



APPLICATION

Lightway Addiction Recovery Wellness is a long-term, faith-based residential program for women impacted by addiction, including pregnant and postpartum women. We offer a safe, supportive, Christ-centered recovery environment where our residents are treated with dignity and respect and can experience healing of body, mind, and spirit. We believe anyone can find and live a successful life of recovery and freedom. Our goal is to equip the women we serve with the tools they need to sustain life-long recovery, as well as support the entire family affected by addiction and transform generations.

GENERAL INFORMATION

Date: _____

First name and nickname: _____

Middle name: _____

Last name: _____

Phone number: _____ Alt Phone _____

Driver's License number: _____ State: _____

Valid? Y or N If no, State ID? Y or N

Date of birth: _____ SS# (last 4 digits) _____

Race: _____ Ethnicity: _____

REQUIREMENTS FOR ADMISSION:

- Must be 18 years or older
 - Detoxed from all drugs and alcohol. Drug screening at intake for verification.
 - Physically: be able to complete all activities of daily living independently, including but not limited to feeding, clothing, and bathing.
 - Must be physically healthy enough to participate in exercise at some level.
 - Mentally: capable of full participation in classroom & group environments. We are primary addiction care and are not a clinical or medical facility.
 - Spiritually: must be open-minded about spiritual solutions. All faiths or no faith is not a roadblock if there is open-mindedness.
- Complete the entire application for review without leaving anything blank. If something does not apply to you, please indicate by writing "N/A".
- Have an interview with the intake team to ensure this program is an appropriate level of care and a good fit for you and the program.

Things to consider before you apply. Please answer yes or no. If you feel an explanation is needed, space is provided below this section.

- ___ Are you free from alcohol or substance use for at least 72 hours and not in need of detoxification?
- ___ Are you willing to submit a urine drug screen upon admission?
- ___ Are you free from any active warrants in this or any other county?
- ___ Are you free from any charge of violence or sexual misconduct?
- ___ Are you entering the facility voluntarily?
- ___ Are you mandated and approved to be at our facility by the court?
- ___ Are you medically stable?
- ___ Are you willing to be assessed as medically stable and free of any illness or infection that requires isolation from others? (may require testing at your expense)
- ___ Are you able to have adequate control over your behavior and meet the requirements of group living?
- ___ Are you willing to enter a facility where abstinence from nicotine is required (smoking cessation is part of our wellness program)?
- ___ Are you willing to commit to active participation in your recovery for the duration of our program?
- ___ Are you able to meet personal needs (bathing, dressing, eating, etc.) without assistance?
- ___ Are you able to recognize that alcohol/drug use is a problem and express a desire to recover and change?
- ___ Are you able to not focus on the program and not work outside of the house for the intensive six months of the program?
- ___ Are you willing to set aside any romantic relationships (except if married) to focus on your recovery for the length of your program?

CONTINUED ON NEXT PAGE

Explanations: _____

Current residence: Own home ___ Rental Property ___ Parents ___ Relative ___
Friend ___ Treatment ___ Incarcerated ___ (which county) _____

Street: _____

City: _____ State: _____

Zip: _____ County: _____

Homeless ___ (includes extended stay hotels, temporary housing with friends or family that has an end date) Where did you live before becoming homeless or entering treatment? _____

Email address: _____

Marital status: _____

Name of spouse: _____ Phone number: _____

Number of children: _____

Names and ages: _____

When did you last speak to your children and describe your level of involvement over the last 3 months? _____

Child(ren)'s guardian name: _____

Phone number: _____

DFCS involved? Y or N

Case worker name: _____

Phone number: _____

Highest level of education completed: High School _____ GED _____ Some
College _____ College completed: _____ Secondary Degree _____ Did not graduate _____
Explain: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____ Phone number: _____

Name: _____

Relationship: _____ Phone number: _____

LEGAL STATUS:

Any previous arrests or convictions are considered in the context of the entire application process.

Referred by legal system?: Y or N

Mandating party: probation, parole, accountability, other _____

Name of mandating judge & county (if multiple, list all): _____

Parole/Community Supervision Officer(s) and List Counties and beginning and ending dates of each parole/probation: _____

Phone number 1: _____ Phone number 2: _____

Phone 3: _____

Email addresses of officers: _____

Have you ever been incarcerated? Y or N

Date of most recent incarceration, institution and county: _____

Most Recent Charges/dates and disposition: _____

Date(s) of other incarcerations: institution(s), counties, charges, and dispositions:

Any pending cases? Y or N What are your charges and in which counties?:

Attorney/Public Defender name: _____
Phone number: _____ Email: _____

Have you ever been arrested for sex crimes? Y or N
Arson? Y or N Violent charges? Y or N

Please Explain:

HEALTH STATUS:

Do you have Health Insurance? Y or N
Rate your health: Excellent__ Good__ Average__ Declining__
Height: _____ Weight: _____

Recent changes? Y or N
Physical/medical conditions? Y N Please list medical conditions:

Known allergies or dietary restrictions (insects, food, medications, plants, animals, etc.): _____

Mental health conditions? Y or N Please list mental health conditions and diagnosis date: _____

List all current medication(s): _____

Prescribing doctor and agency or practice: _____

Family history of mental health? Y or N
Explain: _____

Previous attempts of suicide? Y or N Dates: _____

Current suicidal thoughts? Y or N
Explain: _____

Acts of self-harm? Y or N Type(s): _____

Date of last harm: _____

Current thoughts of self-harm? Y or N
Explain: _____

Have you ever been diagnosed with or are you active in an eating disorder? Y or N
Explain: _____

Have you ever contracted any communicable diseases or viruses? (Example: HIV, Hep C, STDs) _____

If yes, have you completed treatment, or are you currently receiving treatment?
Y or N Explain: _____

Do you have any medical or behavioral issues that require special attention during your first six months at Lightway Recovery? Please list:

Are you seeing any medical or behavioral health practitioners, and if so, are you willing to continue treatment with local practitioners? Y or N Please explain:

FINANCIAL:

Most recent employment and dates: _____

Type of work: _____

Prior job and dates: _____

Where was your longest full-time job and how long?: _____

Do you own a car? Y or N

Where is it located? _____

Receive government assistance? Y or N Disability ____ SSI ____ If yes, what amount per month?: \$ _____

Food Stamps ____ Medicaid ____ Medicare _____

Other income (such as child support/alimony/etc.) Y or N

Type and amount of other income: _____

Do you have any savings or income that you can use towards your recovery fees:

Y or N If so, monthly or lump sum amount: _____

Do you have any family financial assistance support your recovery fees: Y or N

How do you plan to cover your recovery fees?

Please describe: _____

SUBSTANCE USE HISTORY:

How old were you when you first used alcohol?: _____

How old were you when you first used other drugs? What first substance(s):

Date of most recent use?: _____

Substance(s) and quantity?: _____

Are you addicted to alcohol, drugs or both? Please explain _____

Substance(s) of choice and methods of use: _____

Family history of substance use? Y or N Explain: _____

Previous recovery center(s) or treatment (including detox)? Y or N

Where, when, and length(s) of time: _____

Which one worked best for you and why? _____

Ever attend any type of support or therapy group? Y or N

Which ones?: _____

Longest amount of recovery/abstinence since you became dependent on substances and/or alcohol and when?: _____

Help us get to know you better (there are no wrong answers! Please provide 3 to 4 sentences minimum for each question if applicable). Use a separate sheet if needed.

1. What is your motivation for entering this particular program at this time?

CONTINUED ON NEXT PAGE

2. In addition to recovery, what else do you hope to learn or achieve while you are here?

3. Do you feel like you have people in your life who support you? What is your relationship with them?

6. Are you aware of any trauma that you might want to address during your stay at Lightway Recovery? Y or N If so, please give a brief description so we can better serve you (please be aware no explanation is necessary).

7. What is your biggest fear about entering Lightway Recovery?

8. Are there any other areas of your life you need assistance with?

CONTINUED ON NEXT PAGE

Legal Disclaimer:

I understand this is a structured addiction recovery wellness program with guidelines and responsibilities. In accepting the terms of the program, the applicant understands she has no lease and is exempt from due process afforded under the Landlord-Tenant Laws.

I certify that the statements and information in this form are true and correct to the best of my knowledge and belief. I authorize the staff at Lightway Recovery to investigate all statements or other information contained in this form and any attachments submitted with it. I am of sound mind as I record the information in this form and provide my signature voluntarily, understanding that I may be discharged without program completion if found untruthful.

Name: _____ Signature: _____

Date: _____

Staff Name: _____ Signature: _____

Date: _____