



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 program.

During a resident's time at Through they 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.

We want to ensure 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 your time at Through the Gate, each resident will be doing job training with our cleaning company (CFC Cleaners), 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.

We want to send responsible, drug free citizens back into their communities. During a resident's time here we will work to find mentors and set up a solid accountability system. 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

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



Through the Gate
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, cooking, moping, vacuuming, bending, 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?

- | | | | |
|---|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogenic (Acid, LSD, etc.) | <input type="checkbox"/> Morphine | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Crank | <input type="checkbox"/> Amphetamines (Uppers) | <input type="checkbox"/> Opiates | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Crystal Meth | <input type="checkbox"/> Barbiturates (Downers) | <input type="checkbox"/> Heroin | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Meth Amphetamines | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Ecstasy |
| <input type="checkbox"/> Spice | | | |
| <input type="checkbox"/> 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.

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.

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 including working at CFC during job training. 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.

By signing below, you are acknowledging that you are physically able to participate in job training activities with CFC Cleaners, this will include, dusting, vacuuming, mopping, bending, and general cleaning. You also will be working physically around Through the Gate, cleaning and doing outside yard work. If there are any issues with this, you will need to contact us prior to arrival and explain. Your acceptance may be affected.

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