



### Carlsbad LifeHouse Application

*Please fill out the following applications as completely as you can.*

*It is important that you answer honestly.*

Have you read the provided materials about the program including the rules and expectations for residents? **YES**\_\_\_\_ **NO**\_\_\_\_

Having read these materials, do you wish to be a part of the LifeHouse program and agree to follow the rules and expectations if you are accepted to the program? **YES**\_\_\_\_ **NO**\_\_\_\_

Are you completely committed to your sobriety, and willing to do whatever it takes to remain sober and live a healthy life? **YES**\_\_\_\_ **NO**\_\_\_\_

*If you answered yes to the above questions, continue with the rest of the application  
(Use back of page or attach additional pages, if necessary)*

***All questions must be answered completely. Incomplete application may not be considered.***

***The applicant must personally fill out and sign the application. Assistance may only be given in person to applicant for reading and writing.***

***If information in this application is found to be false or deceptive after entering the program, resident may be removed from program.***

#### Basic Information

Date of completing application: \_\_\_\_\_

Anticipated Release from current program/facility (if applicable): \_\_\_\_\_

Requested date of program entry (if different from above question, explain): \_\_\_\_\_

Which facility are you applying for: ☐ Men ☐ Women without children ☐ Women with children

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current/Most Recent Home Address: \_\_\_\_\_

Current/Most Recent Facility Address: \_\_\_\_\_

*List the places you have lived and the dates you lived there on the back of this page.*

Marital Status: **Single** \_\_\_\_\_ **Married** \_\_\_\_\_ **Divorced** \_\_\_\_\_

Are you currently in a relationship? If yes, describe.

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_

**SSN#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Driver's License/ID #:** \_\_\_\_\_

*List the name and contact information for any professional assistance you are currently receiving including: (Rehab program, Counsellors, lawyer, parole/probation officer, case worker, sponsors, etc.) on the back of this page.*

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **Family History**

Describe your family history on the back of this page include substance abuse history, important and traumatic events, and current relationship status.

### **Medical Background**

Do you have any medical conditions or health problems? When were they diagnosed?

Do you suspect that you have any undiagnosed physical health problems? Describe.

Do you have any diagnosed mental health conditions? When were they diagnosed?

Do you suspect that you have any undiagnosed mental health problems? Describe.

Describe your overall physical condition.

Describe your overall mental condition.

List any medications (*prescription or over the counter*) you are currently taking and describe usage:  
(use back of page if necessary)

### **Religious Background**

Describe your religious belief: (*religious affiliation, denomination*)

Describe your past religious experience from childhood to present:

Describe your church experience:

Do you have a problem with participating in Christian practices and events?

### **Addiction History**

What types of addiction have you struggled with?

What addictive substances have you used? When did you first use? Did you become addicted?

What is/are your drug(s) of choice?

Last time you used or were intoxicated? Which substance(s)?

Do you smoke cigarettes or use tobacco products? How often?

Why did you start using? What are the root causes of your addiction? (self-medication; traumatic events; peers; etc.)

### **Treatment History**

List any programs you have participated in for recovery from addiction include length of treatment and dates.

What elements of these programs have been the most helpful?

What elements have been the least helpful to you?

### **Criminal History**

Do you give LifeHouse permission to run a background check? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

List any crimes that you have been convicted of with date and sentence you received:

Do you have any outstanding warrants? Describe.

Do you have any pending charges/cases? Describe charges and anticipated consequences.

Are you a registered sex offender?

Do you have a history of violence? If so, describe.

Will you be under the supervision of probation or parole during your stay at life house? How Long?

Are you applying to fulfill a legal requirement of the court, probation, etc.? If so describe specific requirements. Attach written documentation if available.

### **Education and Employment**

Describe your educational history including timeline and highest level of education:

What skills do you have that may help with employment?

List your previous employers and dates of employment (use back if necessary)

### **Financial Information**

The cost to enter the LifeHouse program is \$500. Are you able to pay this amount?

*Applicants will be considered even if they are not able to pay upfront.*

YES\_\_\_\_\_NO\_\_\_\_\_ If partial, how much? \_\$\_\_\_\_\_

### **Personal Goals**

Do you want to be free from addiction? Why?

What do you want to accomplish while in Life House? Be Specific.

What do you want to accomplish with your life?

What skills, abilities, gifts and strengths do you have?

What weaknesses do you have?

What fears do you have?

Are there any issues other than addiction that you hope to work through while at LifeHouse? Describe.

Why should we accept you to the program?

Do you have a case manager? If yes, how do we contact them?

When are you available for an interview and how do we contact you? (Applicants should contact Lifehouse to schedule interview.)

How did you find out about the Lifehouse program?

**Children** (only complete this section if you are applying to bring a child with you or plan to at any point have children live with you in Lifehouse)

I am requesting to bring children into the house ☐ immediately or ☐ in the future.

How many children do you have total (include age and gender)?

How many children are you applying to bring into the house (include age and gender)?

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Is CYFD currently involved with your child?

Custody status of children:

Custody history of children:

Describe any medical, mental, or behavioral issues the children have:

**Signature**

I authorize \_\_\_\_\_ (current treatment facility) to release information to Carlsbad LifeHouse, Inc. and its representatives regarding my treatment and anything else relevant to applying for residency in LifeHouse.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please attach a letter of recommendation including helpful details about your case and treatment from your current treatment facility, or, if not available, someone familiar with your case/situation.)

**Background Check Release**

I, \_\_\_\_\_, am an applicant for the Carlsbad LifeHouse program. As a part of the application process I have been advised that Carlsbad LifeHouse conducts a criminal history check that may include a credit report and/or motor vehicle report. I do hereby consent to the use of any and all information provided to Carlsbad LifeHouse in the application process to be used in the criminal history/background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please download, complete, and return application to:

**Carlsbad LifeHouse  
PO Box 3141  
Carlsbad, NM 88221**

Or e-mail to: [carlsbadlifehouse@gmail.com](mailto:carlsbadlifehouse@gmail.com)

No fax available

Call 575-725-5552 with questions or to schedule an interview

**After returning the completed application, the applicant is responsible for contacting Lifehouse to schedule a follow up interview.**