



**WORTHY WOMEN TRANSFORMATION**  
**RESIDENT APPLICATION**

**MISSION & PROGRAM DESCRIPTION**

**MAIL/GIFTS:**  
**Worthy Women Transformation**  
**(WWT)**  
**PO Box 116,**  
**La Porte, IN 46352**

**Dear Reader/Applicant,**

**Worthy Women Transformation is a non-profit, Christ-centered 12-Month residential ministry for women desiring freedom from addiction through biblical discipleship.**

WWT is here to teach, guide, and encourage you to be the women God created you to be. You have been hurt, damaged, traumatized and abused. Today, you can be new in CHRIST and leave the old behind. It is a lot of work, but you are worth it. **The mission of WWT: 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."**

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

Sonshine started the **Worthy Women Recovery Home, Inc. in September of 2008** and opened in May of 2016. WWRH a clean, safe, and structured 5000 square foot home with 3 bedrooms for 7 residents, personal space for classes, growing, exercising, and learning to trust in God. **In November of 2023, WWRH became the Worthy Women Transformation Home (WWT), a biblical discipleship program to help you learn about God and HIS INCREDIBLE, SACRIFICIAL LOVE FOR YOU, in JESUS CHRIST!**

**To be considered:**

- 1. The Applicant agrees NOT to be employed for the first 6 months.**
- 2. The Applicant agrees to abstain from all romantic communications/relationships as a resident at WWT.**
- 3. The Applicant agrees to use her time at WWT productively and honorably!**

**To become sober and saved you will participate in:**

- 1. MORAL RECONATION THERAPY - MRT® Cognitive Behavior Program.**
- 2. RELAPSE BIBLICAL PREVENTION STRATEGIES - Group using God's Word to live a changed life.**
- 3. UNDERSTANDING TEMPTATIONS & CROSS TALKING - Daily Reflections on learning healthy thinking.**
- 4. BE TRANSFORMED Discipleship Class - Videos on the computer to help you know who God is.**
- 5. HOPE - Short, easy to understand bible stories to help you learn the bible.**
- 6. STRENGTH WITHIN - Groups to talk things out.**
- 7. Microsoft Office Basic Skills - Computer Skills.**
- 8. GOSPEL TREASON - Recognize the Idols in your life and how to give them up.**
- 9. HOW PEOPLE CHANGE - Learning how Jesus can bring lasting change into your life.**
- 10. GIRLS GONE WISE - Seeing your value in Jesus and giving up destructive ways of life**
- 11. TASC - High Scholl Equivalency Education / Diploma.**

## WORTHY WOMEN TRANSFORMATION

### RESIDENT APPLICATION

***To become responsible you will do:***

- A. 1-2 hours of reading & writing Monday - Friday
- B. 1-2 Weekly Bible verse memorization
- C. Weekly Biblical counseling
- D. Exercise four days per week
- E. Create a holistic long-term success plan
- F. Job skills training
- G. Daily Chores: cooking healthy and cleanliness.
- H. Budget wisely and pay off debts/fees

***To stay and realize your full potential, you must:***

- 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, (Applicant full name signed), \_\_\_\_\_ confirm that I have read and understand the rules and responsibility requirements written in the WWT MISSION & PROGRAM DESCRIPTION.**

**Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_**

- 1. **Thoroughly Read, Completely Sign and Date** the Worthy Women Transformation Resident Application
- 2. **Return the Application COMPLETED to:**

WWT, PO Box 116, La Porte, IN 46352 **OR** email it to our Ex. Dir at [worthy@wwtransform.org](mailto:worthy@wwtransform.org)  
**Office: 219-325-3360 Email: [worthy@wwtransform.org](mailto:worthy@wwtransform.org) Website: [www.wwtransform.org](http://www.wwtransform.org)**

- 3. **If your application is accepted, the WWT Ex. Dir. will schedule a phone interview with you. Make sure you include your Attorney or Case Managers Name and contact information.**
- 4. **We will then send you an acceptance letter within 14 business days if you are accepted.**

***Because of Jesus,***

*D. E. "Sonshine" Troche*

D. E. "Sonshine" Troche, Executive Director

**WORTHY WOMEN TRANSFORMATION**

**RESIDENT APPLICATION**

**STATEMENT of BELIEFS**

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

**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, (Applicant full name signed), \_\_\_\_\_ confirm that I have read, understand, and agree with the WWT STATEMENT OF BELIEFS written above.

Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

# WORTHY WOMEN TRANSFORMATION

## RESIDENT APPLICATION

### MEDICATION POLICY

**POLICY:** It is the Policy of WWT to be the advocate for the residents in discussing and obtaining all prescribed medications for the residents. Residents obtaining medication without permission will be terminated from WWT.

**PROCEDURE:** Residents must sign the WWT Release of Information Form (ROI) authorizing trained WWT Personnel to be with resident for medical appointments and to inform the medical personnel of the WWT 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 MAT. – Medication Assisted Treatment.**

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

I, (Applicant full name signed), \_\_\_\_\_ confirm that I have read, understand, and agree with the WWT Medication Policy as written above. Date: \_\_\_\_\_

WORTHY WOMEN TRANSFORMATION

RESIDENT APPLICATION

PLEASE READ: **PRINT on the lines please. IF it does not apply to your situation, print N/A.**

For 12 Months as a resident at WWT, you are prohibited from being in any romantic/intimate relationships, including all communications via telephone, texting, or any form of social media. You will be terminated if you break this rule. You must sign below in agreeing with our expectations to work on yourself for 12 months.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT'S PERSONAL INFORMATION**

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

I am a Military Veteran. \_\_\_\_\_

Last address: \_\_\_\_\_

Street

City

State

Zip Code

I have a: \_\_\_\_\_ Birth Certificate; \_\_\_\_\_ Social Security Card; \_\_\_\_\_ Driver's License

I own a vehicle: \_\_\_ Yes \_\_\_ No. If yes, print the State and City: \_\_\_\_\_

I owe fees to: \$\_\_\_\_\_ BMV; \$\_\_\_\_\_ Courts; \$\_\_\_\_\_ Probation; \$\_\_\_\_\_ Other;

**APPLICANT'S CURRENT SITUATION:**

\_\_\_\_\_ I am incarcerated. \_\_\_\_\_ I was incarcerated. \_\_\_\_\_ I may have a warrant.

Facility: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ DOC #: \_\_\_\_\_

**PRINT your Immediate Family Contact Name:**

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Print the **two worst behaviors that you have** that you know you need to stop, and why you need to change them?

1. \_\_\_\_\_ Why: \_\_\_\_\_

2. \_\_\_\_\_ Why: \_\_\_\_\_

WORTHY WOMEN TRANSFORMATION

RESIDENT APPLICATION

**RELIGIOUS BACKGROUND** – Please print answers in detail

1. A. Write what you believe about God, the creator of the Universe? B. What do you know about God?

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

2. A. Write what you believe about Jesus Christ? B. What do you know about God?

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

**EDUCATION** - Please print the date & year on the line:

I earned a High School Diploma in the year \_\_\_\_\_.

I earned a GED or TASC in the year \_\_\_\_\_

I have special training in: \_\_\_\_\_

**RELATIONSHIP STATUS**

I am: \_\_\_\_\_ Single, \_\_\_\_\_ Engaged, \_\_\_\_\_ Married, \_\_\_\_\_ Divorced, \_\_\_\_\_ Widowed.

Husbands' Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

He \_\_\_\_ is or \_\_\_\_ was incarcerated. He's been clean for \_\_\_\_ months \_\_\_\_ years. His Birthday is: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAMILY - YOUR CHILDREN**

Name of Child(ren) under age 18:

Age:

They Live in County/State:

They live with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORTHY WOMEN TRANSFORMATION

RESIDENT APPLICATION

PRINT an X on the line in **FRONT** of your choice, **ONLY** where it applies. **Otherwise, LEAVE THE LINE BLANK.**

**FAMILY – YOUR PARENTS/STEP-PARENTS RELATIONSHIP:**

**Relationship with my Father is:** \_\_\_ Good; \_\_\_ Bad; \_\_\_ He passed. I saw him \_\_\_ Months \_\_\_ Years ago.

He: \_\_\_ used/uses Drugs/Alcohol; \_\_\_ was incarcerated; \_\_\_ is homeless; \_\_\_ works a lot; \_\_\_ is a good Dad.

He has/had: \_\_\_ Mental Health Issues; \_\_\_ SNAP or other benefits; \_\_\_ verifiable disabilities.

He abused me \_\_\_ sexually; \_\_\_ physically; \_\_\_ emotionally, \_\_\_ verbally.

**Relationship with my Mother is:** \_\_\_ Good; \_\_\_ Bad; \_\_\_ She passed. I saw her \_\_\_ Months \_\_\_ Years ago.

She: \_\_\_ used/uses Drugs/Alcohol; \_\_\_ was incarcerated; \_\_\_ is homeless; \_\_\_ works too much; \_\_\_ is a good Mom.

She has/had: \_\_\_ Mental Health Issues; \_\_\_ SNAP or other benefits; \_\_\_ verifiable disabilities.

She abused me \_\_\_ sexually; \_\_\_ physically; \_\_\_ emotionally, \_\_\_ verbally.

**Relationship with my Stepfather is:** \_\_\_ Good; \_\_\_ Bad; \_\_\_ He passed. I saw him \_\_\_ Months \_\_\_ Years ago.

He was/is: \_\_\_ using Drugs/Alcohol; \_\_\_ incarcerated; \_\_\_ Homeless; \_\_\_ works a lot; \_\_\_ a good Stepdad.

He has/had: \_\_\_ Mental Health Issues; \_\_\_ SNAP or other benefits; \_\_\_ verifiable disabilities.

He abused me \_\_\_ sexually; \_\_\_ physically; \_\_\_ emotionally, \_\_\_ verbally.

**Relationship with my Stepmother is:** \_\_\_ Good; \_\_\_ Bad; \_\_\_ passed away. I saw her \_\_\_ Months \_\_\_ Years ago.

She: \_\_\_ used/uses Drugs/Alcohol; \_\_\_ was incarcerated; \_\_\_ is homeless; \_\_\_ works a lot; \_\_\_ is a good Stepmom.

She has/had: \_\_\_ Mental Health Issues; \_\_\_ SNAP or other benefits; \_\_\_ verifiable disabilities.

She abused me \_\_\_ sexually; \_\_\_ physically; \_\_\_ emotionally, \_\_\_ verbally.

**YOUR HEALTH**

**Do you have Insurance:** \_\_\_ Yes \_\_\_ No

Do you have a Family Doctor? \_\_\_ Yes \_\_\_ No Dr.'s Name: \_\_\_\_\_

**Do you have any Allergies or Verifiable Doctor's Diagnosis:** \_\_\_ Yes \_\_\_ No

**Print the Allergy or Diagnosis:**

**Doctor prescribed medication:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you been in a Psychiatric Facility:** \_\_\_ Yes \_\_\_ No. Name: \_\_\_\_\_

Your most *recent admittance date:* \_\_\_/\_\_\_/\_\_\_ Date of release \_\_\_/\_\_\_/\_\_\_

**I've been in a Addiction Recovery Program:** \_\_\_ Yes \_\_\_ No. *Please list the most recent admittance only.*

City \_\_\_\_\_ State \_\_\_\_\_ Date of release \_\_\_/\_\_\_/\_\_\_

WORTHY WOMEN TRANSFORMATION

RESIDENT APPLICATION

Is there anything else we may need to know about the above questions?

**DRUG/ALCOHOL USE HISTORY**

I smoke or vape: \_\_\_\_ Yes \_\_\_\_ No

I drink alcohol at least twice a week: \_\_\_\_ Yes \_\_\_\_ No

My 2nd drug/alcohol choice is: \_\_\_\_\_. I use/drink \_\_\_\_ Rarely; \_\_\_\_ Daily; \_\_\_\_ Weekly.

I use intravenous needles: \_\_\_\_ Never; \_\_\_\_ Occasionally; \_\_\_\_ Daily; \_\_\_\_ Weekly. \_\_\_\_ I Quit in \_\_\_\_.

The approximate age you first:

\_\_\_\_\_ used drugs/alcohol; \_\_\_\_\_ last used drugs/alcohol; \_\_\_\_\_ started smoking cigarettes;

\_\_\_\_\_ dated a drug/alcohol user; \_\_\_\_\_ moved out on my own; \_\_\_\_\_ admitted to my addiction.

**PLEASE PRINT an X on the line before yes OR no. If yes, PRINT your age / ages. Examples: 6 – 12. 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? _____
Raped	_____ Yes _____ No.	How old were you? _____
Victim of Domestic Violence	_____ Yes _____ No.	How old were you? _____
Adopted	_____ Yes _____ No.	How old were you? _____
Foster Care as a child	_____ Yes _____ No.	How old were you? _____
Sexually Abused as a child	_____ Yes _____ No.	How old were you? _____
Physical Abuse as a child	_____ Yes _____ No.	How old were you? _____
Have/Had Homosexual Relationships	_____ Yes _____ No.	How old were you? _____



WORTHY WOMEN TRANSFORMATION

RESIDENT APPLICATION

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

**NOTE:** All of your information is kept confidential and will ONLY be shared with the WWT Staff, IF, once you enter the WWT program as an official resident, the information is needed for treatment.

WWT MEDICAL CONSENT FORM

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

Full Name of Applicant (**Print**): \_\_\_\_\_ Date: \_\_\_\_\_

I 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.**

I, (**Applicant full name signed**), \_\_\_\_\_ confirm that I have read, understand, and agree with the Medical Consent Form written above. Date: \_\_\_\_\_

ADDITIONAL THOUGHTS OR NEEDS/WANTS OF THE APPLICANT

In the applicant's own words, please write why you want to be a resident at WWT and what else we need to know.

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**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 you 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.**

## WORTHY WOMEN TRANSFORMATION

### RESIDENT APPLICATION

#### 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 (WWT), PO Box 116, Physical Address is confidential to avoid distribution to uninvited friends of residents, La Porte, Indiana 46350.
2. "WWT premises" means the building and grounds owned by Worthy Women Transformation.
3. "The undersigned" means YOU, the **Applicant/Potential** Resident.

Please Print Your Full Name here: \_\_\_\_\_.

4. "Released Parties" means the directors, officers, board of directors, employees, staff, volunteers, agents, members, interns, and other residents of WWT, affiliates or ministries of WWT, 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. **APPLICANT 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.

**APPLICANT 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). **APPLICANT INITIALS** \_\_\_\_\_

##### **8. MAIL INSPECTION:**

WWT 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.

**APPLICANT INITIALS** \_\_\_\_\_

##### **9. PRIVACY, SEARCH & SURVEILLANCE:**

WWT 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

## WORTHY WOMEN TRANSFORMATION

### RESIDENT APPLICATION

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. **APPLICANT 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. **APPLICANT 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. **APPLICANT INITIALS** \_\_\_\_\_

#### PROCEDURES FOR NEW RESIDENTS, INCLUDING SEARCH PROCEDURE:

1. **Step One in the Receiving Process** – A WWT Staff person will complete the Release agreement and all intake orientation paperwork with the resident. Staff will take a digital picture of the resident by herself.
2. **Step Two in the Receiving Process** – A safety search will be performed with the resident in the main bathroom with an authorized staff member present.
  - A. The resident will use a towel or wear a robe with her back to staff, to cover herself with, prior to undressing to her undergarments.
  - B. **Staff are not permitted to touch the resident's body.**
  - C. Resident will stick out her tongue, move it up and down and sideways.
  - D. Resident will lean forward, sliding her fingers through her hair while moving her head back and forth.
  - E. The Resident will squat by bending the knees at a 90-degree angle, and cough deeply 4-5 times, allowing any concealed item in her body cavities to be loosened and dislodged.
  - F. The staff must exit the room **before** the resident removes the robe to shower or to put her clothes back on once the search is completed.
3. **Step Three in the Receiving Process** – Each new resident will undergo a drug screen, no-contact body check, and basic health screen with a female Staff member of Worthy Women Transformation. Body checks must happen in the presence of female Personnel only.
4. **Step Four 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, bags and the contents of the resident's purse, as well as all clothing will be examined.
  - C. Each item will be recorded on the Resident Inventory sheet, providing a description of each item.
  - D. All prohibited items will be disposed of by WWT staff.
5. **Procedures for Room Inspections:**
  - A. The purpose of the room inspection is to keep both staff and residents safe.
  - B. Room inspections include the furnishings in the room as well as the residents' personal belongings.
  - C. Room inspections are conducted by staff or an intern and will always occur in the presence of the resident.
6. **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 will complete the inspection, and the room will be returned to the original order after the inspection.

## WORTHY WOMEN TRANSFORMATION

### RESIDENT APPLICATION

- C. Any item not allowed will be documented, removed, and discarded. Prohibited items may result in termination of the WWT Program.
- 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 the search. Refusal to sign by resident will result in termination of the WWT Program.

### WWT RELEASE AND DISCLOSURE OF INFORMATION

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 (FM) up to 4, Probation & Parole Officer, Doctor(s), Pharmacy, Counselor, WWT Personnel, Religious Leader, Spouse

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

I, (Applicant full name signed), \_\_\_\_\_ confirm that I have read, understand, and agree with the WWT Release and Disclosure of Information written above. Date: \_\_\_\_\_

*By signing below, you are indicating that if accepted, you agree that you are being truthful in this application.*

**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:** \_\_\_\_\_