



Christian Transitional Living Home & Recovery Program for Alcoholics & Drug Addicts
PO Box 304, Greenwood, SC 29648 • 864.864.377.5720 • 864.864.377.0731 • admissions@lighthouserecovery.net

RESIDENCY APPLICATION

DATE: ____ / ____ / ____

SSN: ____ - ____ - ____ EMAIL ADDRESS: _____

NAME: _____ TELEPHONE: (____) ____ - ____

PRESENT ADDRESS: _____

CITY _____ STATE: _____ ZIP _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE: _____ VALID LICENSE: YES NO

MARITAL STATUS: _____ CHILD SUPPORT PAYMENT: _____

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? YES NO

PHYSICAL CONDITIONS OR DISABILITY: _____

EMPLOYER: _____ TELEPHONE: (____) ____ - ____

HOW LONG EMPLOYED: _____ SALARY: \$ _____ PER _____

OTHER INCOME (EXPLAIN): _____

MONTHLY EXPENSES: _____

SOURCE OF WEEKLY PAYMENT: _____

VEHICLE MAKE AND MODEL: _____ TAG NUMBER: _____

INSURANCE POLICY HOLDER: _____ POLICY NUMBER: _____

LOCAL PHYSICIAN: _____ TELEPHONE: (____) ____ - ____

DRUG OF CHOICE: _____ CLEAN DATE: _____

SPONSOR: _____ TELEPHONE: (____) ____ - ____

CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY):

PROBATION/PAROLE OFFICER: _____ TELEPHONE: (____) ____ - ____

LIST ALL CURRENT CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT

