

Women In Transition (WIT) Resident Application



The mission of Women in Transitions is to provide a drug and alcohol free community that allows women to establish a 12 step foundation to ensure continuing recovery. Thank you for your interest of services offered by Women in Transition. We believe that if you truly want to change a 12 Step Program is the answer. **You must complete the entire application** to be considered for residency. You may return this application by mail: 412 S. John St. / Angola, IN/46703 or by asking the referring officer to email it to us at witangola@gmail.com . Upon receipt of your properly completed application, we will contact you by mail.

Here are a few key items that are required:

YOU MUST BE 72 HOURS CLEAN AND SOBER.

A. You **must** pay your first two weeks of rent at time of intake, which is \$250.00 & \$5.00 monthly phone charge: **\$255.00**. Non-Refundable.

B. If you are considering coming due to an obligation to the court you must have the court put it in your paperwork that you **MUST** complete our program or you will not be accepted.

C. Our program is a 9 to 24 months; the term of your stay depends solely on you (the client/resident).

D. Weekly rent is \$125.00 paid every Friday for the week ahead and is non-refundable. You must seek and acquire gainful employment if you are able to work.

E. Keep in mind that if you get behind in rent you will be asked to leave the program.

F. You must approve of a full release of personal information before acceptance in the program. If you do not disclose or misrepresent information this will be grounds for immediate release from Women In Transition.

G. No cellphones allowed for 30 days or at the discretion of the director.

If you are accepted into the program please bring with you the following list of items:

- Picture ID
- \$250 deposit and a \$5.00 per month for phone services; this includes long distance.

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- Clothing (only bring what you need due to limited space)
- NO SUIT CASES OR DUFFEL BAGS use only plastic trash bags.
- Personal hygiene products
- HE Laundry soap and fabric softener (dryer sheets only, NO liquid fabric softener)
- Money for the washer and dryer (machines cost a dollar a load).
- Alarm Clock
- All prescribed medicines in assigned bottles. If your medications are not in the right container or expired; they will be disposed of.
- Any snacks or pop you may want, we ONLY supply groceries. NO ENERGY DRINKS.
- You may bring photos and radio.
- We do supply linens and a pillow for twin sized beds, but if you want you may bring yours from home.

Note: All belongings brought into the house will be searched. All laundry will go into a HOT dryer cycle of 30 minutes before they are allowed into the main living area of the house. All medicines (Including over the counter) will be kept in the office and only staff will be able to dispense them.

****We do NOT allow outdated prescribed medicines and NEVER any narcotics.** It is your responsibility to contact your doctor and make changes if needed. We also encourage you to contact Social Security (if applicable) to let them know of any changes.

Once you arrive at WIT, you will be on what we call a “Sit down” period, this period usually lasts anywhere from 3 to 5 days, but depends on the individuals. We give you this time to adjust to our home, and get ready for what lies ahead. We allow your family and friends to visit Monday thru Sunday as long as the Director approves it either verbally or in writing. We reserve the right to ask your family and friends to leave if we know they have any warrants or appear under the influence.

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You are required to attend 7 meetings a week, attend and complete house meetings, classes, obtain a sponsor, work the steps and respect all house rules. All of the other requirements will be discussed upon arrival.

Today's Date_____

First Name_____ Last Name_____ M.I.____

Street Address_____ Apt#_____

City_____ State_____ Zip Code_____ County_____

Phone Number_____

Where can you be reached now?

Date of Birth_____

Date of last use: _____

High School Diploma____ GED____ Grade last completed_____

Driver's License Number_____ State_____ Valid: Yes or No

Marital Status: Married____ Divorced____ Widowed____ Single____

Home Record Information: Street_____ City_____

State_____ County_____ Zip Code_____

Vehicle Make/Model/Year/Color_____

Vehicle Plate Number_____ Vehicle State_____

I understand any vehicle I park on WIT property must be legally licensed, insured at all times, and in running condition._____ (Initial)

Who referred you to WIT / How did you learn about WIT?

____ Internet search or website ____ Self/Walk-In

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___ Family, Friend, Clergy, or other _____

Name: _____

___ Judicial, Probation - Name: _____

___ Have you applied to Women In Transition before? Date: _____

Use History:

What is your drug(s) of choice?

Do you think your history of drug and/or alcohol use is a problem?

Yes___ No___ If yes, please describe.

At what age did you first use? _____ What situations cause you to use?

Have you ever been in a treatment setting for drug and/or alcohol abuse?

Yes___ No ___ If yes, when and where?

Is treatment mandated by the legal system? Yes___ No___ If yes, by whom?

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If in recovery, what would help prevent relapse?

Family History

Has anyone else in your immediate family ever had problems caused by alcohol/drug abuse? Yes___ No___ If yes, who and what for?

Have you ever overdosed? Yes___ No___

Current Medications:

Current Presenting Problem(s)

- Depression Mood Instability Relationship Issues
- Anxiety Sexual Assault Family Issues
- Trauma Sexuality/Sexual Identity Disordered eating/Body Image
- Grief/Bereavement Substance Use ADHD/Learning Disorders
- Psychoses/Delusions

Other/Details

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Have you ever been diagnosed as Bi-Polar, Schizophrenic or other mental disorder?

If yes, please explain when and where.

Have you ever been suicidal or are suicidal now? If yes, please explain.

I _____ (Print) certify that all the information that I have given is accurate to the best of my knowledge. I understand falsifying any information on this form is grounds for refusal of admittance or termination of residency. I authorize WIT to verify any or all of the information. I also understand that if accepted that rent is due in advance and is nonrefundable. I understand that my rent is a legal debt and if I fail to pay, WIT will use legal means available to collect and in such case, I will be liable for all collection costs.

Signature

Date

Please use this page to write about your situation pending case(s) and why you would like to be a part of our program.