

**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

DATE RECEIVED
DATES CONTACTED
NOTES

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE _____ ZIP CODE _____

PHONE CONTACT _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

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 _____ Courts _____ Internet _____ Funeral Home (name) _____

Church _____ School _____ Brochure _____ Therapist(name) _____

Agency(name) _____ Drove By Center _____

Other _____

THE INFORMATION LISTED BELOW IS USED FOR APPLYING FOR GRANT FUNDING

ETHNICITY

White/Caucasian _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Bi-Racial _____ Other _____

INCOME

Below \$10,000 _____ \$10,000 - \$25,000 _____ \$26,000 - \$50,000 _____ \$51,000 - \$75,000 _____ Over \$75,000 _____

ANY ADDITIONAL INFORMATION THAT YOU MIGHT FEEL THAT WOULD BE HELPFUL PUT ON BACK OF FORM