



The Lighthouse
Admissions Department P.O Box 505
Atoka, TN 38004
(901) 382-8106 x 210, Fax (901) 382-0522

To: Potential Participant

From: The Lighthouse Admission Department

Re: Interest in Admission to The Lighthouse and Safe Harbor Programs

Thank you for your interest in admission to our community re-entry program. The Lighthouse offers programs through affiliate Safe Harbor Churches. We are delighted to be able to tell you about our program. We have provided our intake application, personal information questionnaire, basic rules of our program, and descriptions of our program and services.

Safe Harbor is a six-month faith-based program that provides life skill and recovery support groups, safe and drug-free housing, necessities (such as clothes, food, hygiene products, etc.), and back-to-work employment opportunities with program completion incentives. **Our focus is to help participants make permanent life changes through recovery support services, a variety of pastoral and spiritual support groups, daily chapel services, one-on-one with our pastoral staff, and an assortment of other life skill classes.** We are not a family or group institution and cannot admit children. Safe Harbor locations are state parole board approved: Bucksnort, TN; Brighton, TN; Erin, TN. And New Market TN.

For those who are considering admissions into our program, you will go through a screening process and will be informed promptly of your eligibility. Currently, our program does not admit those who have been convicted of sexual and or violent crimes. Your application will be verified before your admittance can be issued. In order to be considered for acceptance into Safe Harbor, we would require an 1) application completed and signed; 2) if incarcerated, a recommendation letter from your pre-release counselor or the chaplain from the facility where you are located that includes character information, previous criminal history; 3) an essay telling us a brief summary about you, your charge details, and why you feel the need to come to Safe Harbor; and 4) your TOMIS charge sheet or verification of all previous charges.

Again, we are so thankful for your interest in The Lighthouse and Safe Harbor. May God bless and keep you.

- The Lighthouse

-this page is for you to keep -



Please check which **Safe Harbor Church** facility you are interested in being admitted to:

The Lighthouse
 Attn: Admissions Department
 P.O Box 505
 Atoka TN 38004
 (901) 382-8106 Ext 210
 Fax (901) 382-0522
 Email- admissions@lhmm.org

Bucksnoth TN (Hickman County-Men Only)
 Erin TN (Houston County – Men Only)
 Brighton TN (Tipton County)
 New Market TN (Jefferson County-Men Only)
State of Tennessee Approved Locations

 Last Name First Name Middle Initial

 Prison/Facility Inmate # / Booking # / TOMIS# Date of Birth Social Security #

 Prison/ Facility Street Address City State Zip-Code

 Date of next parole hearing/ court date Expiration Date Date you will be entering our program, if admitted

Please note there is a required \$25 non-refundable admission/ application fee for TN locations only. If you are unable to pay at this time, we will work with you for you to pay at another time. Please mark the following: Pay Now Pay Later

Consent for Release of Information to Lighthouse and Safe Harbor:

By my signature affixed below, I authorized staff at the prison, jail, facility, attorney, court official, or advocate on my behalf to release my personal information for review of my prison, pertinent medical and mental health records to determine whether I meet Safe Harbor criteria for admission and to confirm the information I listed on this application. This release applies to the application process only. I certify that all information on this application is true and accurate. I understand that falsifying information or failing to provide pertinent information on this application can exempt me from admission or dismiss me from the program upon entry.

 Signature of Applicant & Date

Personal Information:

Questions	Answers
Upon acceptance to our program, will you be on parole?	Yes No
Upon acceptance to our program, will you be on probation?	Yes No
Upon acceptance to our program, will you be on court order or diversion?	Yes No
Have you ever been in our program before?	Yes No
If so, when, and where?	
Do you have your I.D.'s?	Yes No
Are you on SSI/ SSDI? If so, what is the reason you have been issued SSI/ SSDI?	Yes No
Are you clinically deaf or blind? If so, please describe.	Yes No
Are you currently suicidal?	Yes No
Do you have a history of suicide attempts?	Yes No
To be able to properly prepare for your arrival, please describe all physical disabilities you may have and if there are accommodations that you require as part of your daily activities.	

Alcohol and Drug Use/ Abuse History:

Questions	Answers
Have you now or in the past had an alcohol or substance abuse problem?	Yes No
In the past, what drugs have you used?	Alcohol Cocaine Marijuana Opiates Narcotics Hallucinogenic Inhalants Sedatives Amphetamines Methamphetamines Oxycontin Club Drugs Prescription Drugs Fentanyl Other: _____

Criminal History: Please list each of your charges, exactly as they are written on charge sheet. Please be honest. Falsifying or failing to report charges could disqualify you from admittance as well as be grounds for dismissal even after admittance.

Questions	Answers
What types of crimes have you been convicted of? Please list all throughout your lifetime and include dates. (Attach additional sheet if necessary)	
Charge	Date
Charge	Date
Charge	Date
Which of these crimes were misdemeanors?	
Which of these crimes were felonies?	
Have you ever or currently been a member of a gang? If yes, which gang	Yes No Gang Name
Have you ever been convicted of a sexually related crime? If yes, What charge	Yes No
Have you ever been convicted of a violent crime? If yes, What charge	Yes No
Have you ever been convicted of arson? If so, please explain.	Yes No

Medical History:

Questions	Answers
Are you currently under a doctor's care?	Yes No
Are you on medication? If so, what types? Please list them all and what they are for.	Yes No
Please select any of the following that you have currently or had in the past.	
Asthma Kidney Failure Heart Disease Heart Attack Stroke Mental Illness Epilepsy Tuberculosis Seizures Diabetes High Blood Pressure	
If you have Seizures or Epilepsy: How often do you have an episode? Do you take medication regularly to control them?	_____ Yes No
When was your last episode?	Date/ time frame:
Have you been diagnosed with any mental health conditions? If so, please describe.	Yes No
Are you currently taking any medication for mental health conditions? If so, please describe.	Yes No
Do you have any other medical conditions? If so, please describe.	Yes No

Work Information:

Questions	Answers	
Are you physically able to work?	Yes	No
Can you stand on your feet for at least 8-10 hours a day working?	Yes	No
The work that we may have available requires a person to be able to stand for long periods (up to 10 hours per day), lift repetitively (up to 50-75 pounds), and work in both hot and cold weather. Will you participate fully in our work program with the specific requirements listed above?	Yes	No

Signatures

 APPLICANT SIGNATURE

 DATE

Items you are allowed to bring

7 Outfits

- Work Clothes
- Casual Clothes
- Dress Clothes

3 Pair of Shoes

- Work Boots
- Tennis Shoes
- Dress Shoes

Undergarments

- 7 pair underwear
- 7 pair socks
- 7 undershirts

Hygiene Items

- Soap
- Shampoo
- Conditioner
- Toothpaste & Toothbrush
- Brush or Comb
- Razor
- Shaving Cream
- Mouthwash (alcohol free)
- Deodorant
- Foot Powder

Miscellaneous Items

- 1 Bible
- Family Pictures
- 1 Writing pad
- Black Inc Pens
- 2 puzzle books
- 1 box envelopes
- 1 Pillow
- 1 Blanket
- 1 Set of Sheets (Single bedding)
- 1 radio with headphones (No disk players)
- Magazine subscription

Any item not on this list will be considered contraband and will be taken