After you complete the application please mail to:

**Transitions**

**250 Youth Home Rd.**

**Dyersburg TN, 38024**

Email to: transitionsbutterfly@hotmail.com or

Fax to 731-287-0461

Residents MUST reside in AfterCare home

 while in AfterCare.

**Non-Smoking Program**

**No opened over the counter medication**

**Zero tolerance for cigarettes, vapes or phones**

**No contact with ANYONE outside your biological family**

**12-Month Program**

**Please fill out completely, If it doesn’t apply to you mark NA.**

APPLICATION FOR ACCEPTANCE TO TRANSITIONS

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Transitions is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Transitions cannot meet your particular needs, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you, please put NONE or N/A next to it.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name you go by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone #: home ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: DHS\_\_\_\_ Court\_\_\_\_ Parents\_\_\_\_ Church\_\_\_\_ Radio\_\_\_\_ Web\_\_\_\_ Other\_\_\_\_

(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to Transitions in the past? If YES, please give approximate date:\_\_\_\_\_\_\_\_\_\_

# **Information About You**

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State of Birthplace:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License Number (and expiration date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Characteristics:

Height:Weight:Eye Color:\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color:\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Marital Status**

Single:\_\_\_\_\_\_ Married:\_\_\_\_\_\_\_\_ Divorced:\_\_\_\_\_\_\_ Separated:\_\_\_\_\_\_\_\_

Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Married\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Children**

Do you have any children?How many?\_\_\_\_\_\_\_\_\_\_

List Names and ages:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_

Who has custody of your children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What arrangements are being made for your children while you are at Transitions?

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

Are you on any type of government or financial assistance? \_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your coming to Transitions have any effect on this assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Educational**

Name of last school attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle highest education level completed:

 Grade School Junior High School High School Diploma

GED Assoc. Degree Bachelor’s Degree

 Master’s Degree Doctorate

Have you ever been in any special education classes? \_\_\_\_\_\_If so, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Pregnancy**

Are you pregnant? \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you willing to submit to a pregnancy test \_\_\_\_\_\_\_\_\_\_\_\_\_

## **Medical**

Do you have any allergies (medical, environmental, or food)? \_\_\_\_\_\_\_List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Severity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you been diagnosed with any of the following:**

HIV\_\_\_ Hepatitis \_\_\_\_ Kidney Problems \_\_\_\_

TB \_\_\_\_ Heart Condition \_\_\_\_ Digestive Problems \_\_\_\_\_

Herpes \_\_\_ Liver Problems \_\_\_\_ Arthritis \_\_\_\_

Date of last physical \_\_\_\_\_\_\_

List any and all medication that you take:

 Medication Dosage Reason For How Long

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

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

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**If you have been prescribed medications, please do not stop them on your own, but continue to take them as prescribed by your physician(s). Transitions will need a statement from the doctor(s) who prescribed your medication fully explaining the need for this (these) prescription(s).**

Are you on a special diet? \_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, was this diet prescribed by a doctor ? \_\_\_\_\_\_

Do you have, or have you ever had, a problem with food or eating? \_\_\_\_\_\_\_\_Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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List any physical limitations that you may have as indicated by a physician or that would keep you from participating in the physical requirements of our program (such as working in garden, light exercise, obtaining and holding a job).

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

List all past surgeries or medical hospitalizations (include dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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# **Financial**

Do you have any outstanding debts? \_\_\_\_\_\_ 

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What arrangements will you make for their payment while you are at Transitions?

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

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# **Legal Background**

Have you ever been arrested? \_\_\_\_\_\_\_\_\_\_ How many times? \_\_\_\_\_\_\_\_\_

Dates, charges, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any pending court dates? \_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently incarcerated? \_\_\_\_\_\_\_\_\_\_How Long? \_\_\_\_\_\_\_\_\_\_

Length of Time Remaining?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney or Legal Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_\_\_\_\_\_

Are you now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time remaining:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you report?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In person or through mail? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of probation or parole officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Substance Abuse**

Have you ever experimented with the following substances? (Circle)

 Alcohol Hallucinogenic (Acid, LSD, etc..) Morphine

 Amphetamines (uppers) Crank Opium

 Barbiturates (downers) Crystal Meth Heroin

 Cocaine Marijuana Ecstasy

 Crack Meth Amphetamines Tobacco

 Inhalants (Glue, Paint Thinner, Etc...) Fentanyl

 Xylazine Nitazene Tianeptine

Drug of Choice:

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date last used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Longest Period Clean? \_\_\_\_\_\_\_\_\_\_\_

Have you ever overdosed? \_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been administered Narcan? \_\_\_\_\_\_\_\_\_\_

Have you ever been in an alcohol, drug, or detoxification program before? \_\_\_\_\_\_\_\_\_\_\_ (Please list facilities below)

Was it religious or non-religious? \_\_\_\_\_\_\_\_ Do you need detox now? \_\_\_\_\_\_\_\_

Date of entry Program Name City/State Reason for Leaving Date of Discharge

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

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

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# **Counseling**

Have you ever been diagnosed or treated for:

DID/Dissociative Disorder Bi-Polar Disorder TBI

ADD Borderline Personality Disorder

Schizophrenia PTSD

Have you ever been to counseling?(Please list facilities/persons below)

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

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

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

Have you ever received psychiatric care or been in a psychiatric hospital?(Please list facilities)

Date of entry Program Name City/State Reason for Leaving Date of Discharge

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

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

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

**Please sign release forms with the above facilities/programs/counselors and have your records forwarded to Transitions.**

Have you ever been a victim of rape \_\_\_\_\_\_\_ or incest\_\_\_\_\_\_\_?

How old were you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been the victim of sexual abuse\_\_\_\_\_\_ physical abuse\_\_\_\_\_\_ or ritual abuse

Have you ever been involved in prostitution? Yes\_\_\_\_\_ No\_\_\_\_\_ Lesbianism? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever tried to commit suicide?\_\_\_\_\_\_\_\_\_ When:\_\_\_\_\_\_\_\_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever self-mutilated? Yes\_\_\_\_ No\_\_\_\_

How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family**

Do you and your parents get along? \_\_\_\_\_\_\_

Do your parents, siblings, spouse, or children struggle with addiction?

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Spiritual**

Have you ever witnessed or been involved in the following occult activities? (Circle)

|  |  |  |
| --- | --- | --- |
| Astro projection | Satanic Worship | Rituals |
| Divination | Séances | Sacrifices |
| Fortune Telling | Spell Casting | Spiritism |
| Horoscopes | Tarot Cards | Psychic Consultations |
| Levitation | Voodoo | Chanting |
| Ouija Boards | Witchcraft | Channeling |

 Palm Reading White Magic

 Witches Coven Putting Curses on Others

Dungeons and Dragons Programming (color, number, location, etc.)

Write a brief explanation of your involvement with each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Have you ever been abused in any of these activities?

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been involved in any of the following groups? (Circle) 

|  |  |
| --- | --- |
| Christian Science | Mormonism |
| Eastern Religions | Scientology |
| Jehovah's Witnesses | Transcendental Meditation |
| Brotherhood | New Age Movement |

Write a brief explanation of your involvement with each:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Have you ever committed your life to God?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Denominational background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of any church or religion?\_\_\_\_\_\_\_\_\_\_

Which one?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How often do you attend church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you read your Bible? \_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever pray? \_\_\_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel you have a need for God? \_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your present relationship with God?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever considered rededicating your life to God?\_\_\_\_\_\_

Are you willing to do it now, if necessary?\_\_\_\_\_\_\_\_

Why would you like to come to Transitions and what would you like to see happen in your life while in this program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**I agree to submit to the rules and the staff of Transitions . I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal to or dismissal from the program.**

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

# Your First 30 Days

We want you to know that in this type of ministry the first 30 days of the resident's stay in our program is filled with many challenges. This most often includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first inclination of the resident is the desire to leave prematurely, before the adjustment period is complete. We have found that after the first 30 days, most of this insecurity passes. Unfortunately, we know that you may have a desire to walk away from your opportunity with Transitions due to not giving yourself enough time to make the necessary adjustments. With this in mind, we are requiring a strong commitment on your part to enter this program with a determination in your heart to see it through to the end. Your signature to this 30-day commitment form is your agreement to not compromise your decision to change, and, therefore, agree to give no time or expression to such ideas as, "I'm too homesick," "This is too hard," and/or "I'm not ready for this." We understand that feelings of being homesick and missing your family are valid. However, you must determine now that you will not allow these feelings to drive you from your commitment to what God has for you through Transitions. The first 30 days are the first steps of many in the healing process. Your signature represents your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to us.

1,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the first 30 days at

Transitions is a critical transition period and requires my dedication to fulfill my determination to change. By my signature, I choose to not allow myself to compromise this decision. If you do not agree to this commitment, please do not proceed with the application process. If you do agree, please proceed to the following page.

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

Signature of Applicant Date

# Understanding the 12 Month Commitment

The first 30 days are crucial to the beginning of the program. Your commitment to this initial time will set in motion what you need to complete the program. Once the first 30 days of transitions have passed, the next several steps in the healing process will require 12 months and a strong understanding of your initial commitment. We look at this commitment as if it were a legally binding document signed by you giving us your word that you will not change your mind about staying with us at Transitions for a minimum of twelve months.

It is not acceptable to sign this agreement and then say, "I don't care, I want to go home." We believe God makes a divine appointment for every woman who comes to Transitions. This is a place where women can come who are serious about changing their lifestyle and/or receiving healing from life issues that have damaged them emotionally, spiritually, and physically. We take our commitment to minister to you seriously, and we expect your commitment to us to be as serious; that you will focus on working through your issues and allowing the Lord to minister to you while you are here. Although each situation is different, the minimum stay at Transitions is 12 months, however, there is no guarantee that your healing process will be complete in that amount of time. The staff and counselors of Transitions are committed to do whatever it takes to complete what God wants to do in your life.

If you feel you cannot give us your solemn word that you will fulfill this commitment of twelve months (the length of stay), do not sign this agreement. Your life is worth the time, please take it.

God bless you in your decision about your future.

Sincerely,

Angel Dycus

House Director

# Month Commitment Agreement

1,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to commit to stay at Transitions for a

minimum of 12 months. The minimum length of stay in Transitions main home is 9 months. With an additional 3 months in After Care House is required. You will not be considered for graduation until successfully completing After Care.

*Please read over everything and sign the twelve-month commitment agreement. This will help you to stick with the program while you are adjusting to your new environment. The staff at Transitions looks forward to meeting you and working with you.*

Sincerely,

Angel Dycus

Resident Director

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

Signature of Applicant

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

Date