

Entry Level Admissions Application

Name: _____ Date: _____

Present Address: _____

Phone: _____ Social Security Number: _____

Referred by: _____ Phone: _____

Relationship (friend, relative, counselor, etc.): _____

Supportive Family/Friend Contact: _____

Relationship to Supportive Contact: _____ Phone: _____

Personal Information:

Birth date: _____ Age: _____ Weight: _____ Height: _____

Are you an American citizen? Yes ___ No ___

What are your present living conditions?

Have you ever been in other programs? Yes ___ No ___

Reason for entry: _____

Reason for exit: _____

Are you or will you be on probation? Yes ___ No ___

Who is your probation officer? _____

Probation Officer Phone: _____

Do you have any outstanding warrants or upcoming court dates? Yes ___ No ___

Please explain if yes _____

Name of lawyer _____ Phone _____

Do you take psychotropic drugs? (anti-depressants, anti-anxiety, etc.)

Yes ___ No ___

Please explain if yes _____

Are you responsible for monthly child support payments? Yes ___ No ___

If so, have you made arrangements for those payments to be taken care of or postponed while you are in the program? Please explain if yes _____

Do you have Hepatitis, HIV, or Tuberculosis? Yes ___ No ___

If yes, please specify _____

Do you smoke cigarettes? Yes ___ No ___

Are you willing to abstain from the use of cigarettes and/or psychotropic drugs during your stay in the Wellspring Living Home? Yes ___ No ___

What significant changes have occurred in your life recently? (Family, Career, etc.) _____

What do you see as your presenting problem? (Addiction, Depression, etc.)

Please explain your reason for entry and your commitment level to the Wellspring Living Program?

I am aware that Wellspring Living, Inc. is a 12-month residential program that involves living under the guidelines of the program, which includes absolutely no drug (including psychotropic drugs), alcohol or cigarette use. During the first 7-9 months, there can also be no employment, no personal form of transportation, no internet, and limited phone use (restricted to an approved contact list, no male contacts except family members will be

approved). I understand these guidelines and am willing to fully cooperate with them if accepted into the program.

Applicant Signature

Date

Guidelines for the Wellspring Living Program

Please initial after each guideline and sign below.

1. Participants must be 18 years of age. _____
2. Participants must be willing to live in the Wellspring Living home as a guest and follow all house rules, respect the staff's authority, and participate in all activities. I understand that all decisions are made collectively by all staff with my best interest in mind. _____
3. Participants must be completely detoxed from all drugs including methadone, psychotropic drugs, and cigarettes. All participants will be drug tested upon arrival into the program. Failure to pass the drug test may result in denial of entry. _____
4. Any use of medications and/or vitamins, prescribed or over the counter, is monitored by staff and at staff discretion. _____
5. I understand that I may not participate in the program if I am pregnant. _____
6. Wellspring Living reserves the right to perform routine, random drug tests; house and person searches at any time during your participation in the program. _____

7. Participant is required to abstain from all forms of sexual activity, unless married. Dating is not allowed at any time during the Wellspring Living program. _____
8. Participant may not have physical contact by mail, telephone, or face to face visitation with anyone outside of Wellspring Living, except those persons on a pre-approved contact list. **No male contacts.** Exception is approved male family members only. _____
9. Participant is expected to help keep the home neat and clean at all times. _____
10. Participant is required to follow the individual program (treatment plan) outlined for her by the Wellspring Living staff. _____
11. Participant must cooperate with staff and other candidates by communicating openly and being respectful at all times. _____
12. Participants will be supervised 24 hours a day during the 1st phase of the program. Participant must adhere to an individual case plan during the 2nd phase. _____
13. Appropriate attire is expected at all times. Staff reserves the right to determine the appropriateness of a participant's dress. _____
14. The Wellspring Living Home does not operate with an evening and day shift schedule. Therefore, it may not be appropriate for women with needs of intense supervision. For the safety of all of the women in the home, aggressive behavior, self-mutilation, or suicidal ideation may be reason for the participant to be referred to other programs/professionals. _____
15. I understand that there is **non-refundable fee** that must be paid before entry into the Wellspring Living program. This fee is **non-refundable** if I leave the program either by mandate or by choice. I am forfeiting this fee if I leave the program at any time after 24 hours from entry. _____

I _____ have read and fully understand the guidelines of the Wellspring Living home. I do hereby agree to abide by these guidelines while I am a resident. I understand that if I do not abide by the rules, disciplinary action or dismissal from the program may be the consequence.

Applicant Signature

Date

Commitment to Enter the Wellspring Living Home for Women

I, _____, commit that upon entering The Wellspring Home program that I will remain in the home committed to the policies outlined in the intake manual. I further resolve to submit to the staff and the structure of the program. I will under no circumstances entertain breaking this commitment any time.

Signature

Date

As parents or primary supporters of _____, I realize that my support of the staff and ministry is vital to the success of _____ completing the Wellspring Living program. Under all circumstances, I will resolve to voice my support and not allow _____ to break her commit to the program and her potential for life transformation. To be specific, I will provide no avenue for leaving the program.

Signature

Date