



Discipleship Application Troy Dream Center

TROY DREAM CENTER
366 S. Lincoln Drive
Troy, MO 63379
636-775-2655 (Office)

Updated: 06.25.19

Application Procedure

1. Call our office at 636-775-2655 and request an application.
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
Attn: **DC Intake**
366 S. Lincoln Drive
Troy, MO 63379
4. Once we receive a copy of the application, you will be contacted with a decision on your approval in our program, 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.
5. Bring the items listed on the last page, "What to Bring?"

FOLLOW UP LETTER (sample) TO LOVED ONE UPON APPROVAL:

Dear Concerned Individual, Friend, or Family Member;

Being a part from a loved one in this capacity is certainly not easy. But as pastors, having worked with many people who struggle with life-controlling issues, we have realized that, for a season, there are times when the one struggling needs to be completely removed from their surroundings in order to see that a "fresh start" is even possible in their life.

The Troy Dream Center is an intense residential discipleship program designed to help your loved one attain and maintain victory over their life-controlling issues. Your loved one will be offered a faith-based discipleship/recovery curriculum designed to help them realize that we can achieve spiritual success if we are properly disciplined. Our motto is the great commission – Matthew 28:19 ... "Therefore, go and make **disciples...**"

Our vision is to produce graduates who become a successful, productive, and functional part of society. Many of the people who come through this program really do change, but we can't force the change to happen, they have to want it.

The process is long, so please don't expect a person to change overnight, but expect change. This program also teaches people how to make right choices. It is usually because of wrong choices that people end up needing a facility like this.

So please be patient as we work through this process. Also, expect your loved one to say negative things about this program. Many will do this in hopes of getting you to change your mind and allow them to come back home early. Our sincere prayer is for you to trust us and know that we are doing all we can to help them overcome the issues that got them here. We want to return them back to you whole and healed.

We assure you our team of dedicated Discipleship Staff will be doing all they can with the help of our God to see your loved one experience a truly powerful time of transformation while here with us.

Thank you for your trust!

Sincerely,

Jesse A. Quiroz
Lead Pastor, Journey Church

Steve Miller
Pastor, Troy Dream Center

DC Application

Note: The use and disclosure of client information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996.

| Personal Information | | | |
|---|---|---|-----------|
| Last Name: | | First: | Middle: |
| Date of Birth: | | Spouse Name: | |
| Driver License or Identification #: | List: Type of ID, State, & Number | Last 4 digits of Social Security #: | |
| Address: | | | Unit #: |
| City: | | State: | Zip Code: |
| Country: | | Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Phone: | | Work Phone: | |
| Cell Phone: | | Shirt Size: M L XL 2X 3X | |
| Age: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Height: | Weight: |
| Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Italian <input type="checkbox"/> Two or more races <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: (Please specify): _____ | | | |
| Religion: | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Email Address: | | | |
| Have you been through our Dream Center Discipleship (DCD) before? <input type="checkbox"/> Yes <input type="checkbox"/> No Or any other DCD? If yes, month/year: _____ | | | |
| Do you know someone (current or past) in this program (DCD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name & Relationship: _____ | | | |
| Emergency Contact Person: <i>(Family Only)</i> | | Relationship: | |
| Emergency Ph #: | | Secondary #: | |
| Emergency Address: | | | |
| Heath Insurance: Provider Name: Policy Number: Group Name: Phone # | | Dental Insurance Provider Name: Policy Number: Group Name: Phone # | |
| 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? If yes, please explain: _____ | | | |
| Have you ever been in the military? If yes, which branch and what years? 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+

High School Diploma/GED Yes No If Yes, year received:

Can you read and write? Yes No Can you speak English? Yes No

Have you ever been in special education classes? Yes No

Religious Background

Do you believe in God? Yes No Uncertain

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

Do you have a religious background? None Christian (Non-denominational) Mormon
 Christian (Denominational) Catholic Jehovah's Witness Muslim
 Agnostic/Atheist Other (Please specify) _____

Legal History

Have you ever been convicted of a sex crime? Yes No

If yes, give details:

Are you a registered sex offender? Yes No

If yes, what county and state are you registered in?

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 during the program?

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

Please fill out information below concerning your drug use.

| Drug (if you did not use drug listed leave blank, if drug is not listed fill in) | First Time (How old were you or what month/year?) | Last Time (Approximate date?) | Frequency (How often did you use daily, weekly, monthly) | Amount Used (How much did you use per day/week/month?) |
|---|--|----------------------------------|---|---|
| Alcohol | | | | |
| Barbiturates | | | | |
| Benzodiazepines | | | | |
| Cocaine/Crack | | | | |
| Glue/Paint | | | | |
| Heroin | | | | |
| Inhalants (Snuffing) | | | | |
| LSD | | | | |
| Marijuana | | | | |
| MDMA (Ecstasy) | | | | |
| Meth/Speed | | | | |
| Mushrooms | | | | |
| PCP | | | | |
| Prescription Drugs | | | | |
| 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 / ADHD?

Diagnosed with Bi-Polar?

Diagnosed with AIDS?

Diagnosed with Body Lice?

Diagnosed with Cancer?

Diagnosed with Diabetes?

Diagnosed with Heart Attack/Stroke?

Diagnosed with Heart Disease?

Diagnosed with Hepatitis A?

Diagnosed with Hepatitis B?

Diagnosed with Hepatitis C?

Diagnosed with Herpes?

Diagnosed with High Blood Pressure?

Diagnosed with HIV?

Diagnosed with Seizures?

Diagnosed with Stomach Disease?

Diagnosed with Tuberculosis?

Diagnosed with any Mental Disorder?

Diagnosed with any STD?

Diagnosed with any other illnesses?

Details here

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

Yes No When? _____

| |
|--|
| <p>Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |
| <p>Are you presently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below and give reason for taking it.</p> |
| <p>Have you ever been admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below.</p> |
| <p>Are you physically able to perform all assignments (you must be able to list 25 lbs., be able to stand for long periods of time as well as climb up flights of stairs) as part of this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:</p> |
| <p>Have you ever been diagnosed with any mental condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |
| <p>Have you ever received any type of counseling/therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |
| <p>Have you ever been under psychiatric care or been admitted to a mental health institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p> |

| | | |
|---|--|--|
| <h2>Sexual History</h2> | | |
| <p>Are you sexually active? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>At what age did you become sexually active?</p> | | |
| <p>How many sexual partners have you had?</p> | | |
| <p>Have you ever had unprotected sex? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>Have you ever contracted a sexually transmitted disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list disease, when and how it was treated:</p> | | |
| <p>Have you ever been the victim of sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>Is your wife/fiancée/girlfriend currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> | | |
| <p>Have you fathered children in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> | | |
| <p>If yes, what was the result of the pregnancy? <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Birth</p> | | |

Do you have any children? Yes No
If yes, 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:

Heterosexual (straight) Bisexual Homosexual (Gay/Lesbian)

Goals

What goals do you hope to accomplish while you are in the program? **(Required answer, be specific)**

What do you want to happen in your life while you are in this program? **(Required answer, be specific)**

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

1. 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: _____

2. 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: _____

3. Education problems

- Illiteracy
- Academic Problems
- Discord with teachers
- Discord with classmates

- Inadequate school environment
- Late for class
- Other: _____

4. 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: _____

5. Housing problems

- Homelessness
- Inadequate housing
- Unsafe neighborhood

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

6. Economic problems

- Extreme poverty
- Insufficient welfare support

- Other: _____

7. Problems with access to healthcare services

- Inadequate health care service
- Transportation to health care unavailable

- Inadequate health insurance
- Other: _____

8. Problems related to interaction with the legal system/crime

- Arrest
- Incarceration
- Litigation
- Victim of crime
- Stealing
- Vandalism
- Arson
- Probation
- Other:

9. 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
- Eating disorders
- Cutting / Self-Mutilation
- Low self-esteem
- Lack of motivation
- Lying
- Problems with authority
- Manipulative behavior
- Unavailability of social service agencies
- Other: _____

10. Other Abuse Problems

- Alcohol Abuse
- Drug Abuse
- Verbal Abuse towards others
- Physically abuses others
- Sexually abuses others
- Pornography
- Sexual additions
- Other: _____

11. Spiritual History

- Ouija Boards
- Satanic Worship
- Witchcraft
- Levitation
- Palm Reading
- Fortune Telling
- Voodoo
- Astroprojection
- Séances
- Tarot Cards
- Horoscopes
- Yoga
- New Age
- Mormonism
- Scientology
- Buddhism
- Hinduism
- Transcendental Meditation
- Jehovah's Witness
- Other: _____

12. 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
- Attended Parenting Classes
- Boot Camp
- Boarding School
- Hospitalization / Treatment program
- Psychiatric Evaluation
- Medications
- Other: _____

Miscellaneous Questions:

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Court |
| <input type="checkbox"/> Church | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> DC Program Graduate | <input type="checkbox"/> Other: _____ |

Referring Church or community organization: _____

14. Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> White | |

15. Last 6 month's work status?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Worked Part-Time | <input type="checkbox"/> Never worked |
| <input type="checkbox"/> Worked Full-Time | <input type="checkbox"/> Retired |

16. What is your current source of income?

- | | |
|--|--|
| <input type="checkbox"/> Job | <input type="checkbox"/> Pension Payments |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Disability | <input type="checkbox"/> No Income |
| <input type="checkbox"/> Other (Please specify): _____ | |

17. Please indicate your annual income level in the 6 months prior to entering the Dream Center?

- | | |
|--|--|
| <input type="checkbox"/> No Income | <input type="checkbox"/> \$40,000 - \$49,999 |
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 - \$59,999 |
| <input type="checkbox"/> \$10,000 - \$19,000 | <input type="checkbox"/> \$60,000 - \$69,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$70,000 or greater |
| <input type="checkbox"/> \$30,000 - \$39,999 | |

18. Most recent occupation:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> General Laborer | <input type="checkbox"/> Sales/Retail |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Other (Please specify): _____ | |

19. Citizenship

- | | |
|---|---|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> Lawful Alien/Refugee |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> None of the above |

20. Transportation:

- None
- Relies on others
- Other (Please specify): _____
- Own
- Public

21. Housing Situation: (Prior to the Dream Center)

- Lives independently
- Lives with Family
- Homeless (streets)
- Homeless (shelter)
- Other (Please specify): _____
- Group Home
- Halfway House
- Support House

22. If you are homeless, how long have you been homeless?

- Less than 6 months
- 6 months
- 12 months
- 18 months
- 2 years
- Not applicable
- 3 years
- 4 years
- 5 years
- 5+ years

23. How frequently have you been homeless in the last 5 years?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times
- Not applicable

24. Status with the Law

- None
- On Parole
- On Probation
- Ex-Offender

25. Primary Language

- English
- Spanish
- French
- Other (Please specify): _____

26. Do you attend services at Journey Church (prior to the Dream Center)?

- Yes
- No



DISCIPLE RELEASE STATEMENT

I, _____, understand that my acceptance as a disciple in the Dream Center “DC” requires the following:

1. I am a volunteer participant and not an employee of the Dream Center or any of its affiliates, I further understand that under no circumstance can the Dream Center or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the DC 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 risk, and any damage to my personal property. I further understand that the Dream Center 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 Dream Center 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 provision of this commitment arising from the 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 IT 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 Signature

Witness Signature

Disciple Printed Name

Witness Printed Name



Dream Center Discipleship DISCIPLE AGREEMENT

I, _____, understand that my acceptance as a disciple in the Dream Center "DC" 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 to 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 illness or injury on my part.
3. **DC HIV POLICY.** The DC 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 HIV Virus, at any given time there may be one or more students in the program that are HIV Positive. This program doesn't require students who are HIV Positive to notify other students in the program that they are HIV+. 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 involved in the treatment process.

DCD is not a medical care facility and is unable to provide 24-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 24-hour medical supervision, that person should leave the DCD program.

HIV Positive students with 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.

4. **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 on 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 rights 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 error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form or money 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.

5. **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.
6. **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 Dream Center and all legal authorities the Dream Center deems necessary. I understand that if I am tested positive for any banned drugs, the Dream Center may terminate my participation in the Program. Furthermore, the 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 Signature

Witness Signature

Disciple Printed Name

Witness Printed Name



WHAT TO BRING

Please bring only what is listed below, fitting into one suitcase (dimensions no bigger than 13.5”L x 7”W x 12”H). Space is very limited in rooms.

GENERAL:

- Bible
- 5 – pair of work jeans (no holes), two (2) nicer church jeans
- 5 – T-shirts (nothing secular i.e. offensive, drug/alcohol related)
- 1 – warm outer garment (jacket, hoodie, or coat)
- 1 – scarf and pair of gloves for colder weather
- 1 – cap, stocking hat or beanie
- 3 – pair shoes (dress, work and shower flip-flops)
- 1 – pair of athletic shorts
- 5-7 – pairs of underwear
- 5-7 – pairs of socks
- ALL HYGIENE/MAKE-UP MUST BE *NEW/UNOPENED*
- 3 – month supply of APPROVED medication in unopened original container, if applicable.
- Copy of your marriage certificate as proof of currently being married

OPTIONAL

- 2 – pair black jeans or slacks
- 3 – long sleeve shirts (MUST be solid color white, black, or gray)

DO NOT bring the following:

- Cell phones (If you are bringing a phone/I-Pod/etc. for travel purposes, please bring a PREPAID shipping box to mail your electronics back home. Drop it in a mailbox BEFORE entering our campus. We are not responsible for shipping off your items.)
- CD players/I-Pod/MP3/Guitars
- Secular music/books
- Bedding/towels/washcloths – includes pillows (These are all provided by DC.)
- Mouthwash that contains alcohol
- Cologne or perfume
- Hand sanitizer
- NO boyfriend/girlfriend/fiancé contact
- *Anything* of value – sentimental or monetary. LEAVE AT HOME, AS DCD IS NOT RESPONSIBLE FOR ANY LOT OR STOLEN ITEMS.
- **NO SMOKING**- PLEASE BRING MINTS ONLY, NO GUM OR CANDY (this includes vaping and chew)



AN OVERVIEW OF DREAM CENTER DISCIPLESHIP

The Troy Dream Center Discipleship Program is a **five-month** residential, community living program. We are also 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 59. 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 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 Orientation (the first 4 weeks), 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 in subjects such as Celebrate Recovery, an Overview of the Bible, Stress/Time Management and 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: Four weeks. During this phase, 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 Saturday/Sunday afternoons only.

Level Two Privileges: Four weeks. Two phone calls per week, extended on-campus visits (one per week) on Saturday/Sunday afternoon.

Level Three (Discovery) Privileges: Six weeks. During this time, disciples will work outside the Dream Center during the day with a local DC partner business. Saturday and weekend passes can be earned.

House Rules

As for me and my house ... we will serve the Lord!

Dream Center Discipleship is a program that is based on choices. The choices that we make determine not only where we are headed but also where we have been. Poor choices are sometimes the result of not following boundaries that have been established in our society.

The rules for DCD have been established to help you reestablish and maintain boundaries in your life. These rules have been carefully and prayerfully thought out and have been put in place to help you in your journey towards a successful life.

1. ADMISSION

- Admission into the Dream Center Discipleship (DCD) program is a privilege and not a right.
- Upon admission, the disciple must submit all possessions and person to inspection.
- Any prohibited pornographic items according to Rule #27 will be confiscated and disposed of.
- An inspection may be conducted at any time that there is reasonable cause to suspect that contraband, drugs and/or drug paraphernalia may be present either on the person or in the room.
- A Discipleship Staff Member (DSM) will supervise all disciples during their stay at the DC. All requests and problems will be channeled through the DSM on duty. All requests must be written, signed, dated and placed in the staff mailbox for processing.

2. SPIRITUAL LIFE

- DCD is a Faith-Based Discipleship Program. As such there is a spiritual component required.
- This includes but not limited to; Chapel services, bible studies, prayer services and public services that are essential to the program.
- All students are required to attend such services or classes. **NO EXCEPTIONS!**
- There will be no talking, reading or writing letters, completing discipline assignments, using the restroom or getting a drink during study time, devotions, prayer time, Psalms & Proverbs or while at Church services. Restrooms may be used before services with the permission of your DSM.
- When at church you are to sit in the designated area assigned to you. You are not to sit in any other location without prior permission from staff.

3. PRIVACY

- Since DCD is a residential live-in program with multiple disciples in the program there should be no expectation of privacy.
- Rooms have at least two persons per room, and all disciples will share a community bathroom.
- DCD reserves the right to perform room searches when deemed necessary by the Program Director.
- DCD also reserves the right to use closed circuit TV in hallways and entrances for security purposes.

4. GROWTH

- During the disciple's stay at DCD, the disciple will be required to show progressive growth.
- GROWTH constitutes participation in work assignments, classes, Bible studies, prayer, bible reading, room cleanliness, personal hygiene, chapel services, morning devotions, church services and any other activity required by DCD. Attitude counts, so have a good one.
- Growth is also measured in terms of the development of character, integrity and relationships with other brothers and sisters in Christ.
- Failure to produce such growth constitutes grounds for immediate dismissal at the pastor's discretion.

5. FAMILY VISITS

- Family visits are allowed in accordance with the levels program privileges and restrictions guidelines.
- Hours of visitation start after Adopt-A-Block until 5 pm Saturday and after church until 5 pm Sunday.
- No girlfriends, boyfriends or fiancés are permitted to visit campus unless there are children involved.
- Family visits are not allowed if you are on discipline or not current in your studies.
- All family visits must be pre-approved prior to taking place. NO EXCEPTIONS.

6. DRUGS

- You are not allowed to have any of the following items in your possession or in your room; alcohol, tobacco in any form, any illegal substance and/or paraphernalia as well as unapproved prescription medication or medication that is not prescribed to you.
- This also includes contact or association with individuals under the influence of, or in possession of, the previous mentioned drugs.
- While in the program you will be required to submit to random drug tests and room searches.
- A positive drug test will be grounds for immediate discharge from DCD. Zero tolerance.

7. VIOLENCE

- Violence, abuse or threats of violence or abuse are not allowed at any time.
- This includes swearing, threats, name-calling or threatening tone or level of voice towards staff or other disciples. Such behavior constitutes grounds for dismissal.
- Horseplay is not allowed as this can lead to aggressive behavior. This includes sarcasm, teasing and name calling of any kind; correction is entirely up to the judgement of DCD staff.

8. WEAPONS

- No weapons of any kind will be allowed during the duration of the program.
- This includes firearms, knives, razor blades, scissors or any other object that may be used as a weapon.

9. RELATIONSHIPS

- There is to be no fraternization between two individuals for the purpose of establishing a romantic relationship. This includes flirting, dating, inappropriate conversations with members of the opposite or same sex, or sex in any form.
- This includes people in DCD, the Dream Center or Journey Church.
- Disciples must limit their conversations to greetings only and not engage in any other conversations with members of the opposite sex. If someone approaches you and initiates a greeting, a polite, brief hello may be returned.
- This includes other disciples and DSMs as well as any other person that is not in DCD. Note passing and any other form of communication will not be tolerated under any circumstances.
- DCD is not a dating service but a discipleship program.
- Homosexuality in any form or fashion, however limited, will not be allowed.

10. ILLEGAL ACTIVITY

- Illegal activity will not be tolerated. This includes any activity or behavior not covered above that would be considered illegal in our society.

11. MAIL

- Letter writing is permitted and encouraged after Orientation Level has been completed at Dream Center Discipleship (DCD).
- Letters are to be written during free time ONLY so as not to interfere with study or work time.
- DCD does reserve the right to inspect and censor **all** incoming and outgoing mail/packages as they are being opened by the addressee for security purposes.
- DCD may, at staff discretion, restrict a disciple from communicating by mail with specified individuals at the request of staff, family members or close friends.
- Disciples are encouraged to write their spouse, children, parents or other persons designated as “family” on a regular basis.
- Each disciple will be allowed to send **two** letters per week within the United States, free of charge. Any additional mail will be at the disciple’s expense.
- Your DSM will hand out mail. Therefore, do NOT ask for mail as it will be handed out at the designated time and locations.
- All incoming mail needs to be addressed as follows; (Disciple’s Name)
C/O Troy Dream Center
366 S. Lincoln Drive
Troy, MO 63379

12. TELEPHONE CALLS

- Upon entering the program the disciple is allowed one five-minute phone call within the first 72 hours. After that call, blackout rules are in effect until the disciple is promoted to Level One.
- All telephone calls are limited to ten (10) minutes.
- Telephone calls will be allowed as follows: Level One – 1 per week, Level Two – 2 per week.
- Disciples are not allowed to answer incoming calls, but messages will be taken and the disciple may return the call during their next scheduled time unless it is an emergency.
- An emergency is defined as a death, a life-threatening circumstance or serious illness in the family, and will be determined by staff.
- You must sign up with your DSM by Wednesday noon to schedule a call time. This is a first-come basis. Fill out a Communications Request form and turn it in to DC staff on duty.

| | Saturday | Sunday |
|------------------|-----------------|---------------|
| Beginning | 1 pm | 1 pm |
| Ending | 5 pm | 5 pm |

13. MEDICAL CARE

- Only emergency medical and dental work is allowed while disciples are in DCD.
- Each disciple is responsible for their own transportation and any medical bills that they incur. Therefore, DCD cannot be held responsible for these bills.
- It is the responsibility of the disciple to inform the staff of any chronic medical problems upon entry into DCD.
- If it becomes necessary for the disciple to make a medical visit, they must go directly there and back. Any unauthorized visits or stops to or from the facility are grounds for discipline or dismissal.
- DCD is not equipped to provide any ongoing medical or dental needs; therefore, a disciple will be required to leave to attend to such matters.
- Prescription medications are the sole responsibility of the disciple. No medications that are narcotic or psychotropic in nature will be allowed on the property.

14. VEHICLES

- No personal vehicles are allowed for people who are in the discipleship program.

15. FOOD

- Food is allowed to be eaten only in the designated areas – kitchen area and dining room only.
- No food or drink is allowed in the individual bedroom quarters, only bottled water.
- All food is the property of the Dream Center. Any unauthorized consumption is considered stealing.

16. PERSONAL FINANCES

- Orientation Level disciples are not allowed to have money. Only during Discovery can disciples carry any money on their person.
- DCD is not responsible for lost or stolen valuables.
- Panhandling or borrowing money from anyone is not allowed.
- Discussion of one's personal financial ability or lack thereof will not be tolerated.

17. DRESS CODE

- Disciples are only allowed to have one week's worth of clothing due to limited space.
- DCD T-shirts will be provided for each disciple and must be worn at all times for Orientation Level.
- Level One must wear their DC shirts from wake-up until 9pm, Mon – Fri, and from wake-up until after lunch on Saturday/Sunday. Level Two are allowed to wear personal clothing after dinner each night.
- Polo and/or T-shirts must be worn at all public DCD outings unless specified otherwise.
- Dirty shirts cannot be worn. If you need additional shirts or assistance laundering, contact your DSM.
- Sagging of oversized pants will not be allowed; wear a belt and maintain all pants at the waist.
- Clothing must be modest, not revealing, not low-cut and not tight fitting.
- Hats and sunglasses are not allowed to be worn indoors at any time.
- All disciples are required to wear their name badges at all times through Level Two.
- Due to DC tours, you must be fully dressed at all times when not in your room.
- Dress must be modest. Use the following guidelines for appropriate attire.

- **Church Services**

Collared shirts and slacks or nice jeans must be worn (no holes or frayed bottoms). Shoes may be dress or clean athletic shoes. Disciples **must** wear Polo shirts. No hats, head coverings or baggy clothing. Hats/Sunglasses may **not** be worn at any time.

- **Work Duty**

Proper work clothes, suitable for protection in the work environment, should be worn at all times. No Polos. DCD T-shirts must be worn at all times. Shorts must be knee length and can only be worn with prior permission.

- **General**

Pajamas are not to be worn outside the living area at any time. Clothing with tobacco or alcohol ads or that endorses drug use, illicit sex or secular music will not be allowed. No cross dressing will be allowed.

- Piercings other than earrings may not be worn. No new piercings will be allowed while in the program.
- Tattoos that are offensive or vulgar in nature must be covered up. No new tattoos will be allowed while in the program.

18. LAUNDRY

- Laundry will be done on a weekly basis; disciples are responsible to do their own wash.
- Designated times that they will be able to do their laundry will be based on your level. See the Level Schedule or talk to your DSM to determine your laundry date/time.

19. ROOMS

- Rooms must be kept neat and organized at all times. No exceptions.
- Furniture is not to be moved from room to room without prior permission from staff.
- No candles or incense burning is allowed in the rooms.
- Personal possessions must fit in the allotted storage space.
- Nothing is allowed on the desk other than a clock, a family photograph and whatever you are working on at that particular moment.
- Coffee pots, hot plates, toaster ovens, microwaves, etc. are not allowed in the individual rooms.
- Any books must fit in the drawers or in a bookshelf, if available.
- Only luggage, shoes, DC assigned tote and laundry bags are allowed under your bed.
- You are not allowed in another person's room without specific permission from the DSM. If you desire fellowship with another disciple, you may use the picnic table area, the common room or any other designated room for that purpose.
- Quiet time begins at 9:00 pm and ends at breakfast the next morning.

20. HYGIENE

- All disciples must maintain personal hygiene habits on a daily basis. This includes but not limited to taking a shower, brushing your teeth, shaving (beards must be kept neat and trimmed at all times) and wearing deodorant.
- If you need supplies for any of these, please let your DSM know.
- DCD will provide generic hygiene supplies. If you have any special requirements or brand preferences, it is up to the disciple to provide these items at their own expense.

21. ACCOUNTABILITY

- This is a discipleship program. The root word of discipleship is discipline. It is for this reason you must inform your DSM of your whereabouts at all times. Remember the Accountability of Two Rule.
- You cannot leave property at any time without the permission of your DSM.

22. WORK THERAPY

- You are expected to do your assigned work therapy at the designated time.
- Any questions regarding work therapy should be directed towards your DSM.
- If you are ill (fever, vomiting or other acute illnesses), you will remain on bed rest all day.
- Not feeling like going to work or being too tired is not an acceptable excuse for not working.
- Disciples should be dressed in appropriate work attire prior to leaving their room for Prayer Walk.
- There are to be no work or water breaks until the DSM calls for a break. Keep working until told otherwise.
- When work therapy is over, clean and return all tools to the designated storage area.
- No disciple is to be in their room during work therapy time without the permission of their DSM.

23. STUDY TIME

- You are expected to be studying during designated study times, not sleeping in your room.
- There will be a scheduled 10-minute break for every hour of study.

24. CLASSES

- Disciples must be on time for all classes. Tardiness will not be tolerated.
- In the case of a missed class, you may be required to make up the missed class within three days.

25. LANGUAGE

- In order to strengthen and encourage one another, all street talk, cursing, backbiting, gossiping, jail talk and sharing of past experiences among the disciples that is not positive in nature is to be stopped upon admission into the program. Zero tolerance.
- It is also unacceptable to speak in a derogatory manner in any way towards other disciples, staff or any other person.

26. PERSONAL POSSESSIONS

- Each disciple is allowed to bring some of his or her own personal possessions. Certain items are not allowed at the facility.
- Prohibited items include: Cell phones, TVs, DVD players, PDAs, I-Pods, laptops, radios, comic books, secular reading materials, video game systems or any other item that would be a distraction while in the program. Any allowed items of this nature must be approved by the Program Director.
- Any prohibited items will be confiscated and disposed of.
- All appliances and lights must be turned off when not in use.
- Personal musical will only be allowed but only if it is Christian music. No secular or mainstream artists are allowed during the program.
- Disciples are not allowed to use another disciple's personal items at any time.
- Disciples are not allowed to lend or borrow money from each other, staff or other Dream Center Residents or staff.
- Disciples are not allowed to exchange or sell personal items, belongings or services to each other.

27. PORNOGRAPHY

- Possession/viewing pornographic material in any form is not allowed. This is grounds for dismissal.

28. GENERAL ETIQUETTE RULE

- All disciples will observe and maintain the utmost courtesy and manners demonstrating Christ-like character and attitude towards others.
- We follow the Golden Rule; "Do unto others as you would have them do unto you."
- We strive to be and grow gentlemen. Courtesy, manners and kindness are required.

29. PROBATION AND PAROLE

- All disciples will be expected to cooperate with all law-enforcement agencies.
- Any disciple who has a court appearance, probation or parole meeting, or legal appointment must set up a meeting with the pastor in advance to arrange transportation and verify other details.
- You will be required to provide proof that you are to appear and shall provide your own transportation or the money for the trip to and from the destination.
- No side trips are allowed, you must go to your appointment and straight back.

30. COMMUNITY SERVICE TICKETS

- Community Service Tickets are the mode of discipline we use here at the Dream Center.
- There is a list of the infractions in the DCD Handbook.
- A community service ticket is issued upon observance of a violation of the posted rules.
- When presented with a ticket, you must sign the ticket to acknowledge receipt of the ticket.
- If you feel you received the ticket unjustly, you may file a grievance form with the Program Director. Failure to sign a ticket will result in more discipline, up to and including dismissal.
- The disciple is required to complete the hours required for the violation during the designated times.
- All privileges are suspended while a disciple has community service hours pending.

31. DISMISSAL

- If an individual leaves or is dismissed from the program, it is mandatory that they take all of their clothing and personal possessions with them.
- DCD shall not be responsible for any clothing or personal possessions left behind by the disciple.
- You must turn in any DCD issued clothing and curriculum upon departure.
- If dismissed from the program, you may not return for a minimum of 60 days. You also will not be allowed to participate in any other Dream Center Ministries for a minimum of three (3) months. You will be allowed to attend services at Journey Church.
- If dismissed, you are not allowed contact with anyone in the program without approval from the DSM.

32. GRIEVANCES

- Disciples have the right to file a complaint with the DSM.
- The grievance must be in writing and may be given to any DSM.
- During the grievance process your privileges will be suspended but the hours will be on hold while the grievance is being investigated by the DC Pastor.
- If the discipline is found to be appropriate, then the hours will stand and you will be required to submit a 1,000-word essay on a subject to be determined by the Director.
- Disciples may request to have direct access to the Lead Pastor at some point in the grievance process. If deemed necessary by the staff or director, a meeting will be arranged within three days.
- Grievances will be resolved in a timely fashion, usually within seven days.

33. SCHEDULES

- You are responsible to know and comply with your posted daily schedule.
- You are required to attend all functions of DCD and all main services at Journey Church and be a minimum of five minutes early.
- Any changes to the schedule will be communicated after the morning devotions or through your DSM.

34. CHANGES

- From time to time, it may become necessary to make adjustments to these rules, with or without notice and at the discretion of the Program Director and/or the DC DSMs.