

## **Women at the Well Ministries of PA**

306 Main ST Corsica PA 15829

Phone: 814-379-9993

[www.womenatthewellpa.com](http://www.womenatthewellpa.com)

Hello--

Since you are inquiring about *Women at the Well Ministries of PA*, I assume that you know first-hand the pain and devastation that addiction brings. There is hope! For years, I 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 almost gone, along with their health and sanity. As a concerned person, you have hoped they would come to their senses. We are here to help.

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

Serving Jesus----

Sharon L. Pierce

Director

**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 to 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.

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APPLICANTS SIGNATURE DATE

**This Application Must Be Filled Out Completely**

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

Last Maiden First Middle Int.

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Street City State Zip Code

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

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you had an alcohol problem? Y / N 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?

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

7. Have you had (Do you have) any serious court problems? Y / N

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever spent time in Jail? Y / N How long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on probation or parole? 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 12 month discipleship program? Y / N

20. Please explain why you want to come to Women at the Well Ministries:

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

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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

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Hospitalizations and Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Examination:

Code: Satisfactory=S Unsatisfactory=U Not Examined=O

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

BIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pulse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respiration’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Appearance (including screening of drug abuse):

Nutrition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Eyes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vision w/o glasses: R\_\_\_\_\_\_\_\_\_\_\_L\_\_\_\_\_\_\_

Vision w/glasses: R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_L.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mouth \_\_\_\_\_\_\_\_\_\_\_\_\_ Teeth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Neck \_\_\_\_\_\_\_\_Thyroid: \_\_\_\_\_\_\_\_\_\_\_\_\_

Chest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardiac:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abdomen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Genitalia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hernia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Skin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Muscular Skeletal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Neurological:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Blood Test

V.D.R.L.: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hepatitis (panel): A\_\_\_\_\_\_ B \_\_\_\_\_\_ C\_\_\_\_\_\_\_\_

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

Pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pap Smear:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Documentation of any 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**

Shirts 10

Pants 8

Shorts 4 pair (2 work 2 rec, Bermuda length)

Shoes 5 pair (including slippers)

Socks 10 pair + hose or knee-highs

Underclothes 4 bras, 5 camisoles, 2 slips

Panties 10 pair

Dresses/Skirts/Suits 4 any combination (Below the knee, No long front, back, or side slit)

Coats 1 Winter, 2 light casual

Gloves 1pr dress 1 pr casual

Purses 2

PJ’s/Nightgowns 3 of either (4” above the knee max on shorts)

Bathing Suit 1

Belts 1 Casual, 1 Dress

Hats 1 cold weather, 1 casual

Blanket/Throw 1

Stuffed Animal (for bed) 1

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

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.

Jewelry: Earrings: studs only-no loops or dangling 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 (l-N IV for class, l-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/CD’s: 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.*

**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, (hiphuggers, 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.

Any items that are brought that do not meet dress code criteria will be stored in suitcase or sent home with person bringing student here.