

**Access Application on a desktop or laptop**

**Option 1:** COMPLETE Application, SAVE it, ATTACH to an email, SEND electronically to: [application@wisdomswellspring.org](mailto:application@wisdomswellspring.org)

**Option 2:** COMPLETE Application, PRINT it, and MAIL to: Post Office Box 183, Havana, Florida 32333

**Questions?** Call (850) 294-6932



**RESIDENT APPLICATION**

**Office Entry Only**

\_\_\_\_ Date App Reviewed  
\_\_\_\_ Schedule Interview?  
\_\_\_\_ Interviewed?  
\_\_\_\_ Date Entered Residency  
\_\_\_\_ Date Exited Residency

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nickname \_\_\_\_\_ Other Names \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Highest Grade in School Completed \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you  Single  Engaged  Married  Separated  Divorced

Have you ever been convicted of or pled No Lolo Contendere to a crime? Yes No If you answered yes, please tell us the date of your conviction and the nature of the crime. \_\_\_\_\_

Please note that a "yes" answer will not necessarily disqualify you from being considered for residential status.

Do you smoke? Yes No Do you drink alcohol? Yes No If you answered yes, please tell us how often you drink \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ occasionally.

Do you now or have you ever used illegal substances? Yes No If yes, when was the last time you used? \_\_\_\_\_  
What did you or are you now using? \_\_\_\_\_

Please note that a "yes" answer will not necessarily disqualify you from being considered for residential status. However, Wisdom's Wellspring is a tobacco-free, smoke-free, alcohol-free and drug-free facility. Use of any of these substances, including vaping products, is prohibited for all Wisdom's Wellspring's residents **whether you are on off the residential premises**. The only exception is physician prescribed legal drugs. Therefore, if you are currently using, you must be willing to cease such use as long as you reside at the Wisdom's Wellspring residential facility.

Are you willing to submit to a criminal background check and a drug test? Yes No

Please note that if you answered no, we cannot consider your application for residency at Wisdom's Wellspring.

Please check the applicable box if you been diagnosed with any of the following? Tuberculosis Hepatitis STDs  
Mental Illness If yes, are you currently taking medication for any of these conditions? Yes No

Are you willing to submit to a medical evaluation? Yes No

Please note that if you answered no, we cannot consider your application for residency at Wisdom's Wellspring.

Are you currently involved in an intimate relationship? Yes No

Please note that if you answered "yes", Wisdom's Wellspring has restrictions on when and how often visitors may visit the facility. Except under special circumstances and with prior permission, no male visitors except clergy, maintenance, medical or law enforcement personnel are permitted inside the residence.

Do you have a child or children? Yes No If yes, who takes care of your children? \_\_\_\_\_

If you answered "yes", please note that children are not permitted in the Wisdom's Wellspring's residential facility at any time. If you have children, you are responsible for arranging for their care.

Are you enrolled in any educational or training program? Yes No If yes, where are you enrolled? \_\_\_\_\_

Are you currently employed? Yes No If yes, where are you employed? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_ If no, please tell us if you have ever been employed before Yes No

Are you receiving any financial assistance? Yes No If yes, please tell us the source of the financial assistance

SNAP (food stamps) SSDI (Social Security Disability Income) SSI (Social Security Income) Other. If you checked "other", please specify the source of financial assistance you are receiving: \_\_\_\_\_

Are you able to pay at least \$200 per month in program fees?      Yes      No    If you answered no, are you willing to contribute the equivalent of at least \$200 per month in other goods or services?      Yes      No

Please note that your ability to pay toward the costs of residency will not disqualify your application for residency. However, you will be expected to begin paying a program fee after two months of residency and will be expected to repay overdue program fees in full.

Are you affiliated with any church or religious organization?      Yes      No

Please note that no religious affiliation is necessary to be considered for residency or to be a residential client at Wisdom's Wellspring.

Who should we contact in a case of an emergency? (Please provide name, address, phone # and person's relationship to you.)

Wisdom's Wellspring is a structured residential experience that will require commitment to participation and completion of a number of life skills and community service programs. Please note that your willingness to participate in these programs is essential to your achieving financial self-sufficiency. Our services include a two-year full services program for women from ages 18-30 and a six-month to one-year transitional housing program for women over age 30.

Please tell us a little about your personal goals, dreams and ambitions (Please feel free to attach additional pages if needed.)

Why do you want to be a resident at Wisdom's Wellspring? Why you believe you would be a good candidate for Wisdom's Wellspring's Residential Program, and what you hope to accomplish during your time with Wisdom's Wellspring? (Please feel free to attach additional pages if needed.)

While you are at Wisdom's Wellspring are you willing to work?      Yes      No    Go to school?      Yes      No  
or volunteer      Yes      No    Please explain any "no" answer to this question

While not required for residency, spiritual formation, worship and Bible study are important elements of Wisdom's Wellspring's Program. Are you willing to participate in these faith-based activities?      Yes      No

My signature (typed full legal name if submitting electronically) indicates all information in this application is true and accurate

Signature

Date

Please provide the names, addresses, telephone #'s and/or email addresses of at least three people other than your relatives who can vouch for your character.

Thank you for your application. Your application will be reviewed and we will contact you within 14 days of receipt to let you know its status. If you have not heard from us within this time, please feel free to call to check on the status of your application. Our application process requires an interview. You will be contacted for this purpose if we are able to consider you for residency after your application has been reviewed. We will contact you by phone or mail for this purpose. Please mail your application to the address on the front page.