

Lighthouse Family Ministries NW

Transitional Housing Program Application

PO Box 13593
 Des Moines, WA 98198
 206-824-8581
www.lighthousenw.org

Applicant Information				
First Name		Last Name		Date of Birth
Are you homeless?		Where are you currently staying (address)		
City		State		Zip Code
Phone Number (where it is safe to contact you)			Email (where it is safe to contact you)	
Staying with friends or family?		How long can you stay?		Do you own a vehicle?
Do you have a valid driver's license?			License Number	
Do you have liability Insurance?			Policy Number	

Applicant's Children				
First Name	Last Name	M/F	Date of Birth	Custody
First Name	Last Name	M/F	Date of Birth	Custody
First Name	Last Name	M/F	Date of Birth	Custody
Do your children have visitation with their father(s)? If yes, where does this take place?				
Are there current custody issues or concerns?				

Emergency Contact Information		
First Name	Last Name	Relation
Address		
Phone		

Abuser Information		
First Name	Last Name	M/F
Current Address		
City	State	Date of Birth
Do you have or have you ever had a Protection Order against this person?	If yes, effective dates _____ to _____	If no, do you want a Protection Order?

Financial Information		
Are you employed?	If so, where?	Monthly Income: _____
Are you currently enrolled in school?	If so, where?	
Are you receiving TANF? Monthly Amount: _____	Are you receiving SSI or SSDI? Monthly Amount: _____	List any other source of income/assistance & monthly amount:
Have you ever applied for Section 8 or another voucher program?	If yes, when?	
Do you have any outstanding debts, bills in collection or garnishment?	If yes, please share amount and explain	

Court Information	
Have you ever been the defendant of a Protection Order?	If so, when?
Have you been arrested or convicted of a crime in the last 5 years?	If so, please describe the nature of your arrest and/or conviction.

References		
Please list at least two personal references and two work references (if applicable) that Lighthouse may contact regarding your application.		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Medical Information	
Do you have special needs? If yes, please describe.	
Have you ever struggled with substance abuse or eating disorders? If yes, what was your drug(s) of choice and/or diagnosis and have you received professional treatment? When, and with whom?	
Are you currently under the care of a mental health specialist?	If yes, list name, phone number and next scheduled appointment
Are you currently under the care of a doctor?	If yes, list name, phone number and next scheduled appointment

Please list all prescription medications. Use an additional sheet if necessary.

Medication

Purpose

Medication

Purpose

Medication

Purpose

Medication

Purpose

Goals

Please list your immediate goals.

Please list your long-term goals.

General Information

Please describe yourself, your family history, and your relationship with the person who has abused you.

Do you have family and/or friends who are supportive? Other support systems?

Do you have any specific safety concerns?

**How did you hear about Lighthouse Family Ministries Transitional Housing Program?
Why are you interested in participating in the program?**

What do you need or expect from Lighthouse to make this program work for you?

Is there any other information you would like to share?

**Please return completed application to Lighthouse via email to sarah@lighthousenw.org
or mail to P.O. Box 13593, Des Moines, WA 98198**

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand that submitting false information may result in the denial of my application. I give permission for Lighthouse to contact me regarding this application using the contact information I have provided on this form.

Printed Name

Date

Signature