

Application Received by _____ Date _____



Women's Discipleship and Recovery Program Application

A Christ-Centered, Discipleship-Based Path to Healing and Restoration

Submit in-person to The Well at 1414 Euclid Ave, Joplin, MO 64801

417-218-8255

Email: amy@godsresortjoplin.org

Personal Information

Last Name: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Biological Sex Assigned at Birth: Female Male

Social Security Number: _____

Phone Number: _____

Email Address: _____

Current Living Situation: _____

Address: _____

City/State/ZIP: _____

How long have you resided at this address? _____

Share your reason for leaving: _____

Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone Number: _____

How did you hear about The Well? _____

Personal History

Check all that apply: Alcohol Abuse Developmental Disability Domestic Violence Drug Abuse HIV/AIDS Mental Illness Physical Disability Other _____

Marital Status: Single Married Divorced Widowed Separated

Do you have children? Yes No

If yes, please list their names and ages: _____

What is your current custody or visitation arrangement? _____

Are you currently pregnant? Yes No

Do you have a safe place to stay before entering the program? Yes No

Are you currently employed? Yes No

If yes, where? _____

Are you currently receiving any of the following forms of assistance?

Social Security Disability pending Disability Unemployment Other _____

Health Information

Do you have any medical conditions we should be aware of? Yes No

If yes, please explain: _____

Do you have any allergies or dietary restrictions? Yes No

If yes, please list: _____

Are you taking any prescribed medications? Yes No

If yes, please list: _____

Education

Completed High School _____ GED _____ College _____ (how many years? _____)

Technical Training _____ Other _____

Spiritual Background

Do you currently attend church? Yes No

If yes, where? _____

If yes, how long have you attended? _____

What role do you believe faith plays in your recovery journey? _____

Recovery Background

What challenges, struggles, or addictions have you faced? _____

How long have you been dealing with these issues? _____

Have you participated in a recovery or discipleship program before? Yes No

If yes, please explain: _____

Are you currently in counseling or therapy? Yes No

If yes, where and with whom? _____

Would you be open to receiving psychiatric support if it were recommended? Yes No

Would you be open to taking prescribed psychotropic medication if deemed appropriate? Yes No

Would you be open to participating in therapy if it could be beneficial? Yes No

Legal History

Do you have any pending legal matters (court dates, probation, etc.)? Yes No

If yes, please explain: _____

Do you have any felony convictions? Yes No Pending

Please explain: _____

Are you currently on any of the following? Probation Parole Have a pending case Ex-parte

Other _____

Are you willing to sign a release allowing The Well staff to speak with your probation or parole officer, substance abuse counselor, therapist, or pastor? Yes No

Please explain: _____

What will The Well staff learn from a national background check?

Please explain: _____

In what states do you have a record or case(s) pending? _____

Do you have fines to pay? Yes No

Do you have other court ordered payments? Yes No

Program Expectations

The Well's discipleship and recovery program focuses on spiritual renewal, personal healing, and discipleship through Christ. It includes daily Bible study, worship, life skills classes, accountability, and community living.

Are you willing to fully participate in all aspects of the program? Yes No

Are you open to mentoring, biblical counseling, and discipleship? Yes No

What are your goals for joining this program? _____

References

Please provide **two personal references** who can speak to your character and readiness for this program.

1. Name: _____

Relationship: _____

Phone: _____

Email: _____

2. Name: _____

Relationship: _____

Phone: _____

Email: _____

3. If applicable, I grant The Well staff permission to confer with individuals who are associated with programs that I have been or am currently involved with.

Yes No

Applicant Commitment (initial next to each statement with which you agree)

____ I understand that The Well is a Christ-centered, discipleship-based recovery program designed to help women find freedom, restoration, and new life through Jesus Christ. I agree to participate fully, abide by all program guidelines, and maintain honesty and respect toward staff and fellow participants.

____ Additionally, I understand that if I falsify information given in this application or in the interview process, that I will forfeit consideration for participation in the program.

____ I understand that **drugs and alcohol are forbidden** on the property of The Well and participants in the program agree to abstain from their use both on and off the program grounds. I agree to random or at-will drug/alcohol screenings.

Applicant Signature: _____

Date: _____

For Office Use Only

Interview Scheduled _____

Accepted Declined

Start Date: _____

Notes: _____
