Troy Dream Center Application

AN OVERVIEW OF THE TROY DREAM CENTER DISCIPLESHIP PROGRAM

The Troy Dream Center (TDC) Discipleship Program is a **one year long** residential, communal-living program. We are a drug-free facility that requires no entry fee to our disciples. As a Christ-centered ministry, we focus on teaching our disciples how to build a relationship with God and give them tools to help them sustain their sobriety. The disciple must be between the ages of 18 and 55. We are not a rehab or shelter, but a residential recovery program geared for men and women 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 disciples are not allowed to have contact with anyone outside the program during the "reset" period.
- We have a **NO smoking** policy – on or off campus – for the duration of the program.
- Completion of our curriculum is mandatory for graduation eligibility.
- Due to community service work, our disciples 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 without pain.
- Our program provides all participants with housing, three meals per day, transportation, curriculum, and all necessity items (toiletries). Clothing and shoes are also provided if necessary.
- As we are in compliance with probation and 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.

Intake - *House Rules apply to all levels*

We will have 2 intakes in the first month to ensure we get to the desired amount of disciples for the current session. The number of disciples we intake is determined by how many open beds we have in our homes. Our goal is to be 80% full most of the time, which means we need 11-12 disciples in our program at a time. This doesn't mean we will ever be at max capacity, however 80% is a good average to be at to make sure everyone is *seen and cared for*.

Level 1 (weeks 1-17)

The first week the new disciple will have ***no privileges*** (no phone calls, visits or serving at church on Sunday). Their first assignment is to copy the Rules and Corrections in their first week. They will be able to attend Support Groups at night, except for the day of Intake. During the first week they will participate in community service. After the first week they will start class. For the next sixteen weeks, they will be able to make *two* phone calls each week on Wednesday & Saturday, and have visits on Sunday from 1p-4p with **family members only or persons on approved list.**

Level-up requirements: *Level 1 to Level 2 - Eight weeks of cards* **Character Traits & Bible verses**

Level 2 (weeks 18-34)

During this phase, our disciples will continue to serve at community events and community service opportunities. They are required to obtain and maintain full-time employment. Cell phones are allowed during this phase, but only during work hours and designated hours in the evening and on weekends. **No cell phones are to be taken to Support Groups or church services.** Visits are on Sunday from 1p-4p and disciples are able to have a 10-hour day pass every other weekend (unless on a correction). Disciples going on day passes must be signed out by **family members only or persons on approved list.** If a disciple went on a day pass they are not eligible for a visit the next day. Once a disciple gets their first pay check they will have the responsibility to tithe, keep an 80/20 (save/spend) budget and pay a $100 fee for Program Fee per week.

Level-up requirements: *Level 2 to Level 3 - Daily Bible Reading* **Matthew 1 - Romans 2**

Level 3 (weeks 35-51) & Graduates

During this phase, our disciples will continue to serve at community events and community service opportunities. They are required to maintain full-time employment. Cell phones are allowed during this phase. Visits are on Sunday from 1p-4p (unless on a correction). Disciples are able to have cars, can come and go as they please, but must sign out/in with a **staff member present** (unless on a correction). **Curfew is at 9:00 pm every night** (unless on a correction). Disciples have the ability to a weekend pass every other weekend during this phase (unless on a correction). Disciples going on weekend passes must be signed out by **family members only or persons on approved list.** Disciples are required to check-in at Journey Church by 9:15a (at the latest) Sunday morning to the staff member on duty. Disciples have the continued responsibility to tithe, keep an 80/20 (save/spend) budget and pay a $100 fee for Program Fee per week.

Disciples are expected to attend JC every Sunday for at least one service.

Disciples are expected to serve at least one Sunday per month in an area of your choosing.

Graduation requirements: Continued Bible Reading **Romans 3 - Jude 1**

* Indicates required question

1. Email *

Personal Information - Applicant of the Troy Dream Center

2. Today's Date *

_____

Example: January 7, 2019

3. Name of person completing application & relation to applicant *

_____

4. Applicant legal name (**must include First, Middle & Last)* *

_____

5. Date of Birth *

_____

Example: January 7, 2019

6. Age *

_____

7. Applicant phone number (must include area code) *

_____

8. Applicant address (including street address, city, state and zip code) *

_____

9. Current Location *

Check all that apply.

- [ ] Living on my own
- [ ] Living with a family member
- [ ] Homeless
- [ ] Jail
- [ ] Prison
- [ ] Hospital
- [ ] Other: _____

10. Applicant email address (must be provided for initial communication) *

_____

11. Race/ Ethnicity *

_____

12. Gender *

Mark only one oval.

- ◯ Male
- ◯ Female

13. Are you currently pregnant *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ If male, mark here (N/A)

14. Height *

_____

15. Weight *

_____

16. Shirt size *

Mark only one oval.

- ◯ XS
- ◯ S
- ◯ M
- ◯ L
- ◯ XL
- ◯ XXL
- ◯ Other: _____

17. Do you have your Social Security card? *

Mark only one oval.

- ◯ Yes
- ◯ No

18. Do you have your Birth Certificate? *

Mark only one oval.

- ◯ Yes
- ◯ No

19. Do you have a valid drivers license? *

Mark only one oval.

- Yes
- No

20. What State issued your drivers license? (if no, enter N/A if you do not have a drivers license) *

_____

21. If you do not have a valid drivers license, do you have a state ID?

Mark only one oval.

- Yes
- No

22. Do you have medical insurance? *

Mark only one oval.

- Yes
- No

23. If Yes, what is your carrier and subscriber number (if you do not have medical insurance, enter N/A) *

_____

24. Are you married? *

Check all that apply.

- [ ] Yes
- [ ] No

25. Name of spouse or significant other and phone number

_____

26. Is English your first language? *

Mark only one oval.

- ◯ Yes
- ◯ No

27. What other languages do you speak? (enter N/A if none) *

_____

28. If incarcerated, what is the name of the jail or prison?

_____

29. If incarcerated, when is your release date?

_____

Example: January 7, 2019

30. If incarcerated, are you eligible for furlough?

Mark only one oval.

- ◯ Yes
- ◯ No

31. Emergency contact name *

_____

32. Emergency contact relationship *(*example: Mom, Dad, Sister, Brother, Wife, adult Child)* *

_____

33. Emergency contact phone number *(*must include area code)* *

_____

34. Have you ever been in the military? *

Mark only one oval.

- ◯ Yes
- ◯ No

35. Highest level of education *

Mark only one oval.

- ◯ GED- HISET
- ◯ High School Diploma
- ◯ Some College Classes
- ◯ College Graduate
- ◯ Did not complete
- ◯ Other: _____

36. Can you read and write? *

Mark only one oval.

- ◯ Yes
- ◯ No

Spiritual Inventory

37. Do you believe in God? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure

38. Have you accepted Jesus as your personal Savior? *

Mark only one oval.

- Yes
- No
- Unsure

39. Do you currently attend a church? *

Mark only one oval.

- Yes
- No

40. If Yes, where do you attend church? (If no, enter NA) *

_____

Legal Information

41. Previous charge(s)- Include sentencing information (If no, enter NA) *

_____

_____

_____

_____

_____

42. Pending charge(s) (If no, enter NA) *

43. Current charge(s)- include sentencing information (If no, enter NA) *

44. Do you have an upcoming court date? *

Mark only one oval.

- Yes
- No

45. If you have an upcoming court date, include date and location. (If no, enter NA) *

46. Are you on Probation or Parole? *

Mark only one oval.

- ◯ Yes
- ◯ No

47. If yes, list your probation officer's name and phone number. (If no, enter NA) *

48. Do you have a Lawyer? *

Mark only one oval.

- ◯ Yes
- ◯ No

49. What is your lawyer's name, phone number, address and email address? *

50. Do you have any outstanding Warrants *

Mark only one oval.

- Yes
- No

51. If yes, list them. (If no, enter NA) *

_____

_____

_____

_____

_____

52. Do you have any charges in another State? *

Mark only one oval.

- Yes
- No

53. If yes, what State and County? (If no, enter NA) *

_____

54. If yes, what are the charges? (If no, enter NA) *

_____

Substance Use Inventory

55. Drug(s) of choice *

56. Have you ever experienced any of the following when using alcohol or other drugs? Check all that apply. *

Check all that apply.

- [ ] Loss of memory
- [ ] DTs (Delirium Tremens) severe form of alcohol withdrawal
- [ ] Seizures
- [ ] Hallucinations
- [ ] Flashbacks
- [ ] Blackouts
- [ ] Extreme fatique
- [ ] Shakes
- [ ] Insomnia
- [ ] Other: _____

57. Have you been to any treatment programs in the past? *

Mark only one oval.

- ◯ Yes
- ◯ No

58. If yes, name of treatment program and length of time in treatment facility *

59. Longest time without using any substances *

Physical Health Inventory

60. Have you been diagnosed with any physical issues? *

Mark only one oval.

- Yes
- No

61. If yes, please explain (if no, enter N/A) *

62. Have you been diagnosed with any mental health issues? *

Mark only one oval.

- ◯ Yes
- ◯ No

63. If Yes, please explain *

64. List all prescribed medications you currently take, dosage, and for what purpose. *

65. Can you go up and down steps? *

Mark only one oval.

- ◯ Yes
- ◯ No

66. Can you lift 25lbs? *

Mark only one oval.

- Yes
- No

67. Do you have any allergies? *

Mark only one oval.

- Yes
- No

68. If Yes, List known allergies. Do you take prescribed medication for allergies? *

Mental Health Inventory

69. Please check all that apply *

Check all that apply.

- [ ] Depression
- [ ] Anxiety
- [ ] Bi Polar
- [ ] Personality Disorder
- [ ] Schizophrenia
- [ ] PTSD
- [ ] NONE
- [ ] Other: _____

70. If other, please list below *

_____

_____

_____

_____

_____

71. Have you ever thought of attempting suicide? *

Mark only one oval.

- ◯ Yes
- ◯ No

72. Have you planned your own suicide? *

Mark only one oval.

- ◯ Yes
- ◯ No

73. Have you ever attempted suicide? *

Mark only one oval.

- ◯ Yes
- ◯ No

74. Any intentional act of causing physical harm to oneself, including but not limited to cutting, scratching, burning, or hitting oneself, often as a coping mechanism for emotional distress. When triggered, have you ever done the following? *

Check all that apply.

- ☐ Cutting
- ☐ Scratching
- ☐ Burn skin
- ☐ Pull hair out
- ☐ Hitting oneself
- ☐ No
- ☐ Other: _____

75. Have you been hospitalized for mental health issues? *

Mark only one oval.

- ◯ Yes
- ◯ No

76. If yes, please explain. *

Support System

77. Who can you call if you need assistance or support? *

78. What is your relationship with that person? *

79. Marital Status *

Mark only one oval.

- Single
- Married
- Seperated
- Divorced
- Widowed

80. Do you have any children? *

Mark only one oval.

- Yes
- No

81. If yes, what are their names and ages (If no, write N/A) *

82. How did you hear about us? *

Mark only one oval.

- ◯ Friend
- ◯ Probation and Parole
- ◯ Internet Search
- ◯ Family
- ◯ Church or Pastor
- ◯ Other: _____

83. Have you applied to the TDC before? *

Mark only one oval.

- ◯ Yes
- ◯ No

84. Were you accepted into the TDC previously? *

Mark only one oval.

- ◯ Yes
- ◯ NO

85. If yes when? *

_____

Disciple Release Statement

DISCIPLE RELEASE STATEMENT

I,___, understand that my acceptance as a disciple in the TDC Discipleship 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.**

86. Type full name and date stating that you have read and understand the Disciple Release Statement (*to be completed by applicant only) *

_____

Disciple Agreement

DISCIPLE AGREEMENT

I,___, understand that my acceptance as a disciple in the TDC Discipleship Program requires the following:

1. HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE. I have read and understood 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 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 disciples in the program that are HIV Positive. This program does not require disciples who are HIV Positive to notify other disciples in the program that are HIV Positive.

Staff Members are forbidden without written permission of the disciple to discuss the disposition of any disciple 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 disciples entering the program must be in good health and able to participate in all activities in the program. If a disciple's health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or a medical condition requires twenty-four hour medical supervision, that person should leave the TDC program.

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

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

87. Type full name and date stating that you have read and understand the Disciple Agreement * (*to be completed by applicant only)

_____

Release Statement

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.**

1. 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.

88. Type full name and date stating that you have read and understand the Release Statement (*to be completed by applicant only) *

Thank you for applying to the Troy Dream Center.

We have received your application. The next step for applicants will be a prescreen call, then interview should application be advanced to next phase. Thank you for your interest in the Troy Dream Center.
