



Office Use Only
Date Received: _____
Interview: _____
Acc _____
Den _____

LITEhouse
PO Box 113
Milford IN 46542

Resident Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Other Names(alias): _____

Current (or most recent) Address: _____
Address

City State ZIP Code

Your Cell #: _____ Email: _____

Family Member or other Contact Name: _____

Relationship: _____ Phone# _____ Email: _____

Please complete:

Do you have a DL or photo ID? YES NO

Do you own your own vehicle? YES NO

If yes, what is the Year, Make & Model _____

Do you have your GED or High School Diploma? YES NO

If no, are you interested in attaining your GED? _____

Will you need help with attaining your Birth Certificate and/or Social Security Card? YES NO

Do you have children? YES NO

If so, how many and what are their ages?

Legal Status

Are you currently under the supervision of one of the following? Check and list all that apply.

- Probation: County: _____ Officer's Name: _____
- Parole: _____ Officer's Name: _____
- Comm. Corrections _____ Officer's Name: _____

Are you currently incarcerated?

YES NO

If yes, where and how long? _____

Do you have any pending cases?

YES NO

List Pending Cases Here:

Substance Use & Treatment History

Drug of choice:	Age started:	Frequency:	Last used:

What is the longest you have been clean/sober?: _____ From: _____ To: _____

How did you accomplish this? _____

Have you ever experienced an overdose? YES NO
 If so, when?: _____

Have you received treatment in the past? If so, please complete this section:

Facility:		Court Ordered:	
Date(s) of Treatment:		Completed:	

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Date(s) of Treatment:		Completed:	

****If you have attended more than 3 recovery/treatment programs, please explain on a separate sheet of paper.**

Medical/Mental Health

Condition:	Behavior:	Medication:	Diagnosed by?

Additional Info

Please let us know if there is anything you feel we should know about you or your situation:

What are you hoping to get out of the LITE program?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____