

116 N. Illinois St.  
Monticello, IN 47960  
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**LIGHTHOUSE RECOVERY HOME**  
**PRE-APPLICATION**

Date: \_\_\_\_\_  
Name (full) \_\_\_\_\_  
Did you receive a recent medical Detox? \_\_\_\_\_  
Where? \_\_\_\_\_ Date \_\_\_\_\_  
How long did you stay? \_\_\_\_\_  
When was the last time you drank or took any narcotic? \_\_\_\_\_  
Are you Homeless? \_\_\_\_\_ Explain: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Relative/Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security (last 4)#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are You Employed? Yes \_\_\_\_ No \_\_\_\_ Do You Own A Car? \_\_\_\_  
Have a License? \_\_\_\_ Name of Car Insurance: \_\_\_\_\_  
Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_  
Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Ages? \_\_\_\_\_  
Name of your medical doctor or provider: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you an alcoholic? \_\_\_\_\_ How much do you drink? \_\_\_\_\_  
Are you a drug addict? \_\_\_\_\_ How much do you use? \_\_\_\_\_  
Drugs of Choice: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
List all Drugs used in lifetime: \_\_\_\_\_  
Are you on prescribed medications now? \_\_\_\_\_  
Are you prescribed narcotic medication? \_\_\_\_\_  
Names & amount: \_\_\_\_\_  
List other medications you are taking: \_\_\_\_\_

Signature: \_\_\_\_\_