

# Transformed Through God's Word

A ministry of First Baptist Church of Bridgeport's Reformers Unanimous Program.

## Addictions Abstinence Program

Dear Friend,

Thank you for your interest in the Transformed Through God's Word Homes. I trust that this packet will answer your questions regarding the program.

At Transformed Through God's Word, we believe that God is a God of mercy and truth. He is the God of a second chance. James 4:8 states: "Draw nigh to God, and he will draw nigh to you..." If it is God's will for you to be a part of the ministry, we will do our best to teach you how to draw nigh to God as you enjoy receiving the wonderful peace of God drawing nigh to you. Our staff is trained to show you God's love, mercy, and forgiveness so that you can allow the "goodness of God to lead you to repentance."

Our mission is Romans 12:1,2: "I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God." We believe that the addiction is an outside symptom of an inside problem. At Transformed Through God's Word, we will endeavor to teach you a new way of thinking to overcome your strongholds. By allowing the Word of God to become "quick and powerful" in your life a transformation takes place to make you a new creature in Christ.

As you read over the next few pages, you will see many rules, regulations, and structure that is designed to help you to submit to God's way of thinking and help you begin a dynamic love relationship with God. Remember: "Ye shall know the truth, and the truth shall make you free." John 8:32

Yours for the addicted,

W. Scott Cowling  
Housing Director

**PO Box 249 • Bridgeport, MI 48722 • tel (989) 777-0210**

In order to be considered for enrollment, you must follow each of these steps in their entirety:

1. Read and consider the attached Application and General Rules thoroughly.
2. Fill out the application neatly and completely, including the financial agreement.
3. Return the completed application to our office.
4. After allowing time to receive and review your application, call to have a phone conference with our Director on a Monday –Friday during regular business hours.

You must personally seek help. No second party requests will be considered after the application is received. Once again, thank you for your interest in Transformed Through God's Word Homes. If God leads you to this ministry, we will join with you in a commitment to rebuild a life that has true freedom found only in Jesus Christ!

## Testimony Policy

I John 2:15 states: "Love not the world, neither the things that are in the world. If any man love the world, the love of the Father is not in him." You have a testimony to uphold and maintain. What people see of your faith is your actions, this includes how you dress. The following policies will help you maintain a good Christ-like testimony.

- I. Church Conduct - Remember that your conduct should honor and respect God and First Baptist Church.
- A. Please do not bring food or drink in the building.
  - B. You should always carry a King James Version Bible.
  - C. During the service, you should be listening to the preaching and taking notes in your "It's Personal" Journal.
  - D. You should never talk, pass notes, text, or play games in church.
  - E. Always be hungering and thirsting after righteousness.
  - F. Please take care of all personal needs (ie. drink or bathroom break) before the service starts. You should never leave the service until Pastor dismisses the entire congregation.

### II. Men

- A. Outside your house, men must be clean cut and well groomed and hair well kept. \*\*\*
1. No shorts
  2. No necklaces or earrings
  3. No shirts with worldly slogans
  4. No clothing with holes

\*\*\*This includes devotions even if you live in the Cleveland house

Exception: If you work at United Plastics, then you can wear your clothes straight from work.

- B. Church Services – please dress nicely for church. \*\*\*\*
1. Nice ironed pants with crease (NO Blue Jeans!)
  2. Collared shirt
  3. Socks
  4. No sandals
  5. No tennis shoes
  6. No ball caps on church property or in the building

\*\*\*\* All rules for letter A also apply for church.

### III. Women

- A. Outside your house, women must be neat, clean, and well kept.
1. Shirts or blouses
    - a. Must be loose
    - b. Must not show cleavage

- c. Must have 4 fingers of material on the shoulder
  - e. Your midsection must be covered at all times
  - f. No shirts with worldly slogans
  - 2. Skirts and dresses
    - a. Must be loose fitting and non-clinging
    - b. Must be no shorter than the top of the knee
    - c. Any slit must stop at the top of the knee
  - 3. Pants or shorts are never to be worn outside the house unless special permission is given by Pastor Cowling.
- B. Church Services – please dress nicely for church.
- 1. No t-shirts or sweatshirts with writing
  - 2. No tennis shoes
  - 3. No flip-flops
  - 4. No ball caps on church property or in the building

## Communication Policy

I Corinthians 14:40 states: “Let all things be done decently and in order.

### I. Written Communication -

- A. Request Slips - If you need to go to an appointment, doctors, home visit, shopping, etc. please fill out a request form.
- 1. All request slips must be put in the request box by 3:00 pm at least one day before the request is needed.
  - 2. All requests for Saturday and Sunday & pre-5:00 pm Monday must be turned in to the steward before devotions on Saturday and will be answered immediately.
  - 3. All requests for money over the amount of \$10 must be submitted 72 hours in advance. (Remember, all requests are picked up at 3:00 pm daily.)
  - 4. All non-money requests will be answered and delivered by 5:00 pm on the central info board at each house. Your request must remain posted on the board until T.T.G.W staff removes it.
- B. Weekly Report Sheets
- 1. All weekly report sheets must be put in the report box by 9:30 am Saturday.
  - 2. Anyone failing to report will be fined \$2.
  - 3. Lying on reports will result in a \$100 fine or extra duty.

### II. Personal Communication -

Pastor Cowling

- 1. You may contact Pastor Cowling by request slip every day. Most of the time you will have a response within 24 hours.
- 2. Pastor Cowling is available most Thursday nights and Saturday mornings after devotions for open counseling with all students.
- 3. The only time you may call Pastor Cowling is in case of an emergency.

### III. Outside Communication –

#### Dating Policy

It is not possible for a normal human being to have a relationship with a member of the opposite gender and not run the risk of losing their focus on spiritual things. Their mind is drawn to this person – they want to be with them, want to talk to them, want to hear from them etc. While this is good and normal and usually a part of God’s plan for our lives, there is a time and a season in which it is not appropriate. In the first year of your recovery, we feel it is the season to focus on Christ rather than members of the opposite gender.

Therefore our policy is as follows:

A student must be clean for one year, with the permission of the staff of T.T.G.W, before they begin any kind of relationship with a member of the opposite sex. This includes giving of gifts, note writing, calling on the phone, texting, talking before or after church, visiting at ballgames, etc. A conversation should be almost nothing more than a “hi” and a “good-bye.” It should not include “How are you doing?” “Is your car running well?” “I like the way you’re dressed, “Where are you from?” or any other normal conversations which could lead to the development of a relationship. Of course, even if relationships are permitted they will be carefully regulated and monitored.

## Behavior Policy

I Timothy 4:12 states: Let no man despise thy youth; but be thou an example of the believers in word, in conversation, in charity, in spirit, in faith, in purity.

### I. Christ-like behavior –

Remember that your behavior should honor and respect God and First Baptist Church.

- A. Gripping, negative criticism, gossiping, complaining, faultfinding, and foul language will not be tolerated. All complaints will be handled using the “Complaint Form.”
- B. Talking about old habits or lifestyles is against God’s Word and is not permitted.
- C. Punctuality to all programs and services is a requirement
- D. Failure to turn in a brother for the violation of rules will result in you receiving the same punishment. (You are not doing anyone any favors by concealing a violation.)
- E. No sleeping or slacking off during work times.
- F. A kind and courteous attitude is expected at all times.
- G. Leaving the house except to leave for work or scheduled functions is prohibited.
- H. **SMOKING OR USE OF TOBACCO PRODUCTS IS PROHIBITED.**

### II. Room behavior –

Remember that your behavior should be courteous and respectful of the house, the program, and visitors.

- A. The room assigned to you, like everything else on our property, belongs to God. It must be treated as such. You will switch rooms from time to time.
- B. **Any and all theft will be grounds for immediate termination.**
- C. No furniture is to be moved into or out of the room without approval.
- D. Any pictures, posters, photos, etc. to be brought into the home must be approved.
- E. No food is to be kept in the bedrooms unless sealed in an airtight container.
- F. Wasting electricity is poor stewardship and will not be tolerated.
- G. No one is to congregate in another resident’s room or another resident’s home for any reason without authorization.
- H. Rooms must be kept neat and orderly at all times.
- I. Beds must be made to a designated, uniform standard, and rooms must be straightened each morning before Bible study.
- J. Common areas must be cleaned daily and kept neat and orderly.
- K. Chores will be assigned to each resident as needed.
- L. **Repeated negative behavior is subject to immediate termination**

### III. Personal Hygiene-

- A. All residents must brush their teeth, comb their hair, wash their faces and put on clean clothes each morning before Bible Study.
- B. Hair must be off the collar, ears, and eyebrows.
- C. Everyone showers at least once per day, but not more than twice per day.
- D. All body odors must be controlled.

#### IV. Transportation –

Remember that transportation is a privilege, not a right.

- A. Please help keep vehicles clean. Never leave trash or food in vehicles.
- B. Your language should always please God.
- C. The radio is never to be turned on.
- D. There is a \$.20 per mile charge for all non- program related transportation.

## Schedule Policy

Ephesians 5:16 states: Redeeming the time, because the days are evil.

We believe that training yourself to schedule certain events into your life will help you maintain your sobriety and close walk with God. All students are required to meet all these schedule times unless given special permission to miss because of work.

- 1. Personal devotions Monday – Friday 6:30 am
- 2. AM chapel Monday – Saturday 9:30 am
- 3. PM chapel Monday, Tuesday, Thursday 7:30 pm
- 4. Church services at First Baptist Church of Bridgeport –  
Sunday 10:00 am, Sunday 6:00pm, Wednesday 7:00 pm
- 5. Reformers Unanimous Friday 7:00 pm
- 6. Soulwinning – Your choice of Thursday 10:00 am, Thursday 6:00 pm, or Saturday 10:30 am.
- 7. Lights out – 11:30 pm
- 8. Voluntary work of 35 hrs per week is required if not working

The purpose of the schedule is to help monitor your daily movements and surroundings. It will help protect you from your temptations, while you are being fed spiritually. Growing spiritually will be up to you. You will need to apply what you are reading, hearing and learning in order to see lasting change. These rules and schedule are subject to change at any time without notice by the Operating Steward. These rules and schedule may be slightly modified for certain individuals, for specific reasons. Altering the schedule for one does not allow for altering for all.

## Medication Policy

Proverbs 17:22 states: A merry heart doeth good like a medicine.

- 1. All medication must be checked into our medication handler. (This includes over the counter medication.)
- 2. We do not allow any medications that are “narcotic” even if they are prescribed.
- 3. When visiting your physician, please request in advance to have non-narcotics prescribed.
- 4. You may pick up your medication at the Cleveland House at 9:00 am each day.

# DISCIPLESHIP PROGRAM DISCIPLINE

**Liberty abused will be liberty lost!”**

## **Chain of command**

If a student has a grievance against a fellow student, they are to go to the student. If they are unable to clear the matter, they will complete a “Complaint Form” that will be turned into the Steward. Student/Worker complaints not handled by the policy listed herein or general complaining to other students will result in a minor violation. Major violations will be enforced with infractions of the chain of command.

All grievances with anyone in authority should be brought in writing to the steward who will then singly represent the student in taking up the alleged offense with the person in authority. These authority figures include, but are not limited to: Job Foreman, Job Supervisor, House Steward, Housing Director, Counsel Helper, Counsel Leader, Landlord(s), Pastoral and Administrative Staff of First Baptist Church and Scott Cowling.

In the event you feel as if your grievance was not handled properly you may then go to the next level of authority along with the person with whom you have the grievance.

*Present chain of command is as follows:*

Student, Housing Steward, Housing Director, Pastor Scott

## **Major Violations carry 30 to 90 days probation & 10 hours of DEEP CLEANING**

Major Violations are as follows:

- Using alcohol or any type of illegal or controlled substances
- Being absent without permission
- Fighting or harming another person
- Stealing

## **Minor Violations carry 1 hour of DEEP CLEANING per violation**

Minor Violations are as follows:

- Talking back to authority
- Missing church at FBC
- Missing chapel
- Missing devotions
- Missing soulwinning
- Not making bed
- Not cleaning room
- Swearing
- Not doing assigned job
- Not doing daily journal
- Breaking chain of command
- Talking to a member of the opposite sex
- Not going to work
- Smoking or any use of tobacco products

# FINANCIAL POLICY

- All of your money is controlled through the program.
- Paychecks must be turned in each week.
- Rent (\$100) and fuel cost (\$.20 a mile) are taken out automatically each week.
- You may take \$10 out of your account daily (as long as you have it in your account) by using a request slip\* Receipts must be turned in before the next \$10 is given out.
- For any amount over \$10, a request slip must be put in at least 72 hours in advance of the time the money is needed.\* Receipts must be shown for you purchase.
- Requests will be denied if you have insufficient funds.
- You are responsible for keeping money in your account. If you overdraw your account, you will be fined \$10.
- Account statements are given out every other week.
- If you have a question about your account, mark the entries, write out your question, and turn it in to the Housing Director.
- If you have a reoccurring request for money (ie. weekly – tithe or monthly - bills), please fill out the appropriate form and turn it in. The money will be taken out automatically and sent to the appropriate place.
- If money is to be sent to someone, please put their name and address on your request slip. It will be sent directly to them.

\*See communication policy – request slips

## Things To Bring

1. King James Version Bible
2. 3 sets of dress clothes and dress shoes
3. At least 3, but no more than 5 sets of work clothes
4. Personal hygiene items
5. Alarm clock without radio, cassette, or cd player
6. Bedding-twin bed
7. Supplies
  - paper
  - white, ½ in three-ring binder
  - 3x5 cards, pens, envelopes, stamps, etc.
8. \$400 rent deposit
9. \$150 for food
10. \$50 for curriculum

\*NO cell phones

\*NO CD's

\*NO DVD's

\*NO radio's

# FOUR-PHASE DISCIPLESHIP PROGRAM

Graduation from the T.T.G.W. program is based upon four basic accomplishments, 1) Time completing six months, 2) Obeying the rules 3) Completion of the curriculum 4) Attitude! This phase chart has been established to help you complete the program.

## Phase One-30-60 days\*

Complete the Challenger Workbook  
“It’s Personal” Bible Journal  
Attend all evening training functions  
Read *Absolute Surrender*

No visitation  
No phone calls

## Phase Two-45-60 days\*

Complete the Transformer Workbook  
“It’s Personal” Bible Journal  
Attend all evening training functions  
Read *Living in an Imperfect World* by R. B Ouellette

4 hr. visit per week Approved  
1 - 10 min. phone call allowed  
monitored

## Phase Three-45-60 days\*

Complete the Conformer Workbook  
“It’s Personal” Bible Journal  
Attend all evening training functions  
Monthly Counseling  
Read *Changed into His Image* by Jim Berg

1 overnight per month  
1 day visit per week  
2 - 10 min. phone calls per week

## Phase Four-45-60 days\*

Complete the Reformer Workbook  
“It’s Personal” Bible Journal  
A Principle a day every day  
Attend all evening training functions  
Read *Nevertheless I Live* by Steve Currington

2 over nights per month  
1 day visit per week  
10 min. phone calls

*\*Anyone remaining in a phase for more than 60 days will be subject to termination from the program.*

The Housing Director without pre-approval of the residents of the program can make additions and subtractions to the General Rules at any time.

I have read the house rules for the Transformed Through God’s Word Program, and I agree to honor them at all times.

Name of Transitional Student (print)\_\_\_\_\_

Signature of Transitional Student\_\_\_\_\_

# Housing Application

## I. PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Height \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

### Education

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+

(circle last year completed)

Describe other training, certificates, diplomas \_\_\_\_\_

\_\_\_\_\_

### Person to be contacted in case of emergency:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

## II. MILITARY SERVICE

Have you ever been in the military service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Highest rank held \_\_\_\_\_ Jobs held \_\_\_\_\_

Honorably discharged \_\_\_\_\_ Yes \_\_\_\_\_ No

III. LEGAL INFORMATION

Have you ever been arrested or in jail? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where \_\_\_\_\_

Charges \_\_\_\_\_

Time served \_\_\_\_\_ Are you on: \_\_\_\_\_ Supervision \_\_\_\_\_ Parole How long \_\_\_\_\_

Name of your parole officer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any pending court cases? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details \_\_\_\_\_

IV. HEALTH INFORMATION

Rate your physical health: \_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Declining

Height \_\_\_\_\_ Weight \_\_\_\_\_

List all of your present or past illnesses or handicaps \_\_\_\_\_

Date of your last medical exam \_\_\_\_\_ Problems noted by your doctor \_\_\_\_\_

Your doctor's name: \_\_\_\_\_ Phone \_\_\_\_\_

If you have a medical condition that requires regular visits to your doctor, list the reasons and how often you need to be seen. \_\_\_\_\_

Are you presently taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the medications: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

If accepted, can you get enough medication to complete the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever used drugs for non-medicinal purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where \_\_\_\_\_ How long \_\_\_\_\_ Discharge date \_\_\_\_\_

Have you ever been hospitalized for a severe emotional breakdown? \_\_\_\_\_ Yes \_\_\_\_\_ No

Counselor/Therapist

Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check all of the health problems you have or have had in the past:

Tuberculosis

Aids

STD

Poor Eyesight

Hearing loss

Colitis

Pneumonia

Leukemia

Bronchitis

Cirrhosis

Anemia

Toothache

Kidney

Glaucoma

Backache

Blackouts

Thyroid

Nausea

Ulcers

Epilepsy

Cancer

Mental Illness

Prostate

Arthritis

Diabetes

Dizziness

Hypoglycemia

Depression

## V. MARRIAGE INFORMATION

Complete this section if you have ever been married or had children. If you have never been married and have no children proceed to Section VI.

Name of Spouse \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Is your spouse willing to be counseled? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

Date of this marriage \_\_\_\_\_ Have you ever filed for divorce? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any previous marriages? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many \_\_\_\_\_

Give brief information about any previous marriages. \_\_\_\_\_

\_\_\_\_\_

## Children

Names	Age	Sex	Grade	Marital Status
1.				
2.				
3.				
4.				
5.				

Are you responsible for child support?  Yes  No. If yes, what arrangements have you made for your payment responsibilities? \_\_\_\_\_

\_\_\_\_\_

## VI. RELIGIOUS BACKGROUND

Your denomination is \_\_\_\_\_ -

Are you a member of a church?  yes  no

Church attendance per month  
 0    1    2    3    4    5    6    7    8    9    10    +  
 (circle)

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_

How often do you pray?  Often  Sometimes  Never

Are you going to heaven when you die?  yes  no  Don't know

If you answered yes, how do you know? \_\_\_\_\_

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Have you been baptized?  yes  no If yes, by immersion?  yes  no

Do you read the Bible?  Often  Sometimes  Never

Explain any recent changes in your spiritual life. \_\_\_\_\_

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VII. PARENTAL FAMILY HISTORY

Mother's name \_\_\_\_\_ Living? \_\_\_\_\_ Deceased? \_\_\_\_\_

Occupation \_\_\_\_\_ Denomination \_\_\_\_\_

Attends church? \_\_\_\_\_yes \_\_\_\_\_no

Father's name \_\_\_\_\_ Living? \_\_\_\_\_ Deceased? \_\_\_\_\_

Occupation \_\_\_\_\_ Denomination \_\_\_\_\_

Attends church? \_\_\_\_\_yes \_\_\_\_\_no

Where you raised by anyone other than your own parents? \_\_\_\_\_yes \_\_\_\_\_no. If yes, please explain briefly. \_\_\_\_\_

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Are your parents still living together? \_\_\_\_\_yes \_\_\_\_\_no

If no, what year were they separated? \_\_\_\_\_

Rate your parents' marriage: \_\_\_\_\_unhappy \_\_\_\_\_happy \_\_\_\_\_very happy

Who were you closest to as a child? \_\_\_\_\_mother \_\_\_\_\_father

Rate your childhood: \_\_\_\_\_unhappy \_\_\_\_\_happy \_\_\_\_\_very happy

How many brothers and sisters do you have? \_\_\_\_\_brothers \_\_\_\_\_sisters

Are there any addictive problems in your family? \_\_\_\_\_yes \_\_\_\_\_no. If yes, please describe briefly: \_\_\_\_\_

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VIII. MISCELLANEOUS

Have you, your parents, or your grandparents ever been involved in any occult, cultic, New Age, or other non-Christian practices? \_\_\_\_\_yes \_\_\_\_\_no. If yes, explain briefly. \_\_\_\_\_

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Have you ever been sexually abused? \_\_\_\_yes \_\_\_\_no

How many hours of music do you listen to per week? \_\_\_\_\_

List your five favorite musicians/musical groups:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What problems are you experiencing that have caused you to apply to this program? \_\_\_\_\_

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What have you tried to do to solve your problems? \_\_\_\_\_

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Do you have any medical or legal problems that we need to know about? \_\_\_\_\_

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Circle the feelings below that describe your life.

inferior  
guilty  
pride

insecure  
worry  
bitter

inadequate  
doubt  
anger

Have you ever thought about or tried to commit suicide? \_\_\_\_yes \_\_\_\_no. If yes, please explain. \_\_\_\_\_

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I recognize my need for help and I am therefore applying for admission to the Transformed Through God's Word Program. I understand that TTGW is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people like me.

I have carefully read and understand all of the rules of the Transformed Through God's Word Program. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant or repetitious violation will be grounds for my dismissal from the program.

I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life and my willingness to help myself, including chores and duties as may be assigned to me.

I agree for myself, my heirs and assigns, that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the Transformed Through God's Word Program, to hold Reformers Unanimous, N.F.P. harmless from any and all liability in connection therewith.

I authorize investigations of all statements contained in this application as may be necessary in arriving at a decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.

In the event that I quit the program and leave the TTGW House before graduation, I understand that Reformers Unanimous is in no way responsible to provide me with transportation from the Transitional House to any location. I further understand that if I were to leave the Transitional House without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property. Reformers Unanimous will not be responsible for storage or shipment of any of my personal belongings.

I certify that the answers given in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Transformed Through God's Word

A ministry of First Baptist Church of Bridgeport's Reformers Unanimous Program.

## RELEASE OF CRIMINAL CONVICTION RECORDS

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE Reformers Unanimous to examine any and all criminal records and arrests on file in the counties in the State of Michigan or any other State. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history to the staff of Reformers Unanimous alone.

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Today's Date

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Signature

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Print Applicant's Name

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Driver's License Number

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Social Security Number

---

Street Address

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City

State

Zip Code

# **Transformed Through God's Word**

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## **DRUG SCREEN AUTHORIZATION AND CONSENT**

I authorize and give full permission to have Reformers Unanimous and/or their medical company physician send a specimen of my urine and/or blood for a screening test for the presence for illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered about the test. I understand this is a legal binding document which is binding because Reformers Unanimous is sending me for the examination and paying for it.

**I UNDERSTAND REFORMERS UNANIMOUS WILL REQUIRE A DRUG SCREEN TEST AT RANDOM OR WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH REFORMERS UNANIMOUS POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO DRUG TESTING OR A POSITIVE RESULT WILL BE GROUNDS FOR TERMINATION FROM MY EMPLOYMENT AND TENANCY IN THE DISCIPLESHIP PROGRAM.**

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Signature

Date

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Print Name

# Transformed Through God's Word

A ministry of First Baptist Church of Bridgeport's Reformers Unanimous Program.

## WORK RELEASE FORM

I, \_\_\_\_\_, understand that this is a work program. I understand that I will be required to do physical labor while in the program. If I have physical limitations, or am unable to work for any reason, I understand that I am to inform Reformers Unanimous **before** I enter the program.

Please list any physical limitations below:

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# Transformed Through God's Word

A ministry of First Baptist Church of Bridgeport's Reformers Unanimous Program.

## FINANCIAL INFORMATION TTGW PROGRAM SUPPORT CONTRACT

This program costs the ministries of TTGW a great deal. The resident, family, or sending church must provide portions of this cost. All program participants' supporters will be required to pay a resident support fee of **\$100.00 per week** over the course of the 6-8 month program, depending on the graduation date. All support fees are nonrefundable. This shared cost of operation is necessary to keep our program affordable.

Before a resident may begin the program, the first non-refundable payment of \$400.00 is due. This fee must be paid by the resident, family, or church.

### Financial Remuneration:

- The Support Fee is \$100 per week.
- If your Support Fee becomes overdue by more than 1 week (\$200), you will be asked to leave, unless agreements are made with T.T.G.W. Housing Director.
- Eviction from the home does not eliminate the responsibility to pay overdue Support Fees.
- You are responsible for your own meals and personal hygiene costs.

In addition, a \$150.00 cash deposit for the resident's first month's meal expense must be placed in the resident's account at the time of check-in.

Total due before check in: \$600.00 payable by credit card or check to Transformed Through God's Word.

- ❖ \$400.00 non-refundable resident support fee
- ❖ \$150.00 recommended meal expense
- ❖ \$50.00 curriculum cost

Supporter Agreement: (must be completed by the person responsible for the monthly support fee). I have read, understand, and agree to the terms and responsibilities of this contract.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Relationship to Resident \_\_\_\_\_

Supporter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All resident support fees are non-refundable.

Please bill my credit card.

I will send a check every month.

Please provide a credit card number for us to keep on file in case the student's account becomes more than two weeks behind schedule.

Card: Visa Master Card

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_ - \_\_\_\_