



The Lighthouse Projects are supported housing projects for adults seeking to establish abstinence-based lives after chemical addiction (including alcohol), within a mutual aid community setting. We provide a safe and supportive environment where residents share being part of a mutual aid recovery community with each other, accessing support through attending Alcoholics Anonymous and / or Narcotics Anonymous meetings. Our aim is to support our residents as they recover from the ravages of addiction, regain their sense of balance and well-being, and establish strong foundations for fulfilling and enjoyable lives, with healthy mutually beneficial relationships, and lifestyles that are sustainable over the long term.

Referral process: This application form is the first step in a multi-step process outlined overleaf. The Lighthouse Projects have tried, as far as possible, to simplify its various forms, but a full assessment must be carried out on the suitability of each candidate.

This application will only be accepted from a referral agency or appropriate professional. This is to ensure applicants have always had appropriate advice. The information you provide in this form will be treated as **STRICTLY CONFIDENTIAL** and for Lighthouse Projects staff use only. Forms are stored and destroyed in accordance with GDPR regulations.

Please return this application form to: referrals@uklighthouses.org selecting the preferred project below:

Men's Projects

- ☐ Bideford Lighthouse Project
- ☐ Newquay Lighthouse Project

Women's Project

- ☐ Penzance Lighthouse Project

Date	
Name of referring agency/organization	
Agency contact name	
Job title	
Contact telephone	
Contact email	
Signature	



Applicant Details

Applicants full name:

Telephone Number:

Are you homeless? Yes/No

If yes, please state length of homelessness:

Current address:

Post code:

Local Authority:

Date of Birth:

Age:

National Insurance Number:

Marital status: Single

Married

Divorced

Living with spouse

Please state your religion

If you do not wish to disclose this, state N/A

Are you leaving prison? <i>Include release date</i>	Yes / No	
Will you be on tag/license? <i>Include end date</i>	Yes / No	
Will you be attending probation?	Yes / No	
Are you at risk of reoffending?	Yes / No	



Support Requirements

Do you have any difficulty with any of the following?

Reading	Yes / No	
Writing	Yes / No	
Form filling	Yes / No	
Budgeting	Yes / No	
Processing information	Yes / No	
Managing medication	Yes / No	

Do you have any disabilities? If yes, please give details.	Yes / No	
Do you require any adaptations? If yes, please give details.	Yes / No	
Do you require additional / external support? If yes, please give details.	Yes / No	

Mental Health

Do you have a current mental health issue? If yes, please give details.	Yes / No	
Do you have a history of mental health issues? If yes, please give details.	Yes / No	
Are you taking any prescribed medications for a mental health issue? If yes, please give details.	Yes / No	
Have you previously attempted to harm yourself or commit suicide?	Yes / No	



Medical Detail

Do you have any current or historical cases of Hepatitis infection?	Yes / No	
Do you have any other infectious medical conditions?	Yes / No	
Do you have any non-infectious medical conditions for which you are receiving treatment?	Yes / No	
Please list all medications that you are currently prescribed including dosage amounts	None	

Addiction Detail

Please describe which substance(s) you have experienced addiction with, including alcohol. <i>Please include drug types, amounts & frequency of use</i>	
How long have you been a substance / alcohol mis-user?	
Have you been through a detox process? <i>Please include dates & locations.</i>	
Have you previously been to rehab or made any other attempts to resolve your addiction before? <i>Please include names of rehabs or other therapeutic centers & dates attended.</i>	
Do you have any other addiction issues such as gambling, sex addiction, compulsive spending / shopping, compulsive gaming etc?	



General Information

Are you aware of Alcoholics Anonymous / Narcotics Anonymous?	Yes/No
Have you previously attended any meetings?	Yes/No
Are you willing to attend a minimum of 3 meetings per week?	Yes/No
Are you willing to engage in a 12-step recovery process?	Yes/No

Do you have any previous experience of living in a shared/community environment?	Yes/No	
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- Please provide details of any support you currently receive, who provides this and their relationship to you. This includes medical professionals, counsellors, support workers, family members, religious leaders etc.

Name	Role/relationship	Type of Support received	Contact details



Financial Information

What is your main source of income	✓	How much do you receive?	Weekly or monthly?
Employed/Self employed			
Long term sick / disability			
Pension			
Student			
Universal Credit			
ESA			
JSA			
PIP			
Investments / personal finances			
No income			
Other			

Declaration and Consent

Are you related to any member of The Lighthouse Project's staff or any committee member?

Yes		No	
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The information I have provided is correct, to the best of my knowledge. I understand that The Lighthouse Projects reserves the right to terminate my licence to occupy any accommodation, and withdraw any support, obtained by deliberately providing false information or withholding essential information.

I hereby give permission for relevant information to be given to this organisation, in respect of my application.

Applicant's signature:

Date

Referrer's signature:

Date

Job Title:



Risk Assessment

- This section is **to be completed by the agency** submitting the referral, **not the client**. Please tick all risks that are applicable to your client.

Type of Risk	To SELF			To OTHERS		
	High	Med	Low	High	Med	Low
Schedule 1 / Dangerous offender						
Arson						
Accidental fire setting						
History of rape or sexual assault						
Discriminatory verbal abuse						
Discriminatory physical abuse						
Aggressive or intimidating behaviour						
Anti-social behaviour						
Damage to property						

Overall Risk Level Low ☐ Medium ☐ High ☐

Are you aware of any specific behavioral triggers?	Yes/No	
Are you aware of any specific emotional triggers?	Yes/No	

Please use the space below and the next page to provide any further information that you consider to be relevant that has not been included in this form.

Additional information



Additional information