

**SAMARITAN INNS – Long-Term Recovery Program Application**  
**LAZARUS HOUSE • TABITHA’S HOUSE • ELISHA’S HOUSE**

SSC	Date Rcvd	App.#

**Applicant**

**FOR OFFICE USE ONLY**

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Male* \_\_\_\_ *Female* \_\_\_\_

*Current Address:* \_\_\_\_\_ *Phone: (h)* (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *(w)* (\_\_\_\_) \_\_\_\_\_

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**Referral Source**

*Referred By:* \_\_\_\_\_ *Phone:* (\_\_\_\_) \_\_\_\_\_

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**Employment**

*What is your current source of income? If employed, please indicate employer, phone number(s) of your supervisor(s), and days and hours that you work:* \_\_\_\_\_

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**Sobriety**

*When was the last time you used alcohol and /or drugs?* \_\_\_\_\_

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**Medical /Psychiatric History**

*Do you have any medical or psychiatric problems? Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*Describe if 'Yes'* \_\_\_\_\_

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**Community**

*Besides your immediate family, have you ever lived with a group of people? Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*Describe if 'Yes':* \_\_\_\_\_

**I hereby state that the above information is true and factual. I understand that any false information on this application will automatically disqualify me for tenancy at Lazarus House, Tabitha’s House or Elisha’s House.**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_