

Mini-Cassia Transitional Living, Inc.
COURAGE TO CHANGE Pre-Application

The Lighthouse is a recovery 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. At this time, we cannot house children or men. Donated clothing, hygiene items, and groceries are available upon entrance into the program. We are unable to accept anyone convicted of a sex crime.

Program Requirements:

- Residents are to be employed within 3 weeks of entrance. Scheduled Work Hours must be between 6:00 AM and 11:00 PM.
- There is a Transitional Living Fee of \$275.00 per month.
- 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.
- Mandatory classes and program meetings are on Sunday and Tuesday 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.
- Curfew is 7pm until employed. The curfew goes up as residents advance through the program.
- 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 and must park in the rear of the house. 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 MCTL by 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 MCTL Courage to Change program is dependent upon an interview and space availability.

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NAME: _____ AGE: _____ COURT / BOARD/ RELEASE DATE: _____

Email Address: _____

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 yourself 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 MCTL? _____

What does it mean to you to change your life? _____

Signature: _____ Date: _____

**AUTHORIZATION FOR EXCHANGE OF INFORMATION
AND WAIVER OF LIABILITY FOR MINI-CASSIA
TRANSITIONAL LIVING**

I, _____, hereby authorize Mini-Cassia Transitional Living to exchange information as needed, but not limited to, Idaho Department of Corrections, Idaho Commission of Pardon and Parole, Minidoka and Cassia County Sheriff's Office, Department of Health and Welfare, BPA Health, and agencies of The State of Idaho and its representatives.

I further authorize Mini-Cassia Transitional Living to exchange information relevant to circumstances with these people:

- | | | | |
|---------|-------|--------------|-------------|
| 1. Name | _____ | Relationship | Phone _____ |
| 2. Name | _____ | Relationship | Phone _____ |
| 3. Name | _____ | Relationship | Phone _____ |
| 4. Name | _____ | Relationship | Phone _____ |

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality *pertaining to my involvement in Mini-Cassia Transitional Living* and I further release Mini-Cassia Transitional Living 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

