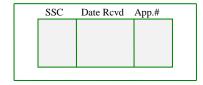
SAMARITAN INNS – Long-Term Recovery Program Application LAZARUS HOUSE • TABITHA'S HOUSE • ELISHA'S HOUSE



Applicant	FOR OFFICE USE ONLY		
Name	Age	Male	_ Female
Current Address:	Phone: (h) ()		
City State	Zip Code	(w) ()	
Referral Source			
Referred By:			
Employment What is your current source of income? If employed, please hours that you work:			
Sobriety When was the last time you used alcohol and /or drugs?			
Medical /Psychiatric History Do you have any medical or psychiatric problems? Yes Describe if 'Yes'			
Community Besides your immediate family, have you ever lived with a gr Describe if 'Yes':			
I hereby state that the above information is true and factua automatically disqualify me for tenancy at Lazarus House,			on this application will
Signature:	Date: _		

C:\My Documents\LTRP App. 3-00.doc