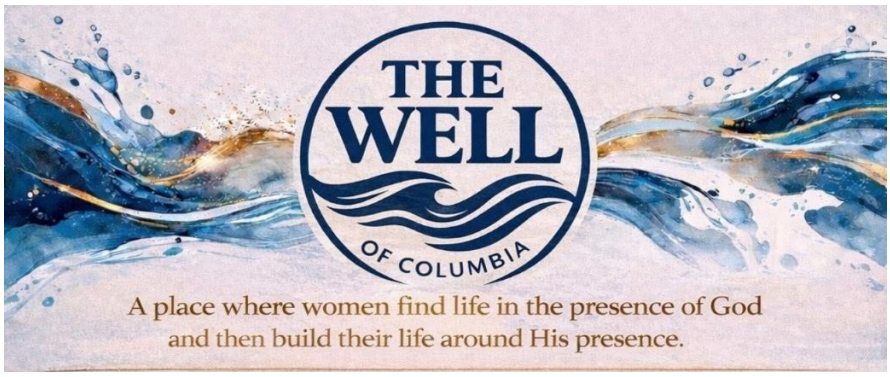


1. Are you willing to commit twelve months of your life to an intense recovery program?

YES NO

This is not a decision to be entered into lightly as it will require much diligence and long hours of study to complete the required components for graduation.

2. Are you willing to spend at least 30 days (orientation phase) with no distractions to help you learn Godly habits? YES NO

You will NOT be allowed to leave property for at least 30 days without written permission by your Case Manager.

3. Do you have any pending legal matter that would take you off campus?

YES NO

The Well of Columbia is a Christ-centered holistic recovery program, not a residential care facility and cannot provide transportation for these matters; therefore, any legal matters that may need to be taken care of must be dealt with by the Client and at his/her own expense.

4. Do you have any medical conditions (including pregnancy and HIV), pending or present, that would take you off campus during the first 30 days (orientation phase)?

YES NO

Again, the program is a Christ-centered holistic recovery program, not a residential care facility and cannot provide transportation for these matters; therefore, any medical matters that may need to be taken care of must be dealt with by the Client at his/her own expense. You must be medically and physically able to perform work therapy/chore assignments as part of the program. You cannot have been diagnosed with any chronic illnesses, which would prevent you from performing your work therapy/chore assignments as part of The Well of Columbia Program.

5 Have you been diagnosed with any mental illnesses within the last year?

YES NO

The program is neither a mental health facility nor a hospice. For this reason, the DCSETX may not accept someone into the program that has been diagnosed with any mental illness during the previous 12 months.

6. Do you have any personal matters that would take you off campus?

YES NO

The program is a Christ-centered holistic recovery program, not a residential care facility and cannot provide transportation for these matters; therefore, any personal matters that may need to be taken care of must be dealt with by the Client and at their own expense and must be approved by your Case Manager.

7. Are you able to abide by program rules such as not having a cell phone and a no smoking policy?

YES NO

You will not be allowed to have a cell phone during the entirety of the program. Also, use of tobacco in any form will not be allowed while you are in the program.

The Well of Columbia Client Intake Form

Personal Information

Last Name:				First Name:			
Date of Birth:				Spouse Name:			
ID Number: (list: type of ID, State & Number)				Social Security #			
Address:						Homeless: YES NO	
City and State:							
Zip code:							
Home Phone:				Cell Phone:			
Age:		Sex:	Male Female	Height:		Weight:	
Religion:			Race/ Ethnicity:				
Marital Status:	Single Married Divorced Widowed						
Emergency Contact:				Relationship:			
Emergency Phone #				Secondary #			

Do you know anyone who lives at The Well of Columbia or is currently in the Recovery program? ☐Yes ☐No
IF yes, how do you know this person? What is your relation to them?

Do you have a car? ☐Yes ☐No
If yes, who will take care of it while you're in the program:

Are you currently receiving any type of income? ☐Yes ☐No
If yes, please explain:

Have you ever been in the military? ☐Yes ☐No Discharged? ☐Yes ☐No
If yes, were you honorably discharged? ☐Yes ☐No If yes, please list reason(s)?

EDUCATION:

Circle last year completed:	Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +
Can you read or write: ☐Yes ☐No	Can you speak English? ☐Yes ☐No
Have you ever been in special education classes?	☐Yes ☐ No If yes, For:

Religious Background

Do you believe in God? ☐Yes ☐No ☐Uncertain

Have you ever accepted Jesus Christ as your Savior? ☐Yes ☐No ☐Uncertain

Are you attending church now? ☐Yes ☐No If yes, where?

Goals

What goals do you have while in this program?

Legal History

Have you ever been arrested? ☐Yes ☐No How many times? _____

If yes, give details:

Have you ever done jail time? ☐Yes ☐No If yes, what for and how long?

Are you on probation or parole? ☐Yes ☐No If yes, give probation or parole officer's contact information below:

Are you court ordered here? ☐Yes ☐No If yes, give contact information regarding your court case:

Do you have any legal charges pending? ☐Yes ☐No Where?

What are the charges?

Do you think you may have any outstanding warrants? ☐Yes ☐No If yes, please explain:

Do you have any other pending legal matters that you would be required to attend to in the next 90 days?
☐Yes ☐No If yes, give details below:

Drug History

Have you ever used drugs? ☐Yes ☐No If yes, how old were you?

Why did you try them?

☐ To help me deal with life
☐ To escape reality
☐ To fit in with my peers
☐ My friends use drugs
☐ To make physical pain go away
☐ To make emotional pain go away
☐ Some of my family uses drugs
☐ Just for fun
☐ Boredom
☐ Curiosity
☐ Other_____

Have you ever sold drugs? ☐ Yes ☐No

Do you think you have a problem with drugs? ☐Yes ☐No ☐Uncertain
Explain why or why not.

Since you've been using, what's the longest period of time that you've been sober?

Please fill out information below concerning your drug use.

(If you did not use the drug listed leave blank, if drug is not listed, please fill on)	**First Time** (How o/d were you or what month/year?)	**Last Time** (Approximate dates?)	**Frequency** (How often did you use?) [Daily, Weekly, Monthly]	**Amount Used** (How much did you use per day/week/month?
Alcohol				
Amphetamines				
Barbiturates				
Benzodiazepines				

Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants (Huffing)				
LSD				
Marijuana				
MDMA (Ecstasy)				
Meth				
Mushrooms				
Opiates, Synthetic				
PCP				
Prescription Drugs List:				
Speed				
Spice/ K2				
Synthetic Marijuana				
Tobacco				

Medical History
Date of last physical exam: Results:
List any physical ailments or handicaps that you may have:
Date of last dental exam: Results:

List any dental problems you may currently have:

Date of last eye exam:
Results:

Do you wear glasses?	☐Yes ☐ No	Do you wear contacts?	☐Yes ☐No

List anything that you may be allergic to:

Have you ever been:

Diagnosed with ADD?	☐Yes ☐ No	When?
Diagnosed with ADHD?	☐Yes ☐ No	When?
Diagnosed with any Mental Disorder?	☐Yes ☐ No	When?
Diagnosed with Tuberculosis?	☐Yes ☐ No	When?
Diagnosed with Hepatitis A?	☐Yes ☐ No	When?
Diagnosed with Hepatitis B?	☐Yes ☐ No	When?
Diagnosed with Hepatitis C?	☐Yes ☐ No	When?
Diagnosed with HIV Positive?	☐Yes ☐ No	When?
Diagnosed with AIDS?	☐Yes ☐ No	When?
Diagnosed with Herpes?	☐Yes ☐ No	When?
Diagnosed with any STD?	☐Yes ☐ No	When?
Diagnosed with Body Lice?	☐Yes ☐ No	When?
Diagnosed with High Blood Pressure?	☐Yes ☐ No	When?
Diagnosed with Heart Disease?	☐Yes ☐ No	When?
Diagnosed with any other illnesses?	☐Yes ☐ No	When?

Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor? ☐Yes ☐ No If yes, please explain:

Are you presently on any medication? ☐Yes ☐ No If yes, please list below and give reason for taking it.

Have you ever been admitted to a hospital? ☐Yes ☐ No If yes, please explain below.

Have you ever been diagnosed with any mental condition? ☐Yes ☐ No
If yes, please explain:

Have you ever been under psychiatric care or been admitted to a mental health institution? ☐Yes ☐ No
If yes, please explain:

Have you ever contracted a sexually transmitted disease? ☐Yes ☐ No
If yes, please list diseases, when and how they were treated:

Have you ever been the victim of sexual abuse? ☐Yes ☐ No

If female, are you currently pregnant? ☐Yes ☐ No ☐Uncertain

Have you been pregnant in the past? ☐Yes ☐ No ☐Uncertain

If yes, what was the result of the pregnancy? ☐Miscarriage ☐Abortion ☐Birth

Do you have any children? ☐Yes ☐ No
If yes, list how many and what are their ages?

Have you ever been involved in prostitution? ☐Yes ☐ No

Have you ever been involved in any homosexual behavior or activities? ☐Yes ☐ No

Do you consider yourself to be...

☐Homosexual (Gay/Lesbian) ☐Heterosexual (straight) ☐Bisexual

Reason for placement (check all of the following that apply to your situation)

Problems with primary support group

☐ Death of a family member
☐ Health problems in family
☐ Disruption of family by separation
☐ Disruption of family by estrangement
☐ Removal from home
☐ Remarriage of parent
☐ Sexual abuse
☐ Physical abuse
☐ Verbal abuse
☐ Parental overprotection
☐ Neglect of child
☐ Inadequate discipline
☐ Discord with siblings
☐ Birth of sibling
☐ Other _____

Problems related to the social environment

☐ Death of a friend
☐ Loss of a friend
☐ Inadequate social support
☐ Living alone
☐ Difficulty with acculturation
(being accepted by your own culture)
☐ Discrimination
☐ Adjustment to life- cycle transition (not adjusting to changes in life)
☐ Other _____

Educational problems

☐ Illiteracy
☐ Academic problems
☐ Discord with teachers
☐ Discord with classmates
☐ Inadequate school environment
☐ Late for class
☐ Other _____

Occupational Problems

☐ Threat of job loss
☐ Stressful work schedule
☐ Late for work
☐ Difficult work conditions
☐ Job dissatisfaction
☐ Job changes
☐ Discord with boss
☐ Discord with co-workers
☐ Other _____

Housing Problems

☐ Homelessness
☐ Discord with neighbors

☐ Inadequate housing
☐ Unsafe neighborhood
☐ Discord with landlord
☐ Other _____

Economic problems

☐ Extreme poverty
☐ Insufficient welfare support
☐ Other_____

Problems with access to healthcare services

☐ Inadequate health care services
☐ Transportation to health care unavailable
☐ Inadequate health insurance
☐ Other _____

Problems related to interaction with the legal system/ crime

☐ Arrest
☐ Incarceration
☐ Litigation
☐ Victim of crime
☐ Stealing
☐ Vandalism
☐ Arson
☐ Probation
☐ Other _____

Other psychological and environmental problems

☐ Exposure to disaster
☐ Involved in war
☐ Involved in hostility
☐ Discord with counselor
☐ Discord with social worker
☐ Discord with physician
☐ Discord with minister
☐ Suicide
☐ Eating disorders
☐ Cutting/ Self-mutilation
☐ Low self-esteem
☐ Lack of motivation
☐ Lying
☐ Problems with authority
☐ Manipulative behavior
☐ Unavailability of social service agencies
☐ Other _____

Other abuse problems

☐ Alcohol Abuse
☐ Drug abuse
☐ Verbal abuse toward others
☐ Physically abused others
☐ Sexually abused others
☐ Pornography
☐ Sexual addiction
☐ Other _____

Spiritual history problems

☐ Ouija Boards
☐ Satanic Worship
☐ Witchcraft
☐ Levitation
☐ Palm Reading
☐ Fortune Telling
☐ Horoscopes
☐ Yoga
☐ New age
☐ Mormonism
☐ Scientology
☐ Buddhism

☐ Voodoo
☐ Astro projection
☐ Seances
☐ Tarot Cards
☐ Hinduism
☐ Transcendental Meditation
☐ Jehovah's Witness
☐ Other _____

What are some other things you've tried? (Check all that apply to your situation)

☐ Individually counseling
☐ Family Counseling
☐ Informal probation
☐ Formal Probation
☐ Called police
☐ Changed schools
☐ Changed Jobs
☐ Boot camp
☐ Boarding school
☐ Hospitalization
☐ Psychiatric Evaluation
☐ Medications
☐ Attending Parenting class
☐ Other _____

How did you hear about us? (Check all that apply)

☐ Friend
☐ Family Member
☐ Church Leader
☐ Brochure/ Fyler
☐ Other _____

By signing below, I certify that all information is true and correct on this application, to the best of my knowledge.

_____ _____

Applicants Signature ***Date***

Please return filled out application to:

The Well of Columbia
P.O Box 27 Columbia, La. 71418

Contact us at 318-594-6281 or email: thewellofcolumbia@gmail.com



Transitions Assessment

Name: _____ **Date:** _____

Please mark all that applies to your needs:

☐ Birth Certificate	☐ Driver's License	☐ Legal Matters
☐ Child Support	☐ Family Matters	☐ Medical Issues
☐ Citizenship	☐ Felonies	☐ Job Search
☐ College	☐ Fines	☐ Social Security Card
☐ Debt	☐ GED	☐ Trade School
☐ Transportation	☐ Other _____	

1. From the list above, what are your top 3 priorities in order:
   1) _____
   2) _____
   3) _____

2. From question #1, what are some realistic goals and dates you want to accomplish these by?
   1) Goal: _____ Date: _____
   2) Goal: _____ Date: _____
   3) Goal: _____ Date: _____

3. What are some obstacles you foresee from reaching these goals?

   _____

   _____

4. What do you feel will help you accomplish these goals?

   _____

   _____

Met with case worker: _____ Date: _____