

Light House Sober Living Residency Application

The mission of Light House Sober Living is to provide our community with a safe and secure home of hope, healing, and life for men in recovery. Spirituality is the cornerstone of the corporate values of Light House Sober Living, Inc. Our other values include safety, fellowship, integrity, encouragement, acceptance, courage, and community.

The operation of the home will be guided by the mission to provide our community with a safe and secure home of hope, healing, and life to men in recovery. Light House is the only sober living community in Ottawa County and serves men who are in recovery, by providing a safe living environment that is free of drugs and alcohol. Under the guidelines of the Ohio Mental Health and Addiction Services, Light House is permanent housing facility and does not have any time limits for a resident's stay. Length of stay is determined by resident's needs, progress, and willingness to engage in services provided. The home is classified as a Level 2 Recovery Residence, rather than a treatment facility. The Light House is able to accommodate up to 10 residents.

Light House Sober Living will have and encourage a holistic approach to life and recovery. Services provided to residents using community resources will include assistance in gaining access to local resources, such as employment, physical and mental health needs, transportation, parenting, education, and ongoing recovery services. Staff and volunteers will provide ongoing support and guidance in these areas. They will also teach residents skills related to daily living, such as cooking, exercising, cleaning, and budgeting. The residents will not receive treatment services in the home, but will work with existing community partners to engage in any ongoing treatment and counseling needed, as well as utilizing 12-step recovery programs in the community.

Light House Sober Living aspires to create a sense of fellowship within the home, to be good neighbors, and to positively contribute to the community. Light House Sober Living will create productive and engaged individuals to return back to the community and live as upstanding citizens.

Light House Sober Living
Housing Application Form

Applicant Information:

Full Name: _____ Date: _____

SSN: _____ DOB: _____

Address: _____

Telephone Numbers: _____ (h) _____ (c)

How long have you been sober? _____

Valid Driver's License: Yes No State Id/License Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: _____

Are you a registered sex offender? Yes No

Have you ever been charged with a sex offense? Yes No

Please Check any/all of the following that apply to you:

Pending Court Case: _____

On Probation

On Post Release Control (Parole)

Have a Criminal History. If checked, please list all offenses and dispositions: _____

Are there drugs and/or alcohol in your current living situation? Yes No

Please describe your current living situations and describe all other alternative options:

Do you have any alcohol/drug-free friends? Yes No

Do you have any alcohol/drug-free family members? Yes No

Do you have your own transportation? Yes No

If no, do you have another source of reliable transportation? Yes No

Please describe this transportation: _____

Have you ever served in the military? Yes No

Do you have a significant other? Yes No

Please provide their name and contact information: _____

Please provide the names and ages of any children that you have, and indicate if you have custody of those children:

Name: _____ Age: _____ Custody: Yes No

Name: _____ Age: _____ Custody: Yes No

Name: _____ Age: _____ Custody: Yes No

Name: _____ Age: _____ Custody: Yes No

Name: _____ Age: _____ Custody: Yes No

Do you have an addiction to drugs and/or alcohol: Yes No

What problems have you experienced due to your substance abuse? _____

Substance Use/Abuse/Dependency/Addiction History:

Substance	Age first used	Age/date of last use	Frequency (Times/month)	Daily use history (Yes/No)	Quantity	Method of use
Alcohol						
Marijuana						
Cocaine						
Heroin						
Suboxone						
Methadone						
Methamphetamine						
Ecstasy/MDMA						
Inhalants						
Hallucinogens (LSD, PCP, acid, psilocybin, peyote, etc.)						
Prescription medication (Vicodin, OxyContin, Ultram, Xanax, Adderall, Ritalin, Valium, etc.)						
Over-the-counter medication (DXM/Robitussin, codeine cough syrup, diet pills...)						

Prior to your recovery, please list substances you were using, in order by drug of choice:

#1 _____ #2 _____
#3 _____ #4 _____

Please indicate if you previously participated in any of the substance abuse treatment programs listed below.

Yes No **Bayshore Counseling**
Month and year attended: _____
Programs attended: _____
Counselor's name: _____
Successful completion? Yes No

Yes No **Firelands (Formally Giving Tree) Counseling**
Month and year attended: _____
Programs attended: _____
Counselor's name: _____
Successful completion? Yes No

Yes No **Advanced Coping and Wellness**
Month and year attended: _____
Programs attended: _____
Counselor's name: _____
Successful completion? Yes No

Yes No **Twelve-Step programs, such as AA, NA, or CA**
Month and year attended: _____
How many attended per week: _____
Sponsor's First Name: _____
Home Group: _____
Would your sponsor be willing to speak with Light House
Admission's Committee? Yes No I have no sponsor

Yes No **Other inpatient/residential program: _____**
Month and year attended: _____
Programs attended: _____
Counselor's name: _____
Successful completion? Yes No

Yes No

Other outpatient program: _____

Month and year attended: _____

Programs attended: _____

Counselor's name: _____

Successful completion? Yes No

Mental Health:

Have you ever been diagnosed with a mental illness? Yes No

If yes, when, by whom, and what was the diagnosis? _____

Has anyone in your family been diagnosed with a mental illness? Yes No

If yes, who, and what was the diagnosis? _____

Are you on any psychotropic medications (antidepressants, mood stabilizers)?

Yes No

If yes, name of drug and dosage: _____

Have you ever been physically or sexually abused: Yes No If yes, by whom,
and when: _____

Are you suicidal or experiencing suicidal ideations? Yes No

Have you ever attempted suicide? Yes No If so, please list where and when you received any medical and/or psychiatric hospitalization or other treatment, if applicable:

Are you homicidal or experiencing homicidal ideations? Yes No

How do you deal with anger? _____

How do you deal with disagreements? _____

Physical Health:

Do you have any current health problems? Yes No

If yes, please list: _____

Are you taking any medications (other than mental health meds)? Yes No

If yes, name of drug and dosage: _____

Do you have any disabilities? Yes No

If yes, please list: _____

Would your disability interfere with your ability to live in a sober living home?

Yes No

If yes, in what way? _____

Do you have insurance? Yes No

Medicare? Yes No

Medicaid? Yes No

Insurance Provider: _____

Are you on any type of medically assisted treatment? Yes No

If yes, please describe: _____

Financial:

Are you employed? Yes No

Attending school? Yes No

If yes, please list the name, address, and phone number of your employer or school:

Full-time Part-time Position: _____ Rate of Pay: _____

Supervisor's Name and Phone Number: _____

Would your Supervisor be willing to speak with Light House Admissions Committee?

Yes No

Highest level of education: _____

If you and/or your household are receiving any of the benefits listed below, please check all that apply, and list the monthly amount received:

Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
ADC:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____
Unemployment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____

Are you willing to contribute a portion of your income to Light House Sober Living for rent/lodging? Yes No

Are you willing to be in a long-term sober living home for 24 months? Yes No

Do you agree to attend daily 12 Step Meetings? Yes No

Do you agree to participate in activities that take place in the home (such as exercise programs and recreational and learning groups)? Yes No

Do you agree to treat neighbors, staff, and other residents of the home with respect at all times? Yes No

Do you agree to contribute to the care of the household (such as doing chores, taking care of the lawn, cooking, and cleaning up after yourself)? Yes No

What goals would you like to achieve in the next 2 years? _____

Outside of incarceration, what is your longest period of sobriety: _____

What do you do to get sober and how do you stay sober?

How do you feel about sharing living space and bedrooms with other individuals?

What do you think that you can contribute to Light House Sober Living?

What are your expectations of Light House?

Please provide any other information you believe is important to your current application:

Applicant's signature: _____ Date: _____