



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, so that you can put off your old self and be who God created you to be. **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 has 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. HOWEVER, 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. You can stay longer and work after 6 months, if you choose to do so.

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 from bondage, please continue. Galatians 5:1: 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 as we guide you.

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

- ✝ **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

D. E. "Sunshine" Troche
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 STATEMENT of BELIEFS

(Adopted from the La Porte Missionary Church, La Porte IN)

MISSION: Worthy Women Transformation is a non-profit, Christ-centered ministry for women desiring freedom from addiction through biblical discipleship. Romans 12:2

Romans 12:2 Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.

1. We believe that God created Adam and Eve in His image, but when they were tempted and sinned in the garden, creation was alienated from God and cursed with sin. All of humanity is born under the curse of sin and as a result is deserving of divine judgement. It is only through the saving work of Jesus that we can be rescued from our rebellious state and have the wrath of God be satisfied.
(Romans 5:12-20; Ephesians 2:3)
2. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
(2 Timothy 3:16-17)
3. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
(Genesis 1; John 1)
4. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
(Colossians 2:9; Hebrews 1:3; Philippians 2:5-11)
5. We believe that Salvation is by grace and faith alone in the finished work of Jesus (Ephesians 2:8-9) and that Jesus is the Only Way to have a right relationship with God.
(John 14:6)
6. We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is essential.
(Ephesians 1:13-14; Titus 3:5; Ezekial 36:26; 2 Corinthians 5:17)
7. We believe in the present ministry of the Holy Spirit by whose indwelling, the Christian is enabled to live a godly life.
(Romans 8; Acts 1:8; John 14-16)
8. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of eternal separation from God.
(Romans 2:6-16; John 11:25-26; 2 Thessalonians 1:9; Hebrews 9:27)
9. We believe in the spiritual unity of believers in Christ.
(1 Corinthians 12; Colossians 3:1-4)
10. We believe in the purity of the marriage covenant between man and woman as created and designed by God according to His word, the bible.
(Genesis 1:27-28; 1 Corinthians 7:9; Matthew 19:5-6)

I have read and understand that the Statement of Faith for WWT will be followed for the peace of the WWT Home. I will not be forced to believe this, however WWT will abide by these biblical truths.

Applicant Signature

Date

WORTHY WOMEN TRANSFORMATION (WWT) MEDICATION POLICY

POLICY: It is the Policy of WWT to be the advocate for the resident in discussing and obtaining all prescribed medications for the resident. Residents obtaining medication will be terminated from WWT.

PROCEDURE: Residents must sign a consent form allowing trained WWT Personnel to be with resident for medical appointments and to inform all medical personnel of the medication policy. Staff must verify that prescribed medication container has the resident’s name, physician’s name, dosage, and count. **NOTE: WWT DOES NOT offer Medication-Assisted Treatment – MAT.**

“GREEN ZONE”	“YELLOW ZONE”	“RED ZONE”
Medications <u>ALLOWED</u> at WWT:	<i>Syringes are prohibited. Medications that require reason and listed seizure disorder to be documented by your doctor:</i>	Medications <u>NOT ALLOWED</u> at WWT include any “Controlled Substance”:
<u>Antidepressants</u> <i>Celexa, Cymbalta, Effexor, Elavil, Lexapro, Prozac, Paxil, Remeron, Savella, Zoloft</i>	<u>Mood Stabilizers & Seizure Meds</u> The following medications are allowed <u>ONLY</u> with Doctor’s documented seizure disorders: <i>Tegretol, Topamax, Trileptal, Lamictal</i>	<u>Anti-psychotics:</u> <i>Abilify, Geodon, Latuda, Mellaril, Seroquel, Clozaril, Haldol, Risperdal, Zyprexa</i> <u>Mood stabilizers-</u> <i>Lithium, Depakote, Abilify Mellaril, Clozaril, Risperdal, Geodon, Seroquel, Haldol, Zyprexa, Latuda</i>
<u>Anti-Anxiety Medications</u> <i>Buspar, Vistaril</i>		<u>Anti-Anxiety Medications</u> <u>Benzodiazepines-</u> <i>Ativan, Klonopin, Xanax, Valium, Librium</i>
<u>Sleep Aids-</u> <i>Trazodone and most over-the-counter sleep aids</i>	<u>Epi-pens can be used</u> by insulin-dependent diabetics.	<u>Sleep Aids-</u> <i>Ambien, Halcion, Lunesta, Restoril, Sonata</i>
<u>Non-habit forming ADD medications-</u> <i>Strattera, Intuniv</i>	<u>Vivitrol* can only be used</u> if it is prescribed without injections/syringes.	<u>ADD/ADHD Medication-</u> <i>Adderall, Concerta, Focalin, Provigil, Ritalin, Vyvanse or any other “controlled” medication.</i>
<i>Anti-inflammatory medications such as Ibuprofen, Meloxicam, Naproxen</i>		<u>Narcotic & Pain Medication-</u> <i>Codeine, Darvocet, Hydrocodone, Lortab, Lyrica, Oxycontin, Percocet, Tramadol, Ultram, Methadone, Suboxone</i>
		<u>Muscle Relaxants-</u> <i>Flexeril, Robaxin, Soma, Baclofen, Cyclobenzaprine, Gabapentin, etc.</i>
“GREEN ZONE”	“YELLOW ZONE”	“RED ZONE”

By my signature, I affirm that I have read, understand, and agree to honor the **WWT MEDICATION POLICY**.

Signature

Print Name

Date

WORTHY WOMEN TRANSFORMATION HOME RESIDENT APPLICATION

NOTE: We cannot accept Violent Offenders or Sex Offenders. Your information is confidential and is needed for us to help you. Please 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.

PLEASE PRINT - If a question does not apply to you, 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 believe there is one God, the creator of the universe? Why or Why not? (please be detailed)

2. Have you surrendered and/or professed your faith in Jesus Christ? Why or Why not? (please be detailed)

3. What are the behaviors/attitudes you need to put off during your time at WWT? (please be detailed)

EDUCATION - Please print the year in front of the following:

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

MY 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: ___/___/___

My Spouse ___ is a felon; ___ is incarcerated; ___ was incarcerated. Has been clean for _____ months / years.

Are you committed to abstaining from all romantic relationships while at WWT? ___YES ___NO

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

Applicant Signature: _____ **Date:** _____

FAMILY

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sibling Name(s): Age: Felony Conviction(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE mark the line in front of your choice with a check (✓) mark, ONLY if it applies. Otherwise leave it blank.

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 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 _____

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? _____
Feelings 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? _____
Raped	Yes ___	No ___	How old were you? _____
Victim of 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? _____
Was Bullied/Pick on as a child	Yes ___	No ___	How old were you? _____
Criticized for Homosexual Tendencies	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: _____

NOTE: All of your information is kept confidential and will ONLY be shared with the WWT once you enter the WWT program and are officially a resident.

WWT MEDICAL CONSENT FORM

The potential resident must fill the rest of the forms out completely to be considered at WWT.

Name of Applicant: _____ Date: _____

Worthy Women Transformation is not a medical care provider, and does not have any medical staff.

I _____ (Printed Applicant Name) hereby authorize WWT personnel to act on my behalf under the following conditions:

You verbally request emergency assistance. You are found unresponsive and unable to request emergency assistance. WWT authority deems a situation you are a part of to be an emergency.

By signing below, you are granting WWT personnel permission to call 911 and/or emergency services on your behalf.

You will be responsible for any and all costs associated with these emergency services.

Applicant Signature: _____ Date: _____

WWT RESIDENT RELEASE AGREEMENT

The undersigned (the potential resident) acknowledges, fully understands, and agrees to the following:

DEFINITIONS

1. "Worthy Women Transformation" means Worthy Women Transformation., 1001 Maple Ave., La Porte, Indiana 46350.
2. "Worthy Women Transformation premises" means the building and grounds owned by Worthy Women Transformation.
3. "The undersigned" means the Applicant/Potential Resident: _____.
4. "Released Parties" means the directors, officers, board of directors, employees, staff, volunteers, agents, members, interns, and other residents of Worthy Women Transformation, affiliates or ministries of Worthy Women Transformation, La Porte, IN.

RELEASES AND ACKNOWLEDGEMENTS

5. DAMAGE CLAIMS:

The undersigned hereby **releases** the Released Parties from any claim, injury, death, property loss, property damage, or cause of action of any nature relating to me, arising on, at or near the WWT premises, or while being transported to, from, or during any activity planned by or sponsored by WWT, including claims for damages from any cause directly or indirectly relating to any action or failure to act by any of the Released Parties, and whether or not it is alleged that any Released Party in any way contributed to the alleged wrongdoing or is alleged to be based upon a non-delegable duty. This release is intended to also release the Released Parties even if there is alleged to have been negligence or gross negligence by any of the Released Parties, and this release also relates to any possible claims, whether known or unknown, and whether they are possible or impossible to be known at the time this release is signed. Initials _____

6. PERSONAL ITEMS 1

It is considered a matter of grace and privilege that the undersigned may keep clothes, personal items or other property at the WWT premises, and the consent of WWT for the undersigned to keep such clothes, personal items and other property at the WWT premises ends immediately and automatically if the undersigned resident of WWT leaves or is dismissed. Accordingly, if the undersigned has not completely removed any clothes, personal items or other

property within 24 hours after leaving or being dismissed, such clothes, personal items and other property shall be deemed forfeited and abandoned, and may be disposed of in any manner whatsoever by WWT. Initials _____.

7. PERSONAL ITEMS 2:

Any clothes, personal items or other property of the undersigned are and remain at the risk of the undersigned and WWT shall have no responsibility relating thereto. If any clothes, personal items or other property of the undersigned are or become missing, stolen, or left, WWT has no responsibility or liability relating thereto (see also Paragraph 5 above). Initials _____

8. MAIL INSPECTION:

Worthy Women Transformation is a rehabilitation treatment ministry and it is required that communications to or from residents be carefully monitored. The undersigned specifically grants consent and permission to the Executive Director of WWT, and any person designated by her, to open all of the incoming and outgoing mail of the undersigned, and the Director shall have the prerogative to share the contents of any such mail to others (staff/counselors) on a need-to-know basis. Initials _____

9. PRIVACY, SEARCH & SURVEILLANCE:

Worthy Women Transformation takes responsible and necessary steps to protect the residents and staff of WWT. By participating in the WWT Rehabilitation Program, the undersigned **voluntarily relinquishes** her "expectations of privacy" and "rights of privacy" as they relate to all areas of the WWT Premises, and to the clothes, personal items and other property of the undersigned, which are brought by the undersigned to the WWT premises. The belongings of the undersigned upon arrival at WWT will be checked and searched, and will remain subject to search so long as the undersigned is involved in the WWT Program. This includes the undersigned's vehicles, bathroom and bedrooms. See Procedure below. Initials _____

10. FOLLOWING RULES:

The undersigned voluntarily and fully adheres to follow the WWT Program, its rules and schedules. The undersigned recognizes and acknowledges the leadership of the WWT Board of Directors, Staff, Interns, and Volunteers and the undersigned promises to follow the WWT rules, schedules, requirements, and the directives of the WWT Staff.

Initials _____

11. CONSEQUENCES:

If the undersigned chooses to disregard the WWT rules or schedule, or disregards directives of the WWT staff, or otherwise rebels against the staff of the WWT Program, the undersigned may, at the sole discretion of WWT, be dismissed from the program, and if the undersigned is so dismissed, she will leave the WWT premises as soon as possible thereafter, taking with her all of her personal items and property. Initials _____

PROCEDURES FOR NEW RESIDENTS, INCLUDING SEARCH PROCEDURE:

1. **Step One in the Receiving Process** – A WWT Staff person will complete Release agreement and all orientation paperwork with the resident. Staff will take a digital picture of the resident by herself.
2. **Step Two in the Receiving Process** - The "Resident inventory sheet" will be completed. This will account for all personal belongings.
 - A. Staff will thoroughly examine belongings for prescriptions, street drugs, cigarettes, inappropriate music, or any other item posing potential harm to residents or contrary to program philosophy.
 - B. All luggage and the contents of the resident's purse will be reviewed thoroughly, examining all pockets and the linings.
 - C. Each pocket and hem on clothing will be examined.
 - D. All folded items will be unfolded.
 - E. The resident's physical body and clothing will be examined. Attention will be paid to pockets and hemlines, or concerning injuries or wounds.
 - F. Each item will be recorded on the Resident Inventory sheet, providing a thorough description of each article.

- G. Any item prohibited by WWT must have arrangements made at this point for the securing or disposal of such items.
- 3. **Step Three in the Receiving Process** – Each new resident will undergo a drug screen, non-physical body check, and basic health screen with a female Staff member of Worthy Women Transformation. Body checks must happen in the presence of at least two female Personnel.
- 4. **Procedures for Room Inspections:**
 - A. The purpose of the room inspection is to keep both staff and residents safe.
 - B. Room inspections will include both the furnishings in the room as well as the residents’ personal belongings.
 - C. Room inspections will be conducted by staff or an intern and will always occur in the presence of one witness who may be staff, an intern, or a volunteer.
- 5. **When there is a reason to inspect a room, the following procedure will be followed:**
 - A. The resident will be informed that a room inspection is being conducted and will be required to be present.
 - B. Staff and a witness will complete the inspection, and the room will be returned to the original order when the inspection is complete.
 - C. Any item not allowed will be documented, removed, and discarded. Certain harmful items may result in consequences or dismissal.
 - D. Staff will document the inspection noting any items not allowed and their disposition.
 - E. The resident and staff present will sign the search consent form before search and after search.

WWT RELEASE AND DISCLOSURE OF INFORMATION

All blank lines must be filled in or have N/A written on it. I will receive a copy of all documents if I am accepted to WWT. I, _____, authorize the following individuals, medical providers and agencies to share, provide, release, communicate about, discuss and exchange information, records and documents, regarding my history, my medical, psychological and mental records, and any other appropriate data with WWT personnel. This release to WWT personnel includes, but is not limited to, the release, delivery and/or disclosure of facts, information and documents relating to my medical and/or psychological diagnosis and treatment, records, reports, x-rays, photo static copies and/or electronic data. The purpose and need for disclosure of information is to provide collaboration with the listed entities regarding my attendance, progress, and attitude toward my evaluation and required treatment. The extent of necessary information to be disclosed includes:

- | | |
|-------------------------------------|----------------------|
| 1. Attendance | 4. Required Services |
| 2. Prognosis | 5. Completion |
| 3. Results of Drug / Alcohol Screen | 6. _____ |

I understand that the provision of services by WWT is not contingent upon my signing this document. I understand that I may revoke this authorization at any time except to the extent that action has already been taken using this authorization. This authorization will be valid during my application process, during my residency at Worthy Women Transformation and for 365 days after discharge/termination of services with Worthy Women Transformation.

Examples of Services needed: Resident Family members (up to 4(FM), Probation & Parole Officer, Doctor(s), Pharmacy, Counselor, WWT Personnel, Religious Leader, Spouse, Employer)

- | | |
|-------------|-----------|
| 1. FM _____ | 6. _____ |
| 2. FM _____ | 7. _____ |
| 3. FM _____ | 8. _____ |
| 4. FM _____ | 9. _____ |
| 5. _____ | 10. _____ |

I understand that the recipients of this information may re-disclose it only in connection with their official duties.

Applicant Signature

Date

ADDITIONAL THOUGHTS OR NEEDS/WANTS OF THE APPLICANT

In your own words please write why you want to be a resident at WWT and what else we may need to know.

DISCLAIMER:

We can only take biological women (born as a female). Worthy Women Transformation will not pay for any medical needs and/or prescribed medicine for you. Applicants should be in general good health, on minimum medication (2-3) and able to lift, walk, carry, think, listen, perform normal duties such as cleaning, cooking, shopping, helping others, learning/being humble and have a grateful attitude often.

PLEASE think about your health needs to determine if we are a great fit for your addiction rehabilitation needs. Doctor's appointments will be made if a life-threatening issue arises. You will be accompanied by a volunteer or staff of WWT and you will never go to any medical office or pharmacy by yourself. This is to protect you while you are learning to be strong in Christ, and to protect our home from any unauthorized prescription you may be tempted to obtain. James 1:14 in the bible, says, ...but each person is tempted when they are dragged away by their own evil desire and enticed.) We want the best for every lady at WWT, and we expect you to do your best while at WWT.

Psalms 37:4 - Delight yourself in the LORD, and He will give you the desires of your heart.

PLEASE review the application to make sure you wrote N/A or your answers correctly in ALL the applicable spaces.

By signing below, you are indicating that if accepted, you agree to everything written in this application, and that you will honor the rules, the staff, the program, the home, and the volunteers of Worthy Women Transformation.

APPLICANT SIGNATURE: _____ **DATE:** _____

Mail to: WWT, PO Box 116, La Porte, IN 46352 **Email:** worthy@wwtransform.org **Office:** 219-325-3360

WWT OFFICE USE ONLY:

Staff Interviewer: _____ **Date Staff called:** _____

Name of IDOC or Jail: _____

Advocate for Applicant: _____ **Advocate Phone:** _____

Applicant Accepted: _____ **Reason for Denial:** _____

STAFF SIGNATURE/TITLE: _____ **DATE:** _____