

## Women In Transition – Resident Application

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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. Do NOT leave any spaces blank. You may return this application by mail: 412 S. John St. / Angola, IN/46703 or by email: [witangola@gmail.com](mailto:witangola@gmail.com) . Upon receipt of your properly completed application, we will contact you by mail.

**\*\*All Questions must be answered including the last page; N/A is not an answer. \*\***

**\*\* If a question is not answered the application will be disposed\*\***

Here are a few key items that are required:

YOU MUST BE 72 HOURS CLEAN AND SOBER.

**A.** You **must** pay \$380.00 at time of intake. This includes your first two weeks of program fees at time of intake. There will be a \$5.00 per month phone charge, \$11.00 per random drug test charge and your first MRT book \$14.00. This deposit is Non-Refundable. We do not take personal checks: money order or cash only. You may pay by PayPal at [witangola.org](http://witangola.org); there is a 3.9% 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 court and release papers with you.

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

**D.** Weekly program fee is \$175.00 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 or Birth Certificate, **(must be current, not expired or a copy)**
- \$350.00 first two-week fees, \$5.00 per month for phone services; this includes long distance, \$11.00 per random drug testing, and 1<sup>st</sup> MRT book \$14.00. **TOTAL: \$380.00**
- Clothing (only bring what you need due to limited space) **NO CARDBOARD BOXES**

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- **NO SUIT CASES & NO DUFFEL BAGS; use only plastic trash bags.** LIMIT 2 (30 Gallon).
- **Note:** *If you are coming by **Grey Hound**, you will need to have your belongings in a duffel bag, backpack or purchase a cardboard box from the station. They do not allow plastic bags in the storage area under the bus.*
- Paddle lock with 2 keys or a combination lock for locker
- 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
- 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. If you bring your own, they must have your name on the items

**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.

We do **NOT** accept persons on Suboxone or Methadone treatment. We do accept Vivitrol treatment.

Once you arrive at WIT you will be on a 30-day Orientation Phase. 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.

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Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M. \_\_\_\_\_

Any other names used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ AGE: \_\_\_\_\_ Date of last use: \_\_\_\_\_

Where can you be reached now? \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Record Information: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

High School Diploma \_\_\_\_\_ GED \_\_\_\_\_ Grade last completed \_\_\_\_\_

Driver's License \_\_\_\_\_ or State ID \_\_\_\_\_ State \_\_\_\_\_ Valid: Yes No Expired: Yes No

Birth Certificate: Yes NO Social Security Card: Yes NO

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Vehicle Make/Model/Year/Color \_\_\_\_\_

Vehicle Plate Number \_\_\_\_\_ Vehicle State \_\_\_\_\_ Insurance \_\_\_\_\_

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: \_\_\_\_\_

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**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 \_\_\_\_\_

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

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Have you ever been in a treatment setting for drug and/or alcohol abuse? Yes\_\_\_\_ No\_\_\_\_

If yes when and where? \_\_\_\_\_

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Is treatment mandated by the legal system? Yes\_\_\_\_ No\_\_\_\_

If yes, by whom? \_\_\_\_\_

Are you part of a drug court program; where: \_\_\_\_\_

If in recovery, what would help prevent relapse? \_\_\_\_\_

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## 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? \_\_\_\_\_

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Have you ever overdosed? Yes \_\_\_ No \_\_\_ If yes, how many times: \_\_\_\_\_

## 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

\_\_\_ Bi-Polar \_\_\_ Schizophrenic \_\_\_ Major Depression \_\_\_ Suicidal Past or Present

**If any above are marked, please explain when and where Diagnosed: *\*Must Answer\****

\_\_\_\_\_  
\_\_\_\_\_

**List all Current Medications or Medications needed & currently taking: *\*Must Answer\****

\_\_\_\_\_  
\_\_\_\_\_

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

**You Must use this page to write about your situation.**

**List pending case(s) & County of charge:**

**List past charges**

**Reason Currently incarcerated**

**What is your possible release date**

**List all Battery Charges:**

**Why you would like to be a part of our program.**

**Any other information that we may need to know.**

**\* If any information is not disclosed truthfully or left out during application and later discovered it could lead to immediate dismissal from program**