



MAIL:
Worthy Women Transformation,
PO Box 116,
La Porte, IN 46352
E: worthy@wwtransform.org

Dear Reader/Applicant,

Worthy Women Transformation is a non-profit, Christ-centered residential ministry for women desiring freedom from addiction through biblical discipleship. We are a minimum 6-month program located in La Porte, Indiana. We exist to share the hope, power and freedom you desperately need, that is ONLY in Jesus Christ.

The mission of WWT is to teach you to renew your mind using the bible. Romans 12:2 says: “Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect.” If you are willing to trust God, the Holy Spirit will empower you to change.

Worthy Women was established because our founder Sonshine Troche, idolized drugs, violence, men, and money for 20 years. She began mentoring formerly incarcerated female addicts in 2006, and witnessed one too many dying from addiction (idolatry). Sonshine worked for 20 years in construction, mostly as a drywall hanger. She hired former male inmates after surrendering to Jesus on November 9, 1997. In 1993, Sonshine was on her way to prison for attempted murder. **She last used on July 4, 1997 and surrendered to Jesus on November 9, 1997.**

She’s worked in a female juvenile program, owned Sonshine’s Drywall & Repairs Inc., volunteered with the Christian Motorcyclist Association Prison Ministry, volunteered in the La Porte Co. Jail for 13 years, AND worked at the Westville Prison, (her mentor said: “You need to work at the Prison, to have any credibility!”

Sonshine started the **Worthy Women Recovery Home, Inc. in 2008**, and opened in May of 2016. **November 2023, WWRH became the Worthy Women Transformation Home**, a clean, safe, secure and structured 5000 square foot mansion. Three big bedrooms for up to 7 residents, with personal spaces for self-study, learning and growing.

WWT is FREE for six months. YOU CANNOT work for AT LEAST 6 months, upon entry to WWT. Some realize that they need to stay longer and are still not ready to work. Most women that come to WWT haven’t worked for a long time or not at all.

To be a resident, a lady applying must commit to three important criteria at WWT:

- 1. The Applicant/Resident agrees to abstain from all romantic communications while she is a resident at WWT.** (Are you sick and tired of being lied to? If not, throw this application away or give it to someone.)
- 2. The Applicant/Resident agrees NOT to work at a place of employment for 6 months.** (How many times have you been rearrested after hurrying up and getting a job?)
- 3. The Applicant/Resident agrees to use her time at WWT productively and honorably!** (We want you to succeed for the rest of your life, not just to hurry and finish another program!)

A. Resident Responsibilities:

Each resident participates in daily activities such as exercising, bible reading and memorization, homework with reading and writing, weekly counseling, job skills training, help with creating a long-term treatment plan, and long-term life skills such as budgeting, cooking healthy, cleaning efficiently, planning and scheduling, etc.

B. Resident Programs and Training Material:

The Heart of Addiction, Relapse Biblical Prevention Strategies, Understanding Temptations, Cross Talk, Be TRANSFORMED (with 66 videos), The HOPE Book, Gospel Treason, I AM, Anger Management, Microsoft Office, Budgeting & Financial Responsibility, the PACE Life Skills Self-study, Job Skills training, and optional GED training.

If your desire is to be FREE, keep reading. Galatians 5:1 says, “It is for FREEDOM that Christ set us free.”

To be a peaceful resident at Worthy Women, you will honor the rules, the staff, the program, etc. Please write or call with questions or concerns. If you decide to be at Worthy Women, we **WILL** be patient while we guide you.

If you would like to apply to receive the support that so many before you were grateful for, then please:

- ✝ **Read** the Worthy Women Transformation Rules & Policies Documentation
- ✝ **Read and Complete** the Worthy Women Transformation Resident Application
- ✝ **Sign/Date and return** the Worthy Women Transformation Resident Application

Return Application To:

WWT, PO Box 116, La Porte, IN 46352

OR

Scan to PDF and email to: worthy@wwtransform.org (to Staff, because confidentiality is critical!)

What to expect next:

- ✝ When we receive the Resident Application, it will be reviewed by WWT Staff.
- ✝ Staff will schedule a phone interview if you send us your case managers/counselors/advocates name, and if it is allowed by the institution you are in.
- ✝ We will send you an acceptance or a denial letter.

Because of Jesus,

D. E. "Sunshine" Troche

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Worthy Women Transformation Executive Director

Office: 219-325-3360

Email: worthy@wwtransform.org

Website: www.wwtransform.org

WWT STAFF DISCRETION REQUIRES EACH POTENTIAL RESIDENT TO READ AND AGREE TO:

- 1) Respect the Worthy Women peaceful atmosphere, biblical morals, yourself, and others.
- 2) Dress modestly with ear piercings only, and with modest clothing that is not torn or revealing.
- 3) Use only the WWT house phone until cell phone privileges are earned and authorized.
- 4) Abstain from any personal, dating, romantic and sexual relationships, even if you are legally married.
- 5) Abstain from gambling and gambling paraphernalia.
- 6) Abstain from, not possess, or use alcohol including items containing alcohol: ex. perfume, mouthwash, etc.
- 7) Abstain from, not possess, or use any illegal, non-prescribed or unauthorized drugs.
- 8) Abstain from, not possess, or use any nicotine products, such cigarettes, vapes, lighters, matches, vapes, etc.
- 9) Abstain from, not possess, or use inappropriate or sexually explicit pictures or materials.
- 10) Not possess or use weapons of any kind and lock sharp hygiene items in your locker.

**I, (my full name signed), _____ confirm that I have read, understand,
and agree with everything written above. Date: _____**

WORTHY WOMEN TRANSFORMATION HOME RESIDENT APPLICATION

Your information is confidential and is needed to best help you. We need you to be truthful as you voluntarily answer the questions below. If you do not understand what is being asked, please ask for help. Your information will not exclude you from being accepted. **NOTE: We cannot accept Violent Offenders or Sex Offenders.**

PLEASE PRINT - If a question does not apply, or is NOT yes or no, do not leave it blank, please write N/A.

PERSONAL INFORMATION

Name **First:** _____ **Middle:** _____ **Last:** _____

Birthdate (MM/DD/YEAR): ____/____/____ SSN: _____

Main Family Member Name: F- _____ M- _____ L- _____

Relationship to you: _____ Phone: _____ Address: _____

City: _____ State: _____ Legal H: _____

I have a: ____ Birth Certificate; ____ Social Security Card; ____ Driver's License # _____

I own a vehicle: ____ License Plate Number: _____ I owe fees for: _____

Please explain your top three heart issues that you cover up by choosing addiction and why you think you do this?

a. _____ Why: _____

b. _____ Why: _____

c. _____ Why: _____

SPIRITUAL BACKGROUND – Please write the answers in your own words, in a detailed and thorough manner.

1. Do you trust God with your life currently? Why or Why not?

2. Have you surrendered and professed your faith in Jesus Christ? Why or Why not?

3. How can the staff help you work on yourself while you are at Worthy Women Transformation?

PLEASE MARK ON THE LINE WITH A CHECK (✓) MARK OR PRINT THE YEAR WHERE IT APPLIES.

EDUCATIONAL ACCOMPLISHMENTS - Please print the year in front of the following:

_____ High School Graduated; _____ I have a GED; _____ College Degree: ___AA; ___BA

CURRENT SITUATION

_____ I might have a warrant(s). _____ I was incarcerated (locked up). _____ I am incarcerated.

_____ I am homeless and couch surfing. _____ I am in a shelter with my kids. _____ I am a Veteran.

Where/Location: _____ DOC #: _____

County: _____ State: _____

JOB HISTORY

List 3 types of jobs you've worked and the business name: Years/Months: Reason for leaving:

| | | | |
|-------|-------|------------|-------|
| _____ | _____ | _____/____ | _____ |
| _____ | _____ | _____/____ | _____ |
| _____ | _____ | _____/____ | _____ |

RELATIONSHIP STATUS

I am: ___ Married, ___ Engaged, ___ Divorced, ___ Widowed, ___ Single.

Spouse's Name: First _____ Middle _____ Last _____ Birthday: ___/___/___

Spouse/Fiance _____ has a felony conviction; _____ is incarcerated; _____ was incarcerated.

Are you committed to being without a romantic relationship while at WWT? ___YES ___NO

While a resident, I agree to abstain from any romantic/intimate relationships, including all communications.

Please sign here: _____ Date: _____

FAMILY

Name of your Child(ren) including deceased: Age: They Live in County/State: They live with:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Sibling Name: Age: Felony Conviction(s):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE mark front of _____ with a check (✓) mark ONLY if it applies.

My relationship with my Father is: ___ Good; ___ Bad; ___ He passed away. My last visit was M _____ Y _____
He was/is: ___ using Drugs/Alcohol; ___ incarcerated; ___ Homeless; ___ works too much; ___ a good Dad
He has/had: ___ Mental Health Issues; ___ SNAP or other benefits; ___ verifiable disabilities.
He abused me ___ sexually; ___ physically; ___ emotionally, ___ verbally.

My relationship with my Mother is: ___ Good; ___ Bad; ___ passed away. My last visit was M _____ Y _____
She was/is: ___ using Drugs/Alcohol; ___ incarcerated; ___ Homeless; ___ works too much; ___ a good Mom
He has/had: ___ Mental Health Issues; ___ SNAP or other benefits; ___ verifiable disabilities.
She abused me ___ sexually; ___ physically; ___ emotionally, ___ verbally.

My relationship with my Stepfather is: ___ Good; ___ Bad; ___ He passed away. My last visit was M _____ Y _____
He was/is: ___ using Drugs/Alcohol; ___ incarcerated; ___ Homeless; ___ works too much; ___ a good Stepdad
He has/had: ___ Mental Health Issues; ___ SNAP or other benefits; ___ verifiable disabilities.
He abused me ___ sexually; ___ physically; ___ emotionally, ___ verbally.

My relationship with my Stepmother is: ___ Good; ___ Bad; ___ passed away. My last visit was M _____ Y _____
She was/is: ___ using Drugs/Alcohol; ___ incarcerated; ___ Homeless; ___ a works too much; ___ a good Stepmom
She has/had: ___ Mental Health Issues; ___ SNAP or other benefits; ___ verifiable disabilities.
She abused me ___ sexually; ___ physically; ___ emotionally, ___ verbally.

DRUG/ALCOHOL USE HISTORY

I use nicotine: ___ Never; ___ Occasionally; ___ Daily; ___ Weekly; I Quit in _____

My 1st drug/alcohol choice is: _____ **I used** Occasionally _____ Daily _____ Weekly _____

My 2nd drug/alcohol choice is: _____ **I used** Occasionally _____ Daily _____ Weekly _____

I use Intravenous needles: ___ Never; ___ Occasionally; ___ Daily; ___ Weekly; I Quit in _____

My approximate age (print in _____) when I first:

_____ **dated** a drug/alcohol user; _____ **used** drugs/alcohol; _____ **last used** drugs/alcohol;

_____ **started** smoking cigarettes; _____ **moved out** on my own; _____ **worked legally**; _____ **admitted** to my addiction

MY HEALTH

I have Insurance: ___ None ___ HIP ___ Medicaid ___ Private.

Name of **Family Doctor:** _____ Where: _____ Phone#: _____

City _____ State _____

**I (sign first/last name) _____ agree to sign the WWT Medical Release of Information and WWT Medication Policy so that I can be accepted to Worthy Women Transformation.

Allergies/Verifiable Doctor's Diagnosis:

Name of Doctor:

Doctor prescribed medication:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I have been admitted to a Psychiatric Facility: ___Yes ___No; _____ My age; ___ I Left; ___ I completed my time.

I have been in a Christian Recovery Home? ___Yes ___No; _____ My age; ___ I Left; ___ I completed my time.

I have been in Non-Christian Recovery Home? ___Yes ___No; _____ My age; ___ I Left; ___ I completed my time.

Is there anything else you want us to know about the above questions?

For the items below, please mark an X on yes or no. If yes, print your age or ages. Examples: 6 – 12; 13; 34;

| | | |
|--|----------------|----------------------------------|
| Thoughts of self-harm | Yes ___ No ___ | How old were you? _____ |
| History of Self-harm | Yes ___ No ___ | How old were you? _____ |
| History of Violent Behavior | Yes ___ No ___ | How old were you? _____ |
| History of Hearing Voices | Yes ___ No ___ | How old were you? _____ |
| Loss of a family member | Yes ___ No ___ | How old were you? _____ |
| Feeling of Anxiety or Fear | Yes ___ No ___ | How old were you? _____ |
| History of STD/Infectious Disease | Yes ___ No ___ | How old were you? _____ |
| History of Hepatitis | Yes ___ No ___ | How old were you? _____ |
| History of HIV/AIDS | Yes ___ No ___ | How old were you? _____ |
| History of Miscarriage | Yes ___ No ___ | How old were you? _____ |
| History of Abortion | Yes ___ No ___ | How old were you? _____ |
| History of Fainting | Yes ___ No ___ | How old were you? _____ |
| Hospitalization(s) | Yes ___ No ___ | How old were you? _____ |
| Rape | Yes ___ No ___ | How old were you? _____ |
| Domestic Violence | Yes ___ No ___ | How old were you? _____ |
| Neglected as a Child | Yes ___ No ___ | How old were you? _____ |
| Adopted | Yes ___ No ___ | How old were you? _____ |
| Foster Care as a Child | Yes ___ No ___ | How old were you? _____ |
| Sexual Abuse | Yes ___ No ___ | How old were you? _____ |
| Physical Abuse | Yes ___ No ___ | How old were you? _____ |
| Affected by Bullying | Yes ___ No ___ | How old were you? _____ |
| Criticized for being a Homosexual | Yes ___ No ___ | How old were you? _____ |
| Doctor Diagnosed Verifiable Disability | Yes ___ No ___ | How old were you? _____ |
| I served in the Military | Yes ___ No ___ | From _____ - _____ Branch: _____ |

