

TRANSITIONS OF DYER COUNTY APPLICATION PACKET - PART ONE

Enclosed please find an application for acceptance into Transitions. Please read all of the information including the rules and the required 30 day and 9 month commitment. If the applicant has a true desire for help in a Christian atmosphere and is willing to submit to those in authority at Transitions, she can complete the application. Please understand that no woman can be sent here against her will or without showing a desire to change.

Please use the following steps to complete your application:

- 1. Read all information and review the 30 day and nine month commitment.**
If you agree, sign the commitment and proceed to step 2.
- 2. Complete part one of the application. The entire application must be completed to be accepted.**
Be sure to completely fill out all of the information requested on this application packet. Should the application be returned to us without any of the requested information, we will not process it. (Please include a recent picture of yourself, if available.)
- 3. Mail back the application form (including the commitment forms).**
Once we receive part one completed, it is the applicant's responsibility to call the Director of Ministry at (731)287-0461 to receive further instructions. If you mail in the application, please wait four days to be sure we have received the forms before making this call. Applications should be sent to: Transitions of Dyer County, P.O. Box 265, Dyersburg, TN 38025.
- 4. Once the applicant has completed all of the above instructions it is her responsibility to call the Director of Ministry again and schedule a telephone interview.**
Interviews last approximately 30-45 minutes and are scheduled in advance.

If, following the initial interview, the Intake Coordinator feels the applicant has a sincere desire to change and would be a good candidate for the program, the applicant will be sent and instructed to complete all of the medical and education information in part two of this process and return the results to us as quickly as possible. The sooner this information is returned, the sooner a final decision can be made on the application.

In summary, please follow these steps:

- 1. Read all information and review 30 day and 9 month commitment**
- 2. Complete the application**
- 3. Include a recent picture**
- 4. Mail the application to the Director of Ministry at Transitions**
- 5. Follow up with phone call to the office to receive instructions for the next step**

Please understand that your cooperation in following all of the previous steps is the quickest way to enter the program. We understand that you want help quickly; however, we must abide by these guidelines in order to ensure that everyone is treated fairly. Thank you for your cooperation.

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 need, 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: _____ Date _____ Name you go by: _____

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 ___

Children

Do you have any children? _____ How many? _____

List Names and ages:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

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 affect 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

Bachelors Degree

Masters Degree

Doctorate

Have you ever been in any special education classes? ____ If so, please list: _____

Pregnancy

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Is the birth father aware of your pregnancy? _____

What involvement do you anticipate the birth father having with you during your pregnancy?

Are you considering parenting ____ placing ____ undecided ____ your child? (*Please indicate choice with an "X"*)

Transitions firmly believe in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you direction for your life and that of your unborn.

Medical

Do you have any allergies (medical or environmental)? _____ List: _____

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? ____ Dr.'s name and phone # _____

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? _____

Dr.'s name and phone # _____

List any physical limitations that you may have as indicated by a physician: _____

Reason: _____

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 the home? _____

Would the finances for your personal needs while at Transitions be sponsored by a church, ministry, family or individual? _____ If so, whom? _____

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..) | | Other: _____ |

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: _____

Habit cost per day? _____ Longest Period Clean? _____

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

Was it religious or non-religious? _____

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

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

Have you ever experienced withdrawals? _____ If yes, please describe the withdrawal and what drug you were withdrawing from: _____

Counseling

Have you ever been diagnosed or treated for (please mark yes or no):

DID/Dissociative Disorder _____ ADD _____ ADHD _____ Schizophrenia _____ Bi-Polar Disorder _____

Borderline Personality Disorder _____?

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 you live with them? Yes _____ No _____

Are they Christians? _____ For how long? _____

Denomination and name of church : _____

Spiritual

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

Astroprojection Satanic Worship Rituals

Divination	Séances	Sacrifices
Fortune Telling	Spell Casting	Spiritism
Horoscopes	Tarot Cards	Psychic Consultations
Levitation	Voodoo	Chanting
Ouiji Boards	Witchcraft	Channeling
Palm Reading	Yoga	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: _____

Place: _____ Denominational background: _____

Are you a member of any church or religion? _____ Which one? _____

How often do you attend church? _____

Do you read the Bible? _____ How often? _____

Do you ever pray? _____ How often? _____

Do you feel that you have a need for God? _____ Explain: _____

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? _____

What would you like to see happen in your life while in this home? _____

I have read the rules of this program and 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 that the first 30 days of 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 because of not giving yourself time enough 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 is the first step 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 9 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 transition have passed, the next several steps in the healing process will require an average of 9 to 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 an average of nine 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 be as serious to us 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 average stay at Transitions is 9-12 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 nine months (average 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,

Melissa Langston
Director of Ministry

9 Month Commitment Agreement

I, _____, agree to commit to stay at Transitions for a minimum of 9 months (average length of stay). Before completion of the program, I will meet with my counselor and the program director to discuss my progress. It will be determined at that time and by their discretion whether I should continue to stay or prepare for graduation.

Please read over everything and sign the nine 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,

Melissa Langston
Director of Ministry

Signature of Applicant

Date

TRANSITIONS OF DYER COUNTY

HOUSE RULES

Activities: Everyone participates in all activities unless given special permission to be excused by staff member in charge. Everyone stays together as a group under supervision of a staff member during activities.

Check-In: When residents arrive, all of their belongings will be checked in by a staff member and recorded for their protection.

Check-Out: When leaving the program, residents will be checked out by a staff member on duty to insure that they have all their belongings.

Church: Church attendance is required for all residents. The Resident Manager will help you find a church home if you are not currently a regular attendee. All chapel services and special services are required attendance. Residents are to attend to all restroom needs before any meeting begins.

Counseling: Each woman will have private, individual counseling sessions scheduled once a week. Residents are to notify the staff on duty if they need immediate help or counsel. Residents will also attend group sessions.

Discipline: Discipline will be given for disobedience and wrong attitudes. Extra household duties, restriction from privileges, essays, and even dismissal will be used.

Dismissal: You may be subject to dismissal from the program for the following behavior:

- using drugs, alcohol, or cigarettes or for having them in your possession
- leaving the property without permission
- being continually uncooperative
- violence or a threat of violence
- not showing a sincere desire for help

Residents must be willing to change and have a sincere desire for help.

Dress Code: Clothing must be clean and modest at all times. The staff on duty will notify residents of appropriate attire. Some type of clothing (in addition to underclothing) must be worn at all times. Neatness and cleanliness is expected. Residents are to shower every day at assigned times.

Drug Tests: All residents are required to submit to random drug tests.

Household Duties: Residents are assigned and responsible for household duties that are supervised by the staff in charge. The same person who does a job incorrectly must correct it. When a special need arises, every woman's cooperation in doing extra duties will be required.

Mail: All mail will be opened in front of staff. Inappropriate correspondence will be denied. Residents may be asked not to correspond with the individuals who have proven to be a negative influence or are connected to past problems.

Marriage Relationships: In some cases, a married woman will be allowed to enter the program. We will allow God to direct us in each situation, according to what is needed.

Medication: All medication, prescription and over the counter, will be kept in a locked cabinet. You will be responsible for taking your own medication, while a staff person observes you taking it. All medication is logged in your file.

Money: All money will be locked and secured with staff. This is for your protection. You will have access to your own money as outlined in the Resident Handbook.

Relationships: Residents are not allowed to develop romances or date during their stay in the program. There will be no pairing off with a member outside of the group. Residents are always asked to stay in the group. Time in the home should be devoted to working through problems and developing a personal relationship with Jesus.

Smoking: Smoking is never permitted at Transitions.

Telephone Calls: Women may receive calls per discretion of the staff. Staff members will answer the telephones.

Visitation: Visitors are welcome. All visitors and visits must be approved and arranged with the program director one week ahead of time. Please know that you will not be allowed any visits or phone calls for your first 30 days to allow you time to adjust to the program and schedule.