

Women In Transition – 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 \$270.00 at time of intake. This includes your first two weeks of programing fees at time of intake, which is \$250.00, \$5.00 monthly phone charge, \$15.00 random drug test charge. This deposit is Non-Refundable. We do not take personal checks: money order or cash only, if you wish to pay with a credit card or use our PayPal account there is a \$10 fee.

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. Please bring your release papers.

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

D. Weekly program fee 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 with your program fees, 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 & Social Security card (must be current, not expired)
- \$250 deposit and a \$5.00 per month for phone services; this includes long distance.
- \$15.00 per random drug testing
- We do accept Recovery Works
- Clothing (only bring what you need due to limited space)
- **NO SUIT CASES & NO DUFFEL BAGS; use only plastic trash bags.** LIMIT 2 (30 Gallon)
- Paddle lock with 2 keys or a combination lock for locker

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- Personal hygiene products
- HE Laundry liquid 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
- No drink bottles of any type, must be cans.
- 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. Twin size only
- Bath towel and wash cloth

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 Orientation Phase, a 30 period. 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.

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.

**** Please completely fill out all questions of the application including the last page. ****

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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 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?

____ Self/Walk-In

____ Family, Friend, Clergy, or other _____ Name: _____

____ Judicial, Probation - Name: _____

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

Work History: What type of work have you done or currently do?

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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? _____

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____

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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 _____

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

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