



TROY
DREAMCENTER

DISCIPLESHIP PROGRAM APPLICATION

366 S Lincoln Dr.
Troy, Mo 63379
636-775-1674
info@troydreamcenter.com
TroyDreamCenter.com

AN OVERVIEW OF DREAM CENTER DISCIPLESHIP

The Troy Dream Center Discipleship Program is a four-month residential, community living program. We are a drug-free facility that provides our services at no charge to our clients. As a Christ-centered ministry, we focus on teaching our clients how to build a relationship with God and give them tools to help them sustain their sobriety. Participants must be between the ages of 18 and 55. Also, we are not a rehab or shelter, but a recovery program geared for men who have life-controlling issues such as drug/alcohol addictions, suicidal thoughts, depression, hopelessness, and/or anything that is keeping them from moving forward in life.

- No electronics and/or outside work/education are allowed for the duration of our program.
- Our clients are not allowed to have contact with a boyfriend/girlfriend/fiancé or a common-law spouse throughout the entire program.
- There is a no tobacco policy – on or off campus – for the duration of the program
- Completion of our curriculum is mandatory for graduation eligibility.
- Due to Work Therapy, our clients must be physically able to lift at least 25 lbs., stand for long periods of time, work at least 6 hours a day, and be able to ascend/descend stairs.
- Our program provides all participants with three meals per day, plus Room and Board.
- Moreover, as we are in compliance with probation and/or court requirements, we conduct random drug testing and room searches to ensure each disciple maintains their sobriety.

Should a disciple decide to voluntarily discharge from our program, we would provide prompt notification of said discharge to The Court and/or Probation Officer.

Because disciples are restricted in their ability to leave The Troy Dream Center Campus upon enrollment, for a minimum of the first 28 days, a monthly progress report can be provided upon request. Furthermore, we offer mandatory finance classes toward the end of the program for disciples to work resumes, learn money management and practice applying for jobs.

Orientation Privileges:

During this phase (weeks 1-4), our clients are in a blackout period where they have no phone calls, no on/off campus visits, and will not receive mail (*mail will be held until they promote to Level 1*). Also, required attendance to classes five days per week as well as How to Give your Testimony is mandatory. And, the main purpose of Orientation is to teach each disciple how to cultivate a solid foundation in Christ, to help empower everyone and to impart new life skills.

Level One Privileges:

During this phase (weeks 5-8), you earn privileges such as one phone call per week, an on-campus visit (with family only) and mail. Due to privacy laws, if someone were to call for you, we can neither confirm nor deny that you are in the program; however, a confidential message will be taken for the Resident Staff Member to respond. Family visitations are on Sunday afternoons only.

Level Two Privileges:

During this phase (weeks 9-12), you earn privileges such as one or two phone calls per week, extended on-campus visits (one per week) on Sunday afternoon only.

Level Three (Discovery) Privileges:

During this phase (weeks 13-16), disciples will work outside of the Troy Dream Center during the day with a business partner of ours. Saturday and weekend passes can be earned.

Application Procedure

1. Call our office at **636-775-1674** and request an application or visit our website at **TroyDreamCenter.com**
2. Please fill in all the blanks. If something does not apply to you then put "NA" in the blank space.
3. You may email the completed application to **info@troydreamcenter.com** or mail it to the address below:

**Troy Dream Center
366 S Lincoln Dr.
Troy, Mo 63379**

4. Once we receive a copy of the application, you will be contacted to let you know if you qualify for the program and when you may come in or if you have been placed on a waiting list. You may contact us weekly to see how long you have to wait for a space to open up.

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City		State:		Zip Code:					
Home Phone:		Work Phone:							
Cell Phone:		Fax:							
Age:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Height:		Weight:			
Religion:				Race/Ethnicity:					
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed								
Emergency Contact Person:					Relationship:				
Emergency Ph #:				Secondary #:					
Emergency Address:									
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who will take care of it while you are in the program?									
Are you currently receiving any type of income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:									
Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If dishonorable discharge please explain.									
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 and write? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Have you ever been in special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Religious Background									
Do you believe in God? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain									
Have you ever accepted Jesus Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain									

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

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 would require you 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?

- | | |
|--|---|
| <input type="checkbox"/> To help me deal with life. | <input type="checkbox"/> Some of my family use drugs. |
| <input type="checkbox"/> To escape reality. | <input type="checkbox"/> Just for fun. |
| <input type="checkbox"/> To fit in with my peers. | <input type="checkbox"/> I'm bored. |
| <input type="checkbox"/> My friends use drugs. | <input type="checkbox"/> Curiosity. |
| <input type="checkbox"/> To make physical pain go away. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> To make emotional pain go away. | |

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.

Drug <i>(if you did not use drug listed leave blank, if drug is not listed fill in)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate date?)</i>	Frequency <i>(How often did you use daily, weekly, monthly)</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Alcohol				
Barbiturates				
Benzodiazepines				
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants(Snuffing)				
LSD				
Marijuana				

MDMA (Ecstasy)				
Meth				
Mushrooms				
PCP				
Prescription Drugs				
Speed				
Tobacco				
Other:				

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 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? _____

Yes No

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.)

Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program? [] Yes [] No If no, please explain:

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:

Sexual History

Are you sexually active? [] Yes [] No

At what age did you become sexually active?

How many sexual partners have you had?

Have you ever had unprotected sex? [] Yes [] No

Have you ever contracted a sexually transmitted disease? [] Yes [] No If yes, please list disease, when and how it was 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, how many and what are their ages?

If male, are you the father of any children? [] Yes [] No [] Uncertain

If yes, how many children do you have 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: [] Heterosexual (straight) [] Bisexual [] Homosexual (Gay/Lesbian)
Goals
What goals do you have while in this program?
What do you want to happen in your life while you are in this program?

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 divorce
- [] 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 a sibling
- [] Other: _____

Problems related to the social environment:

- [] Death of a friend
- [] Loss of 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 change
- Discord with boss
- Discord with co-workers
- Other: _____

Housing Problems

- Homelessness
- Inadequate Housing
- Unsafe neighborhood

- Discord with neighbors
- Discord with landlord
- Other: _____

Economic Problems

- Extreme poverty
- Insufficient welfare support

- Other: _____

Problems with Healthcare Services

- Inadequate healthcare services
- Transportation to healthcare 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 a 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 abuses others

- Sexually abuses others
- Pornography
- Sexual addictions
- Other: _____

Spiritual history

- Ouija Boards
- Satanic Worship
- Witchcraft
- Levitation
- Palm Reading
- Fortune Telling
- Voodoo
- Astral Projection
- Séance
- Tarot Cards

- Horoscopes
- Yoga
- New Age
- Mormonism
- Scientology
- Buddhism
- Hinduism
- Transcendental Meditation
- Jehovah's Witness
- Other: _____

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

- Individual Counseling
- Family Counseling
- Informal probation
- Formal probation
- Called police
- Changed schools
- Changed jobs

- Attended parenting classes
- Boot camp
- Boarding school
- Hospitalization
- Psychiatric Evaluation
- Medications
- Other: _____

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

- Friend
- Family member
- Church leader

- Brochure / Flyer
- Other: _____

Disciple Release Statement

DISCIPLE RELEASE STATEMENT

I, _____, understand that my acceptance as a disciple in the TDC Discipleship S.U.C.C.E.S.S. Program ("Program") requires the following:

1. I am a volunteer participant and not an employee of the Troy Dream Center, TDC Discipleship or any of its affiliates. I further understand that under no circumstances can the Troy Dream Center, TDC Discipleship or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the TDC Discipleship program is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
3. I am aware of the hazards and risks to my person and property associated with being a part of this Program. Such hazards and risks include, but are not limited to, death, injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property. I further understand that the Troy Dream Center, TDC Discipleship or any of its affiliates may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my person or property that may occur during my participation in the Program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.
4. I release the Troy Dream Center, TDC Discipleship, and its affiliates, agents, officers, directors, employees and volunteer staff from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of my participation in the Program.
5. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Dated this _____ day of _____ 20_____.

Disciple's Signature

Witness's Signature

Disciple's Printed Name

Witness's Printed Name

Disciple Agreement

Troy Dream Center Discipleship DISCIPLE AGREEMENT

I, _____, understand that my acceptance as a disciple in the TDC Discipleship S.U.C.C.E.S.S. Program ("Program") requires the following:

- 1. HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE.** I have read and understood the any and all House Rules as provided to me, and understand that such House Rules may be amended upon the Program's discretion, with or without notice. Accordingly, I agree to abide by all Program's rules, including but not limited the House Rules as given to me.

In addition, I agree to abide by the moral standards as upheld in the Bible. I understand that all forms of sexual activity outside of marriage between a husband and wife are prohibited and will abide by such accordingly. Furthermore, I understand that the Program is drug and alcohol free, **but does not serve as a detoxification facility**. Accordingly, I agree to withdraw from any and all substance dependence voluntarily and without the use of medication.

- 2. MEDICAL RELEASE.** I hereby authorize the Program to make arrangements for any emergency medical assistance that may be required due to any illness or injury on my part.
- 3. TDC HIV POLICY.** TDC Discipleship, Inc. (TDC) does not discriminate against those who are HIV Positive in its intake procedures. Because a large number of IV drug users have been infected by the HIV Virus, at any given time there may be one or more students in the program that are HIV Positive. This program does not require students who are HIV Positive to notify other students in the program that are HIV Positive.

Staff Members are forbidden without written permission of the student to discuss the disposition of any student on his/her caseload; other than those individuals that are involved in the treatment process.

TDC is not a medical care facility and is unable to provide twenty-four hour on-site medical supervision. Therefore, all students entering the program must be in good health and able to participate in all activities in the program. If a student's health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or medical condition requires twenty-four hour medical supervision, that person should leave the TDC program.

HIV Positive students who have family members or friends who could have possibly contracted the virus from them shall notify them immediately.

Any HIV Positive student that intentionally puts another person at risk of being infected with HIV virus should be immediately dismissed from the program.

RELEASE OF CONFIDENTIAL CASE FILE AND COPYRIGHT TO PERSON AND STORY. I hereby release and grant the Program, its agents, affiliates or third party as designated by the Program all rights to use and publish for any lawful purpose whatsoever to promote the Program's purpose my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance. I understand that I may also be requested to speak at public gatherings, give testimony or participate in the Program's activities whereby I may be recorded in any form or manner. Accordingly, I hereby release and grant the Program to use such recordings of me whatsoever to promote the Program's purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the Program, its agents, affiliates or third party as designated by the Program any and all liability by virtue of misprint, error or distortion that may occur unless it can be shown that such error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form or many for any and all use of my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance.

4. RELIGIOUS REQUIREMENTS. I understand that the Program is a Christian based ministry program to assist people with life controlling problems. Through my participation in this program, I agree to submit to the Program's religious expectations and attend the Program's religious activities.

5. CONSENT TO DRUG TESTING AND CONTRABAND WEAPON SEARCHES. I understand that the Program is a drug and weapon free facility for the safety and well being of all its residents, employees, and volunteers. Accordingly, by my participation and consent below, **I hereby voluntarily consent to all drug tests on myself and all contraband and weapon searches of me and my living quarters upon request.**

I understand that the results of my drug tests, if any, will only be disclosed to the Troy Dream Center and all legal authorities the Troy Dream Center deems necessary. I understand that if I am tested positive for any banned drugs that are listed in the Troy Dream Center's Drug Testing and Contraband Search Procedure brochure, the Troy Dream Center may terminate my participation in the Program. Furthermore, the Troy Dream Center may terminate my participation if there are any drugs, contraband items or weapons found in my living quarters or on my person.

Dated this ___ day of _____ 20_____.

Disciple's Signature

Witness's Signature

Disciple's Printed Name

Witness's Printed Name