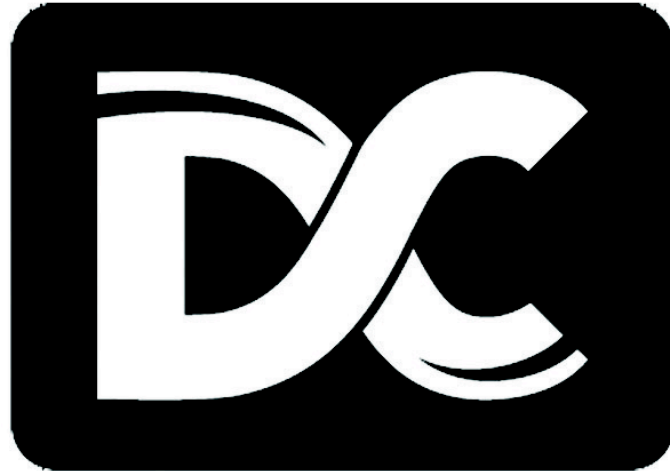


DREAMCENTER



DISCIPLESHIP

Client Intake Forms

2301 Bellevue Ave.
Los Angeles, CA 90026
213-273-7171 (Office)
213-273-7227 (Fax)
Revised: August 2012

Dear Concerned Individual, Friend or Family Member;

I've never liked the idea of having to send people away to some strange place to fix them, but having worked with people who are struggling with life-controlling issues for years, I realize that, for a season, sometimes people need to be removed from their surroundings in order to get a "fresh start" and begin to heal the hurts in their life.

I can't even begin to imagine how difficult a decision this is for you. I encourage you to investigate all of the options that are available to you and prayerfully seek God concerning this decision. Also, hopefully, by this point, you've had a chance to talk to one of our Intake Counselors and obtain some basic information about the program.

DC Discipleship is an intense one-year program designed to help individuals between the ages of 18 and 59 who are struggling with alcohol, drug abuse or any other life-controlling problems. We offer a faith-based discipleship/recovery curriculum designed to help our students 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 do expect change. This program also teaches people how to make right choices. It is usually because of wrong choices that people end up in 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. Please, just trust us and know that we are doing all we can to help them to heal and deal with the issues that got them to this point in their life. We want to return your friend or loved one to you as a whole, healed person.

Please realize that we have a limited number of spaces available, so please be patient but persistent. The following page outlines the application process.

Although I hope you won't need our services, I do look forward to working with you in the eventuality that you, your friend or family member needs a change of environment in order to find his or her identity and purpose in life. In the spirit of The Dream Center, we are here to help you and your family dream again.

Sincerely,

Michael Conner
Executive Director
DC Discipleship

Application Procedure

- 1) Call our office at 213-273-7171 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 fax the completed application to 213-273-7227 or mail it to the address below;
DCD
Attn: Intake Office
2301 Bellevue Ave
Los Angeles, CA 90026
- 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.
- 5) When you are contacted by our Intake Office please be prepared to give us a date as to when you expect to be here.
- 6) Bring the items listed on the last page, "What to Bring?"

Client Intake Form

Personal Information			
Last Name:		First Name:	
Date of Birth:		Spouse Name:	
ID Number: <small>List: Type of ID, State & Number</small>		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 Spouse Name (If applicable):			
Family Status: <input type="checkbox"/> Has minor Children <input type="checkbox"/> Has Adult Children <input type="checkbox"/> No Children			
Email Address:			
Have you been in DCD before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year:			
Emergency Contact Person:		Relationship:	
		<small>FAMILY ONLY</small>	
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
Do you have a religious background? <input type="checkbox"/> None <input type="checkbox"/> Christian (Non-denominational) <input type="checkbox"/> Christian (Denominational) <input type="checkbox"/> Catholic <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Mormon <input type="checkbox"/> Muslim <input type="checkbox"/> Agnostic/Atheist <input type="checkbox"/> Other (Please specify)
Legal History
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____ If yes, give details:
Have you ever done jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for and how long?
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give probation or parole officer's contact information below:
Are you court ordered here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give contact information regarding your court case:
Do you have any legal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? What are the charges?
Do you think you may have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with ADHD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with any Mental Disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Hepatitis A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Hepatitis B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Hepatitis C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with HIV Positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with AIDS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Herpes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with any STD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Body Lice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with High Blood Pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with Heart Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? _____
Diagnosed with any other illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

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 you are in the 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)

1. Problems with primary support group

- | | |
|---|--|
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Health problems in family | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Disruption of family by separation | <input type="checkbox"/> Parental overprotection |
| <input type="checkbox"/> Disruption of family by divorce | <input type="checkbox"/> Neglect of child |
| <input type="checkbox"/> Disruption of family by estrangement | <input type="checkbox"/> Inadequate discipline |
| <input type="checkbox"/> Removal from home | <input type="checkbox"/> Discord with siblings |
| <input type="checkbox"/> Remarriage of parent | <input type="checkbox"/> Birth of a sibling |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Other; _____ |

2. Problems related to the social environment

- | | |
|--|--|
| <input type="checkbox"/> Death of a friend | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Loss of a friend | <input type="checkbox"/> Adjustment to life-cycle transition
(not adjusting to changes in life) |
| <input type="checkbox"/> Inadequate social support | <input type="checkbox"/> Other; _____ |
| <input type="checkbox"/> Living alone | |
| <input type="checkbox"/> Difficulty with acculturation (being
accepted by your own culture) | |

3. Educational problems

- | | |
|--|--|
| <input type="checkbox"/> Illiteracy | <input type="checkbox"/> Inadequate school environment |
| <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Late for class |
| <input type="checkbox"/> Discord with teachers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discord with classmates | |

4. Occupational problems

- | | |
|--|--|
| <input type="checkbox"/> Threat of job loss | <input type="checkbox"/> Job change |
| <input type="checkbox"/> Stressful work schedule | <input type="checkbox"/> Discord with boss |
| <input type="checkbox"/> Late for work | <input type="checkbox"/> Discord with co-workers |
| <input type="checkbox"/> Difficult work conditions | <input type="checkbox"/> Other; _____ |
| <input type="checkbox"/> Job dissatisfaction | |

5. Housing problems

- | | |
|--|---|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Discord with neighbors |
| <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Discord with landlord |
| <input type="checkbox"/> Unsafe neighborhood | <input type="checkbox"/> Other; _____ |

6. Economic problems

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Extreme poverty | <input type="checkbox"/> Other; _____ |
| <input type="checkbox"/> Insufficient welfare support | |

7. Problems with access to healthcare services

- | | |
|---|--|
| <input type="checkbox"/> Inadequate health care services | <input type="checkbox"/> Inadequate health insurance |
| <input type="checkbox"/> Transportation to health care
unavailable | <input type="checkbox"/> 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 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: _____

10. Other Abuse Problems

- Alcohol Abuse
- Drug Abuse
- Verbal Abuse toward others
- Physically abuses others
- Sexually abuses others
- Pornography
- Sexual addictions
- 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 of 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
- Psychiatric Evaluation
- Medications
- Other: _____

Miscellaneous Questions:

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

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Brochure / Flyer |
| <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 - \$19,999 | <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 - \$39,000 | |

18. Most recent Occupation:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Fitness 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:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Own |
| <input type="checkbox"/> Relies on others | <input type="checkbox"/> Public |
| <input type="checkbox"/> Other (Please specify): _____ | |

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

- | | |
|--|--|
| <input type="checkbox"/> Lives independently | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Lives with Family | <input type="checkbox"/> Halfway House |
| <input type="checkbox"/> Homeless-streets | <input type="checkbox"/> Support House |
| <input type="checkbox"/> Homeless Shelter | |
| <input type="checkbox"/> Other (Please specify): _____ | |

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

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 4 years |
| <input type="checkbox"/> 12 months | <input type="checkbox"/> 5 years |
| <input type="checkbox"/> 18 months | <input type="checkbox"/> 5+ years |
| <input type="checkbox"/> 2 years | |
| <input type="checkbox"/> Not applicable | |

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

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 5 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> 3 times | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 4 times | |

24. Status with the Law:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> On Probation |
| <input type="checkbox"/> On Parole | <input type="checkbox"/> Ex-Offender |

25. Primary Language

- | | |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (Please specify): _____ |

26. Do you attend services at Angelus Temple (prior to the Dream Center)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

DISCIPLE RELEASE STATEMENT

I, _____, understand that my acceptance as a disciple in the DC 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 Dream Center, DC Discipleship or any of its affiliates. I further understand that under no circumstances can the Dream Center, DC Discipleship or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the DC 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 Dream Center, DC 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 Dream Center, DC 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

Dream Center Discipleship DISCIPLE AGREEMENT

I, _____, understand that my acceptance as a disciple in the DC 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. DCD HIV POLICY.** DC Discipleship, Inc. (DCD) 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.

DCD 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 DCD 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.

- 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 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.

- 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 that are listed in the Dream Center's Drug Testing and Contraband Search Procedure brochure, 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's Signature

Witness's Signature

Disciple's Printed Name

Witness's Printed Name

What to Bring?

The following items are helpful but not required. If you do not have any of the items listed below, we will be able to provide you with the basic items needed. Please do not bring more than 2 weeks worth of clothes, as there is not enough space to accommodate you.

Everyone

Casual Clothes	Work Clothes	Toothbrush	Toothpaste
Tennis Shoes	Dress Shoes	Razors	Shaving Cream
Jacket	Sweater	Soap	Deodorant
Bible	Lined Paper	Towel	Washcloth
Three-Ring Binder	Pens & Pencils	Underwear	Socks
Shampoo	Conditioner	Shorts	Phone Card

Men

Dress Shirts
Dress Slacks
Dress Socks
Cologne

Women

Dresses
Pant Suits
Panty Hose
Perfume