

After you complete the application please mail to:

Transitions

250 Youth Home Rd.

Dyersburg TN, 38024

Email to: transitionsbutterfly@hotmail.com or

Fax to 731-334-5611

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: _____

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

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 _____

Have you been diagnosed with an eating disorder, or treated by a physician? _____

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):

Financial

Do you have any outstanding debts? _____

Explain _____

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

Legal Background

Have you ever been arrested? _____ How many times? _____

Dates, charges, etc.: _____

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

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: _____

Have you ever been abused in any of these activities?

Explain: _____

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: _____

Have you ever committed your life to God? _____ Date: _____

Denominational background: _____

Are you a member of any church or religion? _____

How often do you attend church? _____

Do you ever pray? _____ How often? _____

Explain: _____

Are you willing to do it now, if necessary? _____

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

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.

I, _____, 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

12 Month Commitment Agreement

I, _____ 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