

**ADULTS WITH DIVORCE OR SEPARATION LOSS
ENROLLMENT FORM**

OFFICE USE ONLY



The LightHouse for New Hope
P.O. Box 851030
Mesquite, TX. 75185-1030
972-226-3110
Fax 972-226-0764

SEMESTER _____ GROUP _____
DATE CONTACTED _____

NOTES

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE _____ ZIP CODE _____

DAYTIME PHONE: _____

EVENING PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____ HAVE YOU ATTENDED THE LIGHTHOUSE BEFORE? _____

CONFIDENTIAL INFORMATION

TYPE OF LOSSES

Divorce	How long since divorce?	Death of Spouse	How long ago?
Separation	How long since separated?	Death of Child	How long ago?
Abandonment	How long since abandonment?	Death of a parent	How long ago?
Other Losses:		Death of a Sibling	How long ago?

PLEASE INDICATE ANY CONCERNS OR DIFFICULTIES YOU MAYBE HAVING IN THESE AREAS

Difficult Sleeping _____ Weight Loss _____ Suicidal Thoughts _____
Loss of Appetite _____ General Health _____ Depression _____
Unable to Concentration _____ Other _____

HOW DID YOU FIND OUT ABOUT THE LIGHTHOUSE FOR NEW HOPE?

Friend _____ Apartment _____ Internet _____ Funeral Home (name) _____
Church _____ Newspaper _____ Brochure _____ Therapist(name) _____
Agency(name) _____ Other _____
Website _____

ANY ADDITIONAL INFORMATION THAT YOU MIGHT FEEL THAT WOULD BE HELPFUL

