

Application Received by \_\_\_\_\_ Date \_\_\_\_\_

Rvsd A.C. 3/3/26



## 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

The Well is best suited for individuals who are physically able to participate in daily activities and who are emotionally stable enough to engage in a structured program environment. Because we are not a medical or clinical facility, the program may not be the right fit for those with significant physical disabilities or for those who need emergency mental health hospitalization.

The program follows a clear structure and set of expectations. Participants are asked to respect leadership, follow community guidelines, and fully commit to the process.

Additionally, The Well is a Christian-based program and is designed for individuals who are open to learning about and engaging with Christian beliefs as part of their journey.

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Are you currently in a relationship?  Yes  No

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

Medication \_\_\_\_\_

Reason for Taking \_\_\_\_\_

## Education

What is the highest level of education you have completed? \_\_\_\_\_

## 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? \_\_\_\_\_

Are you currently using drugs or alcohol? If yes, what? \_\_\_\_\_

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

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

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, physicians, former program supervisors, and/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:** \_\_\_\_\_

## 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 **alcohol, nicotine, vapes, and other drugs 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:** \_\_\_\_\_

\_\_\_\_\_