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 required to complete our Portraits of Change day program which includes mandatory classes Monday through Thursday during the day. You will be in the day program for a minimum of 30 days. There are no program fees charged for the first month because residents will not be able to work while in the day program. After completion of the day program, residents are required to work 30-40 hours per week and pay a program fee of $400 per month. Residents cannot leave the property until 5:30am and must be in by their assigned curfew.

- **Residents are not allowed to be in any type of romantic relationship, date or engage in casual sex for the first year**. All residents must sign a, "No romantic relationship /no sexual contact" contract for the first year when entering the Chrysalis programs. Almost all women who leave the program have involved themselves with romantic or sexual behavior. We want you to be a success. Please do not have men pick you up, meet you at recovery meetings, or go on dates. This rule is to help you find out who you are so you will be able to pick a healthy partner. Until you are a whole, healed, women with self-esteem, you will only look for someone to make you feel better about yourself. No texting or calling anyone with which you have a romantic relationship with or have the hope of one, which includes writing to or accepting calls from prisoners. No online match making, dating apps are not allowed.

- Residents will be tested randomly for drugs and alcohol. No narcotic drugs are allowed unless in an extreme emergency, and then for a very limited time and under strict control.

- All residents are required to attend a church service of their choice each week.

- Residents are assigned an Accountability 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.

Completely fill out this pre-application and the information exchange release form 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.

<u>You MUST have a tentative out date filled in to be considered.</u> This can be a release date, board hearing date or court date.

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

AUTHORIZATION FOR EXCHANGE OF INFORMATION AND WAIVER OF LIABILITY FOR CHRYSALIS WOMEN'S TRANSITIONAL LIVING, INC.

I, _____, hereby authorize Chrysalis Women's Transitional Living, Inc. to exchange information as needed but not limited to Idaho Department of Corrections, Idaho Commission of Pardon and Parole, Ada County Sheriff's Office, Idaho Department of Health and Welfare, BPA Health, outpatient service agencies such as Recovery 4 Life, Easter Seals Goodwill, Ascent Behavioral Health, Affinity, United Drug Testing, Redwood Toxicology, Intermountain Hospital, St. Alphonsus Behavioral Health, St. Luke's Hospital, St. Alphonsus Hospital and agencies of The State of Idaho and its representatives.

I further authorize Chrysalis Women's Transitional Living, Inc. to exchange information relevant to circumstances and whom I specifically name as:

1. _____ _____ _____
   Name Relationship Phone

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality *pertaining to my involvement in Chrysalis Women's Transitional Living, Inc*. and I further release Chrysalis Women's Transitional Living, Inc. from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the release of information and waiver of liability by this authorization. This authorization shall remain valid for 18 months from the date of signature.

I have read the above, understand its contents, and voluntarily agree to its terms.

_____ _____
Printed Name Date

_____
Signature

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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? _____

_____

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What would like us to know about you? _____

PHONE: 1(208) 424-1323 ❖ FAX: (208)446-0972 ❖ MAIL: P.O. Box 7494 Boise, ID 83707 ❖ EMAIL: life@chrysalisidaho.org