

This Application Must Be Filled Out Completely

Last	Maiden	First	Middle Int.
Street	City	State	Zip Code
Telephone #	Age	Birth Date	Race
Social Security #			

Background Information:

1. Have you ever used drugs? Y / N What Kind? _____
Are you addicted? Y / N When was the last time you used? _____
How long have you used them? _____
2. Have you had an alcohol problem? Y / N When? _____
How long have you had this problem? _____
3. Are you presently on any medications? Y / N
If yes, what kind? _____
4. Have you had any lesbian relationships? Y / N How long? _____
5. Have ever been involved with prostitution? Y / N How long? _____
6. Have you ever had sexual relations with men outside of marriage?

7. Have you had (Do you have) any serious court problems? Y / N
If yes, explain: _____

Have you ever spent time in Jail? Y / N How long? _____

Are you on probation or parole? _____ How long? _____

8. Have you ever been in a mental institution or psychological ward?
Y / N How many? _____ Why were you there? _____

Are you presently on any psychological medications? Y / N
If yes, what kind _____

9. Do you have any physical limitations? Y / N If yes, explain _____

10. Any children? Y / N
List their names ages? _____

Who will care for your children while you are in the program?

11. Marital status: Single/Never Married _____ Married _____
Widowed _____ Divorced Separated _____

12. What year of school did you complete? _____
Can you read and/or write? Y / N

13. Are you a born again Christian? Y / N

14. Have you ever been involved in any satanic or a cult group(s)? Y/N
If yes, explain _____

15. What is your greatest fear about coming here? _____

16. Do you realize that you are coming into a heavily Christian
Oriented program? Y / N

17. Do you want to change the way you are living? Y / N

18. Are you coming here because YOU want to? Y / N

19. Are you committed to our 12-15 month discipleship program? Y/N

20. Please explain why you want to come to Women at the Well
Ministries: _____

WITHDRAWAL FROM SUBSTANCE ADDICTION AGREEMENT

I, _____ UNDERSTAND THAT WOMEN AT THE WELL
MINISTRIES IS A DRUG AND ALCOHOL **FREE** RESIDENTIAL CARE CENTER. I ALSO
UNDERSTAND THAT WOMEN AT THE WELL MINISTRIES **DOES NOT** SERVE AS A
DETOXIFICATION FACILITY.

I DO HEREBY AGREE TO ENTER THE PROGRAM WITH THE UNDERSTANDING THAT THE
WITHDRAWALS FROM SUBSTANCE DEPENDENCE OR ADDICTION WILL BE
ACCOMPLISHED **WITHOUT** THE USE OF MEDICATION.

PLEASE SIGN BELOW INDICATING YOUR UNDERSTANDING OF THIS AGREEMENT:

APPLICANT'S SIGNATURE

DATE

Women at the Well Ministries

881 County Road 655

Athens, TN 37303

(423) 745-0010

Dear Family and/or Friends,

Greetings in the Name of our Lord Jesus Christ. I am writing to let you know that your “Loved one” has arrived here at Women at the Well Ministries—Discipleship Program. She is in the process of settling in and adjusting to her new environment.

I want to take the time right now to **thank you** for entrusting your “Loved one” into God’s care and ours. Everything here will not be easy for her but will be done with the love and the grace of God. We understand the responsibility we have in caring for them. We also understand that you are going through a period of adjustment and want to let you know that we will be **praying for you** too.

I would like to encourage you to take an **active role** in your “Loved one’s” healing by writing and calling her. ***This is a tremendous sign of encouragement and support and in many instances is instrumental in her healing and progress while she is here.*** However, we do ask that you keep the letters and phone calls on an upbeat and positive note – not with news that is heavy or burdensome; this kind of news tends to upset and takes her focus off of getting well. If you have negative news that needs to be shared with your “Loved one” we ask that you talk it over with the Executive Director or Program Director first and together we will determine how best to share that news with her.

I understand that you may have more questions about our discipleship program and all the things that your “Loved one” may be experiencing. So, Women at the Well Ministries has put together an information sheet to help you (enclosed). This sheet should help you during the various phases that your loved one will be completing. Please keep it handy so when you have questions you can refer back to this information sheet. We are available to answer any question you may have. Please don’t hesitate to contact us if you need too.

Sincerely,

Robin Nation
Executive Director
Women at the Well Ministries

Health Screening Form

Please take this form to your physician and have them fill it out and have the following medical tests performed. The results must be written in and also attach the computer printout to this form. **This form must be completed and completely filled out by your physician only before Women at the Well Ministries can accept it.**

Date: _____

1. Full Name: _____ DOB: _____

2. Present illness/complaint/disabilities, if any: _____

3. All known allergies: _____

4. Medication currently taking/prescribed and reason: _____

5. Has client been exposed to any communicable diseases: Y/N
If yes, please specify: _____

6. History of chronic or major illness: _____

7. Operations and Dates: _____

8. Hospitalizations and Dates: _____

Physical Examination:

Code: Satisfactory=S Unsatisfactory=U Not Examined=O

Height: _____ Weight: _____ Temp: _____

B/P: _____ Pulse: _____ Respirations: _____

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General Appearance (including screening of drug abuse)

Nutrition: _____

Head: _____ Ears: _____ Hearing: R _____ L _____

Eyes: _____ Vision w/o glasses: R _____ L _____

Vision w/glasses: R _____ L _____

Nose: _____ Throat: _____

Mouth/Teeth: _____ Neck/Thyroid: _____

Continue on back

Chest: _____ Cardiac: _____
Abdomen: _____ Genitalia: _____
Hernia: _____ Skin: _____
Muscular Skeletal: _____ Neurological: _____

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Required Blood Test

V.D.R.L.: _____ Hepatitis (Panel): A _____ B _____ C _____
H.I.V.: _____ T.B.: _____ Urinalysis: _____
Pregnancy: _____ Pap Smear: _____

Documentation of any Skin Parasites (such as lice, scabies, etc.): _____

REMINDER: Attach computer printout of all labwork.

General comments, assessments, and recommendations on above: _____

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Signature

Date

Address

Phone Number

ADMISSION and FINANCIAL COMMITMENT FORM

I UNDERSTAND THE FOLLOWING:

1. I will not be admitted high or drunk or under the influence of psychotic medication.
2. I will be on time for my entry.
3. I will have all required fees.
4. No cigarettes, matches, or lighters are allowed. Do not bring those into our home.
5. No Drugs or Alcohol allowed.
6. No Medications other than those pre-approved prior to entry.
7. No Guns, Knives, Radios, TV, Videos, Musical instruments.
8. No Magazines, Books, Playing Cards, Puzzle Books, or Games.
9. No pictures of boyfriends or single men. No pictures containing cigarettes or alcoholic beverages.
10. No Body piercings – except 2 stud earrings in ear lobe. No toe rings.
11. No immodest clothing.
12. No dry clean only clothing.
13. Do not exceed clothing list (list enclosed in packet)
14. Clothing may be washed at entry.
15. I am committing to 12-15 months or longer if necessary.
16. No cursing, off colored expressions or bodily gestures.
17. No horseplay or inappropriate body contact.
18. No cliques or nick names or name calling.
19. No humming, whistling, or singing secular songs.
20. My mail (after 14 days from entry) and phone calls will be monitored.
21. Phone calls after 30 days, visits after 60 days.
22. I will be expected to participate in all WATW activities-no exceptions will be made.
23. Tardiness will not be tolerated.
24. Cleanliness and neatness will be necessary and expected.
25. I will abide by the dress code.
26. I will shower daily, brush my teeth, comb my hair, and wear make up when we go on outings.
27. I may receive the following disciplines if I break any of the above guidelines, extra duties, loss of privileges, suspension or dismissal from the program.

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Application Fee:	\$50.00 (to be sent with application)
Entry Fee:	\$350.00 plus Transportation fee (to be brought in at intake)
Monthly Fee:	\$300.00 (Due 1 st of each month)

****Transportation Fee:** You will need to bring the cost of a return bus fare back to your hometown. It is your responsibility to call the bus station to find out the cost of the ticket.

****Entry Fee:** Entry fee is mandatory. The monthly fee can be discussed with the Executive Director upon admittance to the program.

APPLICANTS SIGNATURE

DATE

PERSONAL EFFECTS GUIDELINES

PERSONAL EFFECTS

NO. ALLOWED

Shirts	20
Pants	10
Shorts	4 pair (2 work 2 rec.)
Shoes	7 pair (including slippers)
Socks	10 pair (8 hose of knee-highs)
Underclothes	4 bras, 2 camisoles, 2 slips 10 pair underwear
Dresses/skirts/suits	8 any combination Below the knee, no long front, back, or side slit
Coats	1 Winter 2 light casual
Gloves	1pr dress 1 pr casual
Purses	2
PJ's/Nightgowns	3 of either (2" above the knee max on shorts)
Bathing Suit	1
Belts	1 Casual 1 Dress
Hats	1 toboggan, 1 casual, 1 baseball (NO mens caps)
Blanket/Throw	1
Stuffed Animal	1 (for bed)

No Dry Clean only items. All items are not required but you cannot exceed the # of items listed

PERSONAL

Personal items: Shampoo, Conditioner, razors, shaving cream, soap and soap dish, deodorant, 1 body powder, cosmetics, perfume hand lotion, acne medication (if needed), 1 multivitamin. NO MOUTHWASH.

Jewelry: Earrings: studs only-no loops or dangly type. (Students may bring any number of earrings, but may wear only 2 pair at a time in ear lobes only), 3 necklaces (wear 1 at a time), 2 watches, 3 bracelets and 2 rings.

Books: (2) Bibles (1-NIV for class, 1-personal version). WATW has a Reference/Resource Library the students can use-it is not required for them to bring Reference/Resource Books.

Photos: Up to (3) per student (framed-no larger than 5x7-no loose photos). May have (1) small photo album.

CD Player/CDs: Students may bring a personal CD player and Christian music CD's. No copied or "burned" CD's are allowed. *NOTE: Students may bring CD player at admission, but will not be allowed to have it until after they have completed the probationary phase of the program.*

ADDENDUM TO CLOTHING ALLOWANCE GUIDELINES

The following is a list of clothing items NOT allowed at Women At The Well.

1. No tight clothing of any sort.
2. Not low cut pants, (hip huggers, low rise, etc.) Pants must be at navel or above.
3. No belly shirts or baby tees.
Shirts must be long enough to not show any skin at stomach, side or back when standing, stretching, sitting or raising hands. NO EXCEPTIONS.
4. No low cut shirts that show any cleavage whatsoever.
5. No skirts above the knee or skirts with slit higher than the knee. Skirts must also be worn at the waist not worn low on the hip. (When kneeling on ground, skirt must be on the floor not simply grazing the carpet.)
6. Bathing suits must be modest whole piece or 2 piece w/top covering stomach.
7. No sleeveless shirts or small capped sleeve shirts. Any items that are brought that do not meet dress code criteria will be stored in suitcase or sent home with person bringing student here.

Women at the Well Ministries

881 County Road 655
Athens, TN 37303
(423) 745-0010 (423) 649-3370 fax
Email address: women@tds.net
Website: www.thewomenatthewell.com

Dear Potential Student:

I am glad you have begun the process of your healing! It's our desire to point you to the one person who can restore you to wholeness. That person's name is **Jesus Christ** "the only begotten Son of God". It is through **His Power** that we will sow truth into your life.

Women at the Well Ministries is a **Christian** residential program for women 18 years old and older with "**life controlling problems**"; such as: drugs, alcohol, unhealthy relationships, behavior problems and eating disorders, etc.

Our purpose is to offer you **long-term discipleship training**. Our program is designed to introduce you to Jesus Christ and help you with your own personal walk with Him. Your stay with us will be 12 to 15 months long.

We endeavor to provide a **loving environment** where you will be kept safe. However, our discipleship program is **very structured**. You will spend 4 to 6 hours per day in class or chapel and you will be responsible to participate in all activities. You will be responsible for maintaining the home by cooking, cleaning, yard work and other work duties.

Attached you will find the process of application and the required "Health Screening form" for our program. **Please return all forms completed with your required signature.** You may either mail, email, or fax (if faxing be sure to fax both sides of the forms, not just the signature page).

I pray you will read this information carefully before making your decision. We look forward to hearing from you and having the opportunity to see God make you into a **New Creation** (II Corinthians 5:17). May God guide and keep you in this decision.

God Bless You! In His Service,

Robin Nation, Executive Director
Women at the Well Ministries