



Through the Gate  
P.O. Box 6  
Linden, Indiana 47955

Dear Applicant,

Thank you for your interest in Through the Gate. We've been praying that God would give us the opportunity to minister to women. We're excited to know that you may be one of our future residents!

Through the Gate was established because we believe God can be your refuge and strength, an ever-present help in times of trouble. God has been our refuge and strength. We are overwhelmed by the goodness and compassion of God. We've experienced the hope God gives, and we are eager for you to know it too. Our vision is to work beside you as God works in your life to bring beauty out of ashes. Through the Gate is an 8 month long program consisting of three-phases.

**TEACHING:** (Phase 1)(5 months) For the first 5 months residents do not work outside the facility, rather each resident participates in various classes daily and also meets with a counselor/mentor every week. These classes are tailored to the specific needs of our residents. A few of the classes that we offer are addiction recovery and relapse prevention, communication skills, economics and GED training, if necessary. This phase of the program also teaches Christian morals and values.

**JOB TRAINING:** (Phase 2)(3 months) We want to insure that our residents have every opportunity to be successful when they leave Through the Gate. Many of our residents have not worked for a long time or may have never worked at all, so before we send them out to the job market, we want to help them get ready. During this phase, each resident will be doing job training, they will be learning how to work on a team and to be self motivated, how to work with clients and what customer service looks like, budgeting skills, and overall general good work ethics. This will help them be prepared for outside employment in Phase 3.

**SENDING:** (Phase 3) We want to send responsible, drug free citizens back into their communities. This final phase involves helping the residents find mentors and set up a solid accountability system within their community. We offer counseling to each resident and help them re-enter society completely and successfully after they graduate our program.

Please be aware that Through the Gate exists to help women like yourself by giving you the opportunity to learn a new way of living, a more beneficial method of handling problems, and a chance to be completely committed to pleasing God and growing to become more like Christ. Please be aware that the guidelines that have been sent to you are for real, and your decision to come to Through the Gate means that you will be willingly submitting yourself to operating under the authority of the staff and within the boundaries of the guidelines of the program.

Please feel free to write or email with questions or concerns as you make this decision. We want what is best for you. If Through the Gate is the right decision for you, we will be glad to assist you in your journey to find hope and healing.



**Instructions:**

- Read the Through the Gate Rules & Policies documentation.
- Complete the Through the Gate Resident Application.
- Sign/Date and return the Through the Gate Resident Application.

**P.O. Box 6**  
**210 N. Meridian St.**  
**Linden, IN, 47955**

Or

Scan to PDF and send to:

**[info@throughthegate.org](mailto:info@throughthegate.org)**

**What to expect next:**

- Upon receiving the Resident Application, it will be reviewed by TTG Staff.
- A decision will be made concerning your acceptance or denial into the Through the Gate program.
- An acceptance or denial letter will be sent to you.
- If accepted, feel free to send a copy of your acceptance letter to your legal representative or judge.

Sincerely,

Steve Covington  
Executive Director/ Through the Gate  
[info@throughthegate.org](mailto:info@throughthegate.org)



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P.O. Box 6  
Linden, Indiana 47955

**Through the Gate Resident Application**

The confidential information you share on this application will not be held against you or used to judge you. The Through the Gate staff simply needs to know the facts about you and where you are in life right now. Please remember that we will not be able to help you if you are not completely honest when you answer the questions below. If you do not understand what is being requested, please call us; we will be happy to assist you. **If a question does not apply, it is very important that you mark N/A; do not leave any question blank.**

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

If you have ever been in IDOC please provide DOC# \_\_\_\_\_

Present address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City and State of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Is your Drivers License suspended? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

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

Drivers License # \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Have you had a Facebook account? \_\_\_\_\_ Under what name? \_\_\_\_\_

**Name & Contact info of the person who referred you:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Intimate Relationships / Marital Status**

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Engaged \_\_\_ Serious relationship  
\_\_\_ Homosexual

**Children**

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

List names and ages of all children you have given birth to:

- 1. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_
- 2. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_
- 3. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_
- 4. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

What arrangements are being made for your children while you are at Through the Gate?  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any type of government or financial assistance such as welfare, SNAP, or SSI?  
\_\_\_\_\_

Will you be willing to use this assistance to help Through the Gate help you? \_\_\_\_\_

**Overall Physical and Medical Health**

Are you in general good health? If not, please explain what medical issues you have.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a **medically verifiable** disability? \_\_\_\_\_

List any physical limitation that you may have as indicated by a physician: \_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions or events in your past that would limit your ability to fully participate in the Through the Gate program? This would include physical chores such as cleaning, mowing, painting, sleeping in a top bunk, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ List: \_\_\_\_\_



List any and all medications that you take:

Medication	Dosage	For what reason?	For how long?

**IF YOU START TAKING ANY NEW MEDICATION BEFORE COMING TO THROUGH THE GATE, YOU WILL NEED TO SEND US NOTICE. FAILURE TO NOTIFY US OF MEDICATION CHANGES COULD RESULT IN YOUR DISMISSAL FROM OUR PROGRAM.**

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

**Eating Habits**

Do you consider your eating habits to be normal? Yes or No? \_\_\_\_\_  
Are you on a special diet? \_\_\_\_\_ Explain: \_\_\_\_\_  
Do you eat meat? \_\_\_\_\_ Do you have any *medically verifiable* food allergies? \_\_\_\_\_

**Past and Current Substance Abuse**

Have you ever experimented with the following substances?

- \_\_\_\_ Alcohol                      \_\_\_\_ Hallucinogenic (Acid, LSD, etc.)                      \_\_\_\_ Morphine                      \_\_\_\_ Inhalants
- \_\_\_\_ Crank                              \_\_\_\_ Amphetamines (Uppers)                              \_\_\_\_ Opiates                              \_\_\_\_ Crack
- \_\_\_\_ Crystal Meth                      \_\_\_\_ Barbiturates (Downers)                              \_\_\_\_ Heroin                              \_\_\_\_ Tobacco
- \_\_\_\_ Marijuana                              \_\_\_\_ Meth Amphetamines                              \_\_\_\_ Cocaine                              \_\_\_\_ Ecstasy
- \_\_\_\_ Spice
- \_\_\_\_ Other (Specify: \_\_\_\_\_)

Drugs of choice:

1. \_\_\_\_\_ Frequency of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_
2. \_\_\_\_\_ Frequency of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_
3. \_\_\_\_\_ Frequency of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_
4. \_\_\_\_\_ Frequency of use: \_\_\_\_\_ Date of last use: \_\_\_\_\_



Have you ever been in an alcohol, drug, or detox program? \_\_\_\_\_

Was it faith-based or secular? \_\_\_\_\_

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

**Past Counseling or Treatment Experience**

Have you ever experienced a life altering traumatic event that still affects you? Please explain.

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

On a scale from 1 (worst) to 10 (best), how would you evaluate your life? \_\_\_\_\_

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

Have you ever been to counseling? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever received psychiatric care or been in a psychiatric hospital? \_\_\_\_\_ (List facilities)

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

***You may be asked to sign a release form from the above facilities and forward records to Through the Gate.***

**Sexual Health**

Have you ever been tested for a STD? \_\_\_\_\_ Month and Year? \_\_\_\_\_ Results? \_\_\_\_\_

Have you ever been tested for Hep C? \_\_\_\_\_ Month and Year? \_\_\_\_\_ Results? \_\_\_\_\_

Have you ever been tested for HIV/AIDS? \_\_\_\_\_ Month and Year? \_\_\_\_\_ Results? \_\_\_\_\_

**Do you have any learning disabilities?** Such as problems reading or writing? \_\_\_\_\_ Explain:

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



**Legal Background**

**Arrest History**

Date	Charge	Legal Outcome	Current Status

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

Are you currently incarcerated? \_\_\_\_\_ Where? \_\_\_\_\_

Are you on ankle bracelet? \_\_\_\_\_ Or will you be on ankle bracelet? \_\_\_\_\_ If so, how are you paying for it? \_\_\_\_\_

Name of attorney or legal representation: \_\_\_\_\_

Attorney or legal representation's phone number? (\_\_\_\_\_) \_\_\_\_\_

Are you presently on probation? \_\_\_\_\_ What county? \_\_\_\_\_

Name of probation officer: \_\_\_\_\_

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

Telephone number and email of probation officer: \_\_\_\_\_

\_\_\_\_\_



**Additional Questions**

In your own words, explain your current situation that has led you to apply at Through the Gate.

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Is there anything else you feel the staff at Through the Gate needs to know about you, your situation, or your application? If yes please explain.

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**Pregnancy and Children**

We will not accept pregnant women or children. You will need to make arrangements for your children’s care.

**Marriage**

Married women may be considered for residency on a case – by – case basis.

**Employment**

Residents **WILL NOT** be employed during our program. This will allow you the time you need to focus on you and your treatment program.

**Health Issues**

In all cases, the best candidate for the program should be in relatively good health and capable of fully participating in the normally scheduled events of the day. Because Through the Gate **is not a medical facility**, it may not be best suited for applicants with situations requiring direct medical oversight (including some classifications of daily medications, feeding tubes, insulin dependent diabetics, etc.).

Note: You will be responsible for your own medical and prescription costs. TTG is not responsible for these costs.





Upon arrival you will get assistance to help you apply for medical insurance if you need it.

**Through the Gate program costs**

- There is a non-refundable intake fee of \$200.00 due the day of arrival. We only accept cash or money order. You will not be allowed to intake without this fee paid in full.
- There is a 15-day grace period for fees not paid; after that the resident will be dismissed from the program.
- Currently we do not accept insurance.

**The cost of our 8-month program is \$2240 or seven equal payments of \$320 (first payment due 30 days after arrival).**

**All fees must be paid in full before a resident can graduate.**

**You ARE required to give proof of your ability to pay your fees.**

**What are your payment arrangements?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bed availability is not guaranteed with an acceptance letter. If there is no bed available and you are accepted, we will add your name to a waiting list.**



**By signing below you are agreeing to these financial responsibilities. Failure to pay your fees will result in dismissal.**

I have read and agree to submit to the Rules & Policies and to accept the financial responsibilities of my Through the Gate program fees. I have read and agree that the information I have provided in the application is correct to the best of my knowledge, and I understand if I have failed to answer these questions truthfully or purposely withheld information, it can be grounds for either refusal or dismissal from the program.

Federal law (United States Code, Title 42, §§290dd-2 [1992]) and the Federal regulations that implement it -- Title 42, Part 2, of the *Code of Federal Regulations* (42 C.F.R. Part 2) -- guarantee the strict confidentiality of information about all persons receiving substance abuse prevention and treatment services.

As a reminder:

- **Residents do not work while in of our program;** however, you are still responsible for paying monthly programming fees as outlined above.
- Narcotics are not allowed in our facility.
- Through the Gate is a tobacco and vape free campus.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name