



MAIL: WWRH
PO Box 116, La Porte, IN 46352
219-325-3360

WORTHY WOMEN RECOVERY HOME APPLICATION

MISSION: Worthy Recovery, Inc. (dba Worthy Women Recovery Home) is a Christian ministry that offers housing and education to women suffering from criminal thinking and/or substance abuse.

VISION/PURPOSE STATEMENT:

We love God, others, and ourselves, sharing and sustaining hope for life-long recovery. **Mark 12:30-31 NLT**

Unfortunately, we cannot accept convicted sex offenders due to our location. The information you provide will not exclude you from being accepted. Your honesty is the first step to a recovery plan that you can successfully complete.

YOUR MOST IMPORTANT COMMITMENT FIRST: As a resident, I will abstain from all romantic and intimate relationships, including any type of communications: _____ Date: _____

PLEASE PRINT ALL INFORMATION to ensure that your application will be read and considered.

NOTE: Your information may be used **anonymously** to create evidence and research-based demographics and criminogenic data, to indicate the dire need for a recovery resources in our community. **NO** personal information will be used.

APPLICANT INFORMATION

Name: **First** _____ **Middle:** _____ **Last:** _____

Birthdate (MM/DD/YEAR): ____/____/____ SSN: _____

Emergency Family Contact Full Name: _____

Relationship to me: _____ Phone: _____ State: _____

Do you have your Birth Certificate? _____ **Your Social Security Card?** _____ **Your State ID?** _____

I have a Driver's License: _____ License #: _____ Do you owe any fees: \$ _____

I have/own a vehicle?: _____ License Plate Number: _____ State: _____

Where are you currently incarcerated: County: _____ State: _____

Facility Name: _____ **DOC #:** _____

I am a convicted violent offender: _____ I have been arrested _____ times. ____

BIBLE-BASED BACKGROUND

I want to know God: _____ I know God somewhat: _____ Explain your answer below:

I have not surrendered to Jesus: _____ I have surrendered to Jesus: _____ Explain your answer below:

RELATIONSHIP STATUS

Are you: _____ Married, _____ Engaged, _____ Divorced, _____ Widowed, _____ Single?

Spouse/Fiancés Name: First _____ Middle _____ Last _____

Does he have any felony convictions? _____

Name of Child(ren) including any deceased: Age: What County and State do they live in?:

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

FAMILY HISTORY – Please include information for deceased parents also.

I know my father: _____ Relationship is Good ___ Bad ___ Passed away in _____ Last seen _____

HISTORY of Substance use: Y__ N__ **Was incarcerated:** Y__ N__ **Is incarcerated:** Y__ N__ **Homeless:** Y__ N__

Suffered/suffers with Mental Health Issues: Y__ N__ **Receives Government Assistance:** Y__ N__

He abused, hurt, assaulted, or violated me as a Child: _____ **As a Teen:** _____ **As an Adult:** _____

I know my mother: _____ Relationship is Good ___ Bad ___ Passed away in _____ Last seen _____

HISTORY of Substance use: Y__ N__ **Was incarcerated:** Y__ N__ **Is incarcerated:** Y__ N__ **Homeless:** Y__ N__

Suffered/suffers with Mental Health Issues: Y__ N__ **Receives Government Assistance:** Y__ N__

She abused, hurt, assaulted, or violated me as a Child: _____ **As a Teen:** _____ **As an Adult:** _____

I have a stepfather: _____ Relationship is Good ___ Bad ___ Passed away in _____ Last seen _____

HISTORY of Substance use: Y__ N__ **Was incarcerated:** Y__ N__ **Is incarcerated:** Y__ N__ **Homeless:** Y__ N__

Suffered/suffers with Mental Health Issues: Y__ N__ **Receives Government Assistance:** Y__ N__

He abused, hurt or violated me as a Child: _____ **As a Teen:** _____ **As an Adult:** _____

I have a stepmother: _____ Relationship is Good ___ Bad ___ Passed away in _____ Last seen _____

HISTORY of Substance use: Y__ N__ **Was incarcerated:** Y__ N__ **Is incarcerated:** Y__ N__ **Homeless:** Y__ N__

Suffered/suffers with Mental Health Issues: Y__ N__ **Receives Government Assistance:** Y__ N__

She abused, hurt or violated me as a Child: _____ **As a Teen:** _____ **As an Adult:** _____

First / Last name of siblings 18 & older:

Age:

Any Drug Related Conviction(s):

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

EDUCATION

I graduated High School in _____. I dropped out in _____ I earned a GED or TASC in _____.

WORK HISTORY

List 3 types of jobs you've done:	Years/Months:	Reason for leaving:
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____

SUBSTANCE USE HISTORY

Do you use nicotine: No ____ Yes _____. If yes, Occasionally ____ Daily ____ Weekly ____?

What type of drug, including alcohol do you abuse/use: _____

I used/abused the above: Occasionally ____ Daily ____ Weekly ____

What 2nd type of drug, including alcohol do you abuse/use: _____

I used/abused the above: Occasionally ____ Daily ____ Weekly ____

I used Intravenous needles: Never ____ Occasionally ____ Daily ____ Weekly ____?

Approximately how old were you when **you moved out** of your parent(s) house: _____

Approximately how old were you when **you first dated** someone who used drugs or alcohol: _____

Approximately how old were you when **you first** used drugs or alcohol: _____

Approximately how old were you when **you last** used drugs or alcohol: _____

Approximately how old were **you first smoked nicotine**(If Applicable): _____

MY HEALTH

I have Medical Insurance: None ____ HIP ____ Medicaid ____ Private ____

I have a current Family Physician: Yes ___ No ___ If yes, what City/State?: _____

List all food or medicine allergies:

List all psychiatric/medical issues diagnosed by a Doctor:	List your prescription medication:
_____	_____
_____	_____
_____	_____

Have you been admitted to a PSYCHIATRIC FACILITY: ____ YES ____ NO If yes, your age?: _____

Have you been a resident in a RECOVERY HOME? ____ YES ____ NO If yes, your age?: _____

For the items below, please mark an X on yes or no. If yes, print your age or ages. Ex: 12 -14

Current 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? _____
Hearing Voices	Yes ___ No ___	How old were you? _____
Recent loss of a loved one	Yes ___ No ___	How old were you? _____
Feeling of Anxiousness	Yes ___ No ___	How old were you? _____
Feelings of 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	Yes ___ No ___	How old were you? _____
Rape	Yes ___ No ___	How old were you? _____
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 Home Placement 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? _____
Low Self-Esteem Harm	Yes ___ No ___	How old were you? _____
Gender Criticism/Belittlement	Yes ___ No ___	How old were you? _____
Served in the Military	Yes ___ No ___	From _____ to _____
Doctor Diagnosed Disabilities	Yes ___ No ___	How old were you? _____

PLEASE review your application for anything you might have missed. By signing below, you are indicating that if accepted, you agree to follow the policies of WWRH, and **respect God, others and yourself.**

APPLICANT SIGNATURE: _____ **DATE:** _____

Mail to: WWRH, PO Box 116, La Porte, IN 46352 Email: info@worthyrecovery.org Office: 219-325-3360

WWRH OFFICE USE ONLY:

INTERVIEWER: _____

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