

☐ 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:** \_\_\_\_\_

\_\_\_\_\_