



Agape Home Application

For Women and Children

Healing Homelessness with Christ's Power and Love

PO Box 5425 Bellingham, WA 98227

www.thelighthousemission.org

360-733-3796

General Information

Full Name: _____ Date of Birth ____/____/____

Ethnicity: _____ Gender: _____

Marital Status: M D S W SP Spouse Name: _____

ID/Driver's License Number: _____ Exp: _____ State: _____

City/State/Country of Birth: _____

Best Contact Phone Number: _____ E-mail: _____

Emergency Contact: _____ Phone Number: _____

Child's Name	Birth Date	Living with you?	Out of home care?	Medical Issues

Pregnant: Y N Due Date: _____

Health Insurance Provider: _____

Do you or your children take any prescription medications? Y N

If so, what? _____

Attach separate sheet if needed. All medications will be securely stored and monitored.

Faith Affiliation, if any: _____

Service Animal: Y N

Income Information

Employment Unemployment GAU/GAX Other: _____

TANF Child Support SSDI SSI Total monthly income? _____

Education / Employment

Highest level of education: _____

Other training/skills: _____

Military Service: Y N

Employed: Y N Most recent employment: _____

Why did it end? _____

Legal

Have you ever been involved with the following?

DUI/DWI Felonies Restraining Order

Misdemeanors Arrests Incarcerations Other: _____

Please explain any felonies and/or pending legal cases: _____

If on probation or parole, include PO contact information: _____

Addiction History

Which substances have you used?

Marijuana Y N Most Recent use: _____
Alcohol Y N Most Recent use: _____
Methamphetamine Y N Most Recent use: _____
Cocaine Y N Most Recent use: _____
Heroin/Opiates Y N Most Recent use: _____
Hallucinogens Y N Most Recent use: _____
Other Prescriptions Y N Most Recent use: _____
Inhalants Y N Most Recent use: _____
Drug(s) of choice: _____

Treatment History

Out Patient	In Patient	Where	Complete?	Date	Length

Current Treatment/Recovery Support:

Name: _____ Phone: _____ City: _____
Organization: _____

Behavioral / Medical Health History

Have you ever been treated for any of the following?

Bipolar PTSD Depression Anger
 Schizophrenia Self-Mutilation Suicide Attempt Dissociative Disorder
 Borderline Personality Disorder Other: _____

Current Counselor or Psychiatrist:

Name: _____ Phone: _____ City: _____
Organization: _____

Last psychological evaluation: Date _____ Service Provider: _____

Current Treatment/Medications: _____

How would you describe your current mental state? _____

What physical disabilities (if any) do you currently have? _____

Current Situation

Please state in your own words what brought you to Lighthouse Mission Ministries and why you need housing: _____

Have you ever been involved in a domestic violence situation? Y N Currently? Y N

Please explain: _____

Common Concerns: (Please rate 0=none, 1=mild, 2=moderate, 3=severe)

- | | | | |
|----------------------|-----------------|-----------------|-------------------|
| ___ marriage | ___ divorce | ___ alcohol | ___ work |
| ___ weight control | ___ family | ___ sexual | ___ singleness |
| ___ depression | ___ grief/loss | ___ anxiety | ___ past hurts |
| ___ other addictions | ___ mood swings | ___ drugs | ___ children |
| ___ intimacy | ___ stress | ___ self-esteem | ___ anger control |
| ___ housing | ___ abuse | ___ other | |

Please state your current plan to address the above concerns: _____

If involved with any of the organizations below, please provide contact information (as much as possible):

DSHS

Case Manager: _____
Phone: _____
Type of Services: _____

CPS

Case Manager: _____
Phone: _____
Length of Involvement: _____
Number of children involved: _____

Opportunity Council

Case Manager: _____
Phone: _____
Type of Services: _____

DVSAS

Advocate: _____
Phone: _____
Type of Services: _____

I certify that the answers given here are true and complete to the best of my knowledge. I authorize Agape Home staff to make any necessary inquires to evaluate this application.

Applicant's Signature: _____ Date: _____

To Apply

Send in your application one of these ways:

- **Email:** marym@thelighthousemission.org
- **Fax:** 360-715-2762
- **Hand Deliver to the Front Desk at:** Lighthouse Mission, 910 W Holly St Bellingham, WA 98225

Though not required, if you are seeking shelter and do not have kids with you, you may choose to or be asked to stay at Lighthouse Mission's Drop-In Center at 910 W Holly St (check-in at 6:30pm, or when beds are available).

Once you turn in your application, please call 360-733-3796 weekly to confirm your continued housing need and to check in with staff. We will call you to set up an initial interview; this does not guarantee space is available.

Agape Home gives housing preference to Whatcom County residents, referrals from local domestic violence agencies, and first-time shelter requests. Agape Home is part of Lighthouse Mission Ministries, a private Non-denominational Evangelical Christian ministry. There are no faith requirements to receive services. If you have any questions or wish to check the status of your application, please call Agape Home at 360-733-3796. For more information and photos of Agape Home, go to www.thelighthousemission.org.

For Office Use Only	Eligible for services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Screener's Initials _____	Date: _____
	Explanation: _____		