

**Chrysalis Women's Transitional Living, Inc.**  
**COURAGE TO CHANGE Pre-Application**

COURAGE TO CHANGE is a 6 month program that assists women in living successful, independent lives. The classes, group interaction, structure and accountability requirements are designed to help women find a relationship with God, themselves, and others. Our goal is to provide a safe, loving Christian environment where women can learn to live free of destructive habits, behaviors and relationships while becoming self-supportive. Upon completion of six-months, a Certificate of Achievement is awarded. This certificate is required to apply to LIFE-STYLE CHANGES, our year-long discipleship program. At this time we cannot house children. Donated clothing, hygiene items, and groceries are available upon entrance into the program. We are unable to accept anyone convicted of a sex crime.

Courage to Change Program Requirements:

- Residents are to be employed within 3 weeks of entrance. Scheduled Work Hours must be between 6:00 AM and 11:30 PM.
- There is a Transitional Living Fee of \$300.00 per month.
- We are a BPA approved Safe and Sober Housing facility for those in outpatient or re-entry treatment. The Transitional Living Fee does not apply for state funded clients.
- Residents will be tested randomly for drugs and alcohol. Prescription medications that cause a positive drug test are not allowed.
- No narcotic drugs are allowed unless in an extreme emergency, and then for a very limited time and under strict control. Controlled substances are not allowed
- All residents are required to attend a church service of their choice each week.
- Residents are assigned a Transition Coach that will support and guide them, assisting with goal-setting, time management and personal growth.
- Mandatory classes and program meetings are on Sunday and Wednesday nights. Classes are designed to assist women to gain and keep employment, manage a household, and to have healthy relationships with God, self, and others.
- Residents are required to meet with a budgeting specialist one time per month or more, depending on individual need.
- Curfew is 7pm until employed. The curfew goes up as residents accomplish their Life-Style Changes goals.
- Residents that will be driving or own a car must have proof of car insurance and a valid driver's license. One car per resident is allowed on property for licensed drivers only. Cars that are not being used or are in need of repair must be parked elsewhere.

Completely fill out this pre-application and send to Chrysalis by fax, mail, or email. If you have a caseworker, pre-release counselor, or attorney, provide their name and contact information.

**If your pre-application is approved you will be scheduled for an interview. Admittance to the Chrysalis Courage to Change program is dependent upon an interview and space availability.**

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ COURT / BOARD/ RELEASE DATE: \_\_\_\_\_

Are you currently incarcerated: YES/NO Location: \_\_\_\_\_ IDOC/LE#: \_\_\_\_\_

What are your charges: \_\_\_\_\_ Have you been sentenced? \_\_\_\_\_

Case Manager/Pre-Release Worker/Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

How may we contact you: \_\_\_\_\_

Are you on Parole/Probation: YES/NO PO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_ Date of last use: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ what is your spiritual background? \_\_\_\_\_

Have you ever been hospitalized for mental / emotional problems? YES / NO Date: \_\_\_\_\_

Location: \_\_\_\_\_ Outcome: \_\_\_\_\_

Have you ever tried to harm yourself or others? YES / NO What Happened? \_\_\_\_\_

Do you have any major health issues? YES / NO Explain: \_\_\_\_\_

List all Prescription Medications: \_\_\_\_\_

Explain your financial plan to support your self upon release / entrance: \_\_\_\_\_

Do you have a valid driver's license? YES / NO Do you own a car? YES / NO

If you are currently incarcerated, please explain why: \_\_\_\_\_

How do you feel about being convicted and incarcerated for your crime? \_\_\_\_\_

Describe your living situation before you were incarcerated: \_\_\_\_\_

Why are you applying to Chrysalis? \_\_\_\_\_

What does it mean to you to change your life? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

