Dear Applicant,

Since you are inquiring about Women at the Well, I assume you know first-hand the pain and devastation addiction brings. There is hope! For years we have watched women break free and begin a new life. You can too!

Perhaps you are a parent, sibling, or friend watching someone you care about self-destruct. Maybe your hope is melting away along with their health and sanity. As a concerned person, you have hoped they would come to their senses. Women at the Well is here to help.

Women at the Well is a faith-based program providing educational classes, counseling, and job skills training. At Women at the Well, individuals can break free and stay free! We trust you will seize the opportunity by contacting us to begin your recovery today.

In His Service,

Robin Nation
Robin Nation
Executive Director
Women at the Well Ministries
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.
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 approximately 18-months or longer if necessary.
16. No cursing, off colored expressions or bodily gestures.
17. No horseplay or inappropriate body contact.
18. No cliques, 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.
27. I may receive the following disciplines should I break any of the above guidelines, extra duties, loss of privileges, suspension or dismissal from the program.

______________________________________________
Mandatory:
**Transportation Fee: YOU will need to bring the cost of a return bus fare back to your hometown on a reloadable debit/credit card. It is YOUR responsibility to call the bus station to find out the cost of the ticket.

Optional:
***YOU will need to bring a RELOADABLE debit/credit card with $50 for any additional spending money.

APPLICANTS SIGNATURE DATE
This Application Must Be Filled Out Completely

**Instructions: The entire application must be completed ONLY by the applicant herself; with no additional help. Also, please note that this is a NO SMOKING facility, including anywhere on the property.**

<table>
<thead>
<tr>
<th>Last</th>
<th>Maiden</th>
<th>First</th>
<th>Middle</th>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Telephone #</th>
<th>Age</th>
<th>Birth Date</th>
<th>Race</th>
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Social Security #

**Background Information:**

**Underline or Circle ONE in each category:**

**Race:**
- American Indian / Alaskan Native
- Asian
- African / American
- Native Hawaiian / Pacific Islander
- White

**Family Status:**
- Single, never married
- Separated
- Divorce
- Widow

**Addiction: Please list all substances you have used-including tobacco:**

<table>
<thead>
<tr>
<th>Substances</th>
<th>Age of first use</th>
<th>Frequency Used</th>
<th>Date of Last Use</th>
<th>Longest Period of Abstinence</th>
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• Date of Last Use ________________________  • Longest Period of Abstinence ____________

Living Situation: describe most recent living situation, choose most applicable (Underline or Circle):

- Non-Housing (Street, car, etc.)
- Mother transient, children living with relatives/friends
- Domestic Violence situation
- Mother and children living with relatives/friends
- Emergency Shelter
- Transitional Housing for homeless persons
- Psychiatric Facility
- Substance Abuse Treatment Facility
- Hospital
- Jail/Prison
- Rental Housing
- Own Home
- Other

1) Have you had any lesbian relationships? _______; How long? _______________________
2) Have you ever been involved with prostitution? _______; How long? _______________________
3) Have you ever had sexual relations with men outside of marriage? _______________________
4) Have you ever been involved in any Satanic Cults or rituals? ___________; If yes, please explain: ____________________________________________________________

Family:
Do you have children? ____________
Please list the names and ages of all children:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do any of your children have behavioral problems? ____________ If so, list name and behavior: ____________

Do any of your children have special needs? ____________ If so, please explain: ____________

What are your goals for your children? ____________

Do you still have custody of your children? ____________ If not, please provide more information:

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Specific Charges Leading to Removal of Custody</th>
<th>Date Custody Was Lost</th>
<th>Most Recent Court Date and Outcome</th>
<th>Visitation Arrangements</th>
<th>Name/Phone Number of DCS/Juvenile Court Workers</th>
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</table>
Income:
Do you have other sources of income or support?

- General Public Assistance Amount: $ __________
- Employment Income Amount: $ __________
- Unemployment Benefits Amount: $ __________
- WIC Amount: $ __________
- Child Support Amount: $ __________
- Food Stamps Amount: $ __________
- Supplemental Security Income (SSI) Amount: $ __________
- Disability Income (SSDI) Amount: $ __________
- Social Security Amount: $ __________
- Veterans Benefits Amount: $ __________
- Medicare Amount: $ __________
- Medicaid Amount: $ __________
- Other (please specify) Amount: $ __________

Total Monthly Income: $ ____________________________

Education:
- Highest grade completed ________________________________
- Last school attended ____________________________________
- Educational Interests:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Can you read and write?

________________________________________________________________________________________

My Personal Goal & Dream is to:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Employment History (start with the most recent):

Employer Name: ______________________________________________
Employed from ______________________ to __________________________
Address __________________________________________Phone ___________________
Job Title ___________________________________ Wage _________________
Job Description __________________________________________________________________________
Reason for Leaving ________________________________________________________________

Employer Name: ______________________________________________
Employed from ______________________ to __________________________
Address __________________________________________Phone ___________________
Job Title ___________________________________ Wage _________________
Job Description __________________________________________________________________________
Reason for Leaving ________________________________________________________________

Employer Name: ______________________________________________
Employed from ______________________ to __________________________
Address __________________________________________Phone ___________________
Job Title ___________________________________ Wage _________________
Job Description __________________________________________________________________________
Reason for Leaving ________________________________________________________________
Do you have a history of the following?

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- Depression
- Child Protective Services
- Probation or Parole
- HIV/AIDS and related diseases
- STD’s
- Development Disability
- Physical Disability
- Domestic Violence (as a child)
- Domestic Violence (as an adult)
- Childhood Physical abuse
- Sexual Abuse
- Abortion
- Dental Disease

Please list any service agencies/providers (and contact persons) that work with you, along with their addresses and phone numbers:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

HEALTHCARE:
Please describe any physical disabilities WATW would need to provide for:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

We live in a rural area and take care of the house and grounds. Are you able to perform:
1) Housekeeping chores (such as vacuuming, mopping, laundry, dusting, cooking, cleaning, etc.) __________
2) Yard/garden work (raking, hoeing, planting, weeding, etc.) __________ If you are unable to perform any of the above, what is the reason?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have Insurance? _____ If yes, who is the provider? _________________________________
Do you have a primary physician? _____ Doctor’s Name _________________________________
Address and Phone Number: ____________________________________________________________

List all Medical Conditions (including Mental Health conditions and diagnosis), Treatments, and Current Medication: Please be aware that if you have or develop any medical condition lasting more than two weeks, you will need to look for another placement as WATW is not able to provide convalescent or medical treatment on-site.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6
Have you ever applied for SSI or Disability? If so, when and why?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Legal History
Are you currently on probation/parole? _____________________
If yes, for what charge? ____________________________________

Provide name and phone number for probation/parole officer(s): ________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Do you have current charges pending? ________________
What is the nature of your current and past charges? ________________________________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>PLACE OF ARREST</th>
<th>NATURE OF CHARGES</th>
<th>ARRESTS</th>
<th>OUTCOME</th>
<th>TIME SERVED</th>
</tr>
</thead>
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</table>

Assess your level of commitment:

1. Are you a born again Christian? _____________________
2. Do you realize that you are coming into a heavily Christian Oriented program? ___________________
3. Do you want to change the way you are living? ________________________________________________
4. Are you coming here because YOU want to? __________________________________________________
5. Are you committed to our 18-month discipleship program? ____________________
6. How do you feel about participating in community living? _________________________________
7. How do you feel about community living?

__________________________________________________________________________________________

__________________________________________________________________________________________

8. How do you see our program enabling you to become self-sufficient?

__________________________________________________________________________________________

__________________________________________________________________________________________

9. How do you feel about the necessary rules and restrictions as a resident?

__________________________________________________________________________________________

__________________________________________________________________________________________

10. Please express as completely and honestly as you can, why you would like to be a resident at Women at the Well and how you feel you could benefit from being involved in our program:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
WITHDRAWL 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
PERSONAL EFFECTS GUIDLINES

<table>
<thead>
<tr>
<th>PERSONAL EFFECTS</th>
<th>AMOUNT ALLOWED</th>
</tr>
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<tbody>
<tr>
<td>✓ Shirts</td>
<td>20</td>
</tr>
<tr>
<td>✓ Pants</td>
<td>10</td>
</tr>
<tr>
<td>✓ Shorts</td>
<td>4 (2 for work 2 for REC)</td>
</tr>
<tr>
<td>✓ Shoes</td>
<td>7 pair including slippers</td>
</tr>
<tr>
<td>✓ Socks</td>
<td>10 + 8 house &amp; knee highs</td>
</tr>
<tr>
<td>✓ Underclothes</td>
<td>4 bras, 5 camisoles, 2 slips</td>
</tr>
<tr>
<td>✓ Dresses/Skirts/Suits</td>
<td>8 of any combination-MUST be below KNEE, no long front, NO back or side slit too high</td>
</tr>
<tr>
<td>✓ Coats</td>
<td>1 winter 2 light casual</td>
</tr>
<tr>
<td>✓ Gloves</td>
<td>2 pair (1) +1 dress/casual</td>
</tr>
<tr>
<td>✓ Purses PJ’s/Nightgowns</td>
<td>3 of either (2”) above knee max on shorts</td>
</tr>
<tr>
<td>✓ Bathing Suit</td>
<td>1 very modest whole pc.</td>
</tr>
<tr>
<td>✓ Belts</td>
<td>2 (1)+1 dress/casual</td>
</tr>
<tr>
<td>✓ Hats</td>
<td></td>
</tr>
<tr>
<td>✓ Blanket/Throw</td>
<td>1</td>
</tr>
<tr>
<td>✓ Stuffed Animal (for bed)</td>
<td>1</td>
</tr>
</tbody>
</table>

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 (I-NIV for class, I-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.

PERSONAL
Personal items: Toiletries, 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.

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. No 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 cased sleeve shirts, any items brought that do not meet dress code criteria will be stored in suitcase or sent home with person bringing student.

*Please bring: 1 pair of Black Pants, 1 Black Shirt, 1 Black Camisole, 1 pair Black Shoes (flats) for Creative Evangelism. These items will not count in your clothes counts.

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

PERSONAL
Personal items: Toiletries, 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.
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: ______ BIP: ______ Pulse: ______ Respiration: ______

General Appearance (including screening of drug abuse):

Nutrition: ____________________________ Ears: ____________________________

Head: ____________________________ Hearing: R _____ L _____

Eyes: ____________________________ Nose: ______ Throat: ______ Mouth: ______

Vision W/O glasses: R _____ L _____ Teeth: ______ Neck: ______ Thyroid: ______

Vision W/glasses: R _____ L _____ Genitalia: ______ Hernia: ______ Skin: ______

Chest: ____________________________ Muscular Skeletal: ____________________________

Cardiac: ____________________________ Neurological: ____________________________

Abdomen: ____________________________

**Required Blood Test**


Pregnancy: ______ Pap Smear: ______ Documentation of any Skin Parasites (such as lice, scabies, etc.): ____________________________

REMININDER: Attach computer printout of all lab work.

General comments, assessments, and recommendations on above: ____________________________

__________________________________________________________________________

__________________________________________________________________________

Signature ____________________________ Date ____________________________

Address ____________________________ Phone Number ____________________________

**Please e-mail/fax this application to: womenatthewell@outlook.com**
Procedure for Departing Students

ALL students are required to have return bus fare on file at the time of their program induction.

When Students decide to leave they:

- Are requested to contact their family to communicate that they are leaving the program.
- Will have WATW Staff member speak with family or designated party to communicate students decision to leave the program.
- Will be transported by WATW Staff to the Bus Station.
- Are required to take ALL of their belongings at the time of departure. WATW will NOT send items at a later time. Any belongings left behind become the property of WATW.
- Will be reimbursed any monies in their account provided their monthly housing is paid.
- Will NOT be reimbursed any monies in their account IF their monthly housing is not paid.

**STUDENTS REFUSING TO LEAVE THE PREMISES WHEN DISMISSED WILL BE REMOVED BY THE SHERIFF’S DEPARTMENT.**

Women at the Well make every effort to accommodate a student’s departure. We will not allow student’s choice to leave the program to alter the program schedule for other students or become the crisis of Women at the Well.

___________________ _____________________ Date ____________
Student Name (print) Student Signature

____________________ _____________________ Phone ____________
Family Contact/Designee Relationship to Student

________________________ Date
Staff Signature

________________________
Date
Potential Centers for Lab Testing

Athens Family Clinic-423-744-7585 Will need to tell the front desk to "charge the same as Miracle Lake" Lab prices for VDRL, Hepatitis Panel, HIV, TB skin test, UA - $145.00 Pap smears are sent to the lab and an additional charge of $42.50 will be added. These prices do not include the office visit charge.

Full Circle-423-744-3005 Free pregnancy testing They can do walk-ins but prefer the ladies to call for an appointment.

Good Samaritan Clinic in Maryville-865-273-1616 Prices are based on income and are on a sliding scale Labs vary from $1.00 to $30.00

McMinn County Health Department-423-745-9958 TB Skin Test $9.51 They will do an STD panel and Pap Smear at no charge Pregnancy testing is only done for those needing birth control. A Urinalysis will need to be done at an alternate location with the physical.

Primary Care Center in Decatur, TN-423-334-4154 Fees are on a sliding scale Physical $12.00 Labs $5.00 X-rays $10.00 Patient will need/be expected to establish with this clinic as their primary care physician in order to receive these services. They should bring their medical records with them.

**Blount and Meigs Counties do not offer services**
Attention Court Officials:

The Women at the Well is an 18-month residential program for women 18 and over with life-controlling problems. WATW is located in Athens, TN. In order to enter the WATW program, each potential student must complete the application process. The process may differ depending on the circumstances of the potential student. ALL potential students must be detoxed before entry.

Standard Application Process:

1) Potential student obtains application. This can be accomplished through our website, fax, postal mail or pick up from WATW office.
2) The potential student returns application to WATW in any of the above listed ways, along with a $50 application fee.
3) Attached to the application is a health screening form that the potential student must have filled out by a professional health care worker. The health screening form consists of various blood tests, urinalysis and a Pap smear. For the quickest entry, all results should be faxed to WATW.
4) Once all results have been submitted and reviewed by the Admissions Coordinator, a phone interview with the potential student will be scheduled and then the potential student will be given an intake date and time.

Exceptions-Inmate Applications:

1) Contact is made between inmate and WATW; this can be done by inmate, inmate’s family, or a court appointed official.
2) Inmate needs to obtain an application from WATW; this can be done by postal mail or delivered by WATW to the correctional facility.
3) There is a health screening form attached to the application that must be filled out by a medical professional. If possible, the inmate can submit the health screening form to the facility nurse to begin the necessary medical tests. ***If the inmate cannot complete the necessary medical work while incarcerated, she may have the medicals done soon after entry for an additional fee of $100 that will be added on to her admissions fee.
4) There is a 15-20 minute phone interview that needs to be conducted by WATW; if a phone interview is not possible, WATW staff will come to the facility so a personal interview may be completed.
5) After the interview, a date for intake will be scheduled.
6) If WATW needs to pick-up inmate after release, arrangements can be made at this time as well.

WATW will cooperate with all court officials in areas of reporting to court officers and court dates.

Please do not hesitate to call the office with any questions or concerns.

In His Service,
Robin Nation
Robin Nation
Executive Director
***************PLEASE NOTE:

******IF YOU ARE ON MEDICATION YOU MUST HAVE YOUR PRESCRIPTIONS TRANSFERRED TO:

WALGREENS
805 WEST MADDISON AVE
ATHENS, TN 37303
423-507-1494

PLEASE BE ADVISED:
WATW WILL NOT ACCEPT RESPONSIBILITY FOR PICKING UP MEDICATIONS ELSEWHERE!!

BUS TICKETS AND **ALL STUDENT** MONEY **MUST** BE PLACED ON A **VISA** GREEN DOT CARD!!!

******AMERICAN EXPRESS WILL NOT BE ACCEPTED

WATW will **NOT** accept cash for a student’s account!!!!

**ENTRY FEE CAN BE PAID BY CASH, CHECK OR VISA CREDIT CARD!!!!**