legal offenses including date and charge. Be sure to be open and specific.

Do you have any warrants out on you? _____. If yes, explain _____

Are you presently on probation or parole? _____

If yes, explain _____

Name(s) of Probation or Parole Officer(s) _____

Do you know of any fines that you owe? _____. If yes, list amount and county of origin _____

Do you know of any restitution that you owe? _____. If yes, list amount and county of origin _____

Do you know of any upcoming court dates? _____

If yes, what are they for? _____

What state and county? _____

Religious Background:

Denominational Preference _____

Member _____

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

Baptized? ____ Yes ____ No

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 significant other _____

Status of relationship: Married Separated Divorced Deceased Dating

Address _____

Phone number _____ Occupation _____

Age _____ Business Phone _____

Education (in years) _____ Religion _____

Date of marriage (if applicable) _____ Length of relationship _____

Child's Name	Gender	Age	Mother's Name	Do you owe child support on this child?	If yes, how much?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been separated? _____ When? From _____ To _____

Have either of you filed for divorce? _____ If so, when? _____

Give brief information about any previous marriage _____

Are you court ordered to pay child support? _____ Yes _____ No

Are you current on your child support payment? _____ Yes _____ No

What is an approximate amount in arrearage? _____

Do you have a court date for child support? _____ Yes _____ No

Are you required monthly child support review? _____ Yes _____ No

Which children and mothers do you keep in contact with? _____

Family Background Information:

What is the relationship status of your parents? Married Separated Divorced Deceased

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

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

Have there been any deaths in your immediate family? ____ Yes ____ No

If yes, who and when? _____

Give a brief description of your childhood and background _____

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 you have received treatment, list the facility and its location, when you attended and if you completed the program _____

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 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 _____

What was the outcome? _____

Circle any of the words that best describe you now:

Self-Centered Stubborn Angry Sad Bitter Content Thoughtful Nervous Confused Hopeless Moody

Calm Hardworking Impatient Impulsive Embarrassed Tired Often Blue Excitable Serious Shy

Fearful Close to God Easy-going Good-natured Introverted Extrovert Ashamed Likable

Distant from God Leader Quiet Self-conscious Lonely Destructive Sensitive Other(s)

What hobbies do you have? _____

List your strengths and weaknesses:

Strength

Weakness

_____	_____
_____	_____
_____	_____

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

Briefly answer the following questions:

• What brings you to The Nehemiah House?

• What brings you here at this time? _____

• What are your plans and goals for your 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 _____ Phone _____

Name _____ Relationship _____ Phone _____

Personal References:

Name _____ Relationship _____

Address _____ Phone Number () _____ - _____

Name _____ Relationship _____

Address _____ Phone Number () _____ - _____