

**COVID-19 Pre-screening Process**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Temperature: \_\_\_\_\_

In the past 48 hours have you: (Please Circle Answer)

- A. Had a fever
- B. Had a consistent cough
- C. Been admitted into the hospital
- D. Been around large groups of people

In the past 14-days (including today) have you experienced any respiratory symptoms such as fever greater or equal to 99.5, difficulty breathing, cough and/or sore throat?

Yes

No

Have you traveled outside the country (International) or in States or areas within the United States known to have statistically higher cases of the COVID-19 infection in the last 14-days?

Yes

No

Have you had contact with someone under investigation or confirmed to have COVID-19?

Yes

No

Do you live with anyone that has traveled outside the country (International) or in States/areas within the United States known to have statistically higher cases of the COVID-19 infection in the last 14 days?

Yes

No



WOMEN<sup>at</sup>theWELL

## *Women at the Well Ministries*

881 County Road. 655 Athens, TN 37303  
PHONE:(423) 745-0010 FAX: (423)649-3370  
Email: [womenatthewell@outlook.com](mailto:womenatthewell@outlook.com)  
Website: [www.thewomenatthewell.com](http://www.thewomenatthewell.com)

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 Christian 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. These fees are the \$350 entry fee, plus the cost of transportation back 10 area of residence.
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 approximately 12 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, 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.

**\*\*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.

---

APPLICANT'S SIGNATURE

**This Application Must Be Filled Out Completely**

Last \_\_\_\_\_ Maiden \_\_\_\_\_ First \_\_\_\_\_ Middle Int \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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? \_\_\_\_\_ 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? Y N

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? Y N 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 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

## 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: \_\_\_\_\_

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

Temp \_\_\_\_\_

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_

### General Appearance (including screening of drug abuse):

Nutrition \_\_\_\_\_

Head \_\_\_\_\_ Ears \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Eyes \_\_\_\_\_ Vision w/o glasses R \_\_\_\_\_ L \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_

Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Neck \_\_\_\_\_ Thyroid \_\_\_\_\_

Chest \_\_\_\_\_ Cardiac \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitalia \_\_\_\_\_

Hernia \_\_\_\_\_ Skin \_\_\_\_\_

Muscular Skeletal \_\_\_\_\_ Neurological \_\_\_\_\_

Required Blood Test

V.D.RL. \_\_\_\_\_ Hepatitis: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

H.I.V. \_\_\_\_\_ T.B. \_\_\_\_\_ Urinalysis \_\_\_\_\_

Pregnancy \_\_\_\_\_ Pap Smear: \_\_\_\_\_

Documentation of and Skin Parasites (such as lice, scabies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMINDER: Attach computer printout of all lab work

General comments, assessments, and recommendations

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

Address:

Phone Number

# PERSONAL EFFECTS GUIDELINES

- 1 Suitcase
  - 10 Shirts (includes CE clothes) + 1 WATW Purple
  - 10 Pants (includes capris, shorts & leggings) includes CE clothes
  - 4 Dresses OR skirts
  - 2 Pairs PJ's (night gowns/shorts/pants) NO SHORTER than 4" above the knee
  - 1 House coat (moo moo) MANDATORY
  - 1 Light jacket/sweater
  - 1 Heavy coat
  - 10 Panties
  - 2 Bras
  - 1 Bathing Suit
  - 1 Slip
  - 2 Camisoles
  - 7 Pair of socks
  - 7 Pair of shoes
  - 1 Hat
  - 1 Belt
  - 1 Purse
  - 1 Scarf
  - 1 Pair of gloves
- JEWELRY-ABSOLUTELY NO BODY PIERCINGS
- 5 Pair of earrings
  - 3 Necklace
  - 1 Watch
  - 3 Bracelets
  - 2 Rings
  - 1 Throw (No large blankets or comforters)
  - 1 Washable stuffed animal for bed

**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.*

## 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 capped 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.**



### **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** GIFT  
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!!!!*