

Freedom Dream Center

**PROGRAM
APPLICATION**

**17044 Hwy 39, Aurora, Mo 65605
Phone: 417-678-6906 / Fax: 417-678-6910**

Statement of Faith

- We believe the Bible is the inspired, infallible, and authoritative written Word of God.
- We believe there is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miraculous ministry, His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal return to earth, at which time he will judge the quick and the dead.
- We believe the only means of being cleansed from sin is through repentance and faith in the precious blood of Jesus Christ, and that regeneration by the Holy Spirit is essential for personal salvation.
- We believe in the ordinances of the church: Holy Communion and Water Baptism by immersion.
- We believe in the Holy Spirit, according to Acts 2:4, is given to believers who ask for it.
- We believe that the redemptive work of Christ on the cross provides divine healing of the human body in answer to believing prayer.
- We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
- We believe in the Blessed Hope, the imminent return of Jesus Christ followed by His reign on the earth for 1,000 years.
- We believe in the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation.

Introduction & Statement of Purpose

Introduction

The Freedom Dream Center offers a second chance at life to troubled women and men of all ages who are struggling to overcome life-controlling problems, particularly in, but not limited to, the areas of drug and alcohol addiction. The success of this program is attributed to Jesus Christ.

Our objective is to transform the WHOLE person spiritually, mentally, emotionally, physically, and vocationally, through a personal relationship with Jesus Christ. We provide Bible-based counsel and instruction, structure and discipline, in a drug and alcohol-free environment. We will also help those who have not graduated high school to get their GED, and offer Microsoft Office college level computer classes for job placement upon graduation.

Statement of Purpose

Our goal is to bring women and men who have life controlling problems into a safe environment and introduce them to the Christian way of life. Our goal is to endeavor to help them become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually sound by teaching and applying Biblical principles.

Anyone desiring to enter our program must be willing to make a commitment to a 12-month program and must be willing to submit to the rules of the program. We encourage the applicant to remember the reason they are here. You cannot come into this program thinking that you are going to change the program or the staff. You are here to change what is wrong in your own life. Each person is responsible to learn and abide by all the rules of the program. We have respectfully put this together for you to help you KNOW THE RULES. If a resident persistently demonstrates the attitude that the rules of the program do not apply to them, she or he will be asked to leave.

God says in Hebrews 13:17

“Obey them that have the rule over you, and submit yourselves; for they watch for your souls, as they that must give account, that they may do it with joy, and not with grief; for that is unprofitable for you.”

We do not discriminate on the basis of age, race or religious preference.

Qualifications for Application

1. All applicants must acknowledge their need for deliverance, desire for recovery and accept the responsibility for their current situation.
2. All applicants must commit to a 12-month stay. Addiction is not entered into quickly and recovery takes time.
3. All applicants must pay a housing fee of \$300.00 per month. Due to the necessity of attending training classes regularly there is no process for working off this fee. Applicants are encouraged to seek sponsors to commit to this support and sponsor forms are available through the office. A signed financial responsibility form must be on file for every applicant.
4. All applicants must be tested for Hepatitis C and HIV prior to acceptance. Applicants that test positive for HIV do not qualify for entry in the program.
5. Female applicants must not be pregnant. Due to the associated issues which accompany pregnancy such as morning sickness, mood swings, prenatal doctor visits and birth classes a woman facing so much at one time cannot focus on the recovery program.
6. Our facility strives to be a drug free program. We are a smoke free facility and we do not administer mind-altering medication. Approved Medications for the treatment of Approved Medications for the treatment of high blood pressure, emergency inhalers and life threatening conditions are the exceptions.
7. Medical expenses are the responsibility of the resident. If a resident is in need of emergency medical care, a staff member would transport them to an emergency room or 911 would be called.
8. No Cell phones or unsupervised communication. For the peace of mind of the resident, we do not want negative conversations that would tend to tear down the recovery process. All mail is also screened in the same manner

Personal Data & Information:

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home () _____ Work () _____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Social Security No: _____ Birth Date: _____ Age: _____

Sex: Male Female Drivers License No: _____ State: _____

Drivers License: Valid Expired Suspended Never applied for one

If suspended why? _____

Race/Ethnic Background (*Please check only one*)

Caucasian Japanese Hispanic African American Chinese Asian

American Indian Filipino Other _____

Are you an American Citizen? Yes Native Naturalized No Explain _____

In case of emergency, contact: Name _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home () _____ Work () _____

Relationship: _____

Who has referred you?

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home () _____ Work () _____

Relationship: _____

Personality Information

Circle any of the following that best describe you now:

- | | | |
|----------------|-------------------|----------------|
| Active | Ambitious | Self-confident |
| Persistent | Nervous | Hard-working |
| Impatient | Impulsive | Moody |
| Often Blue | Excitable | Imaginative |
| Calm | Serious | Easy-going |
| Shy | Good-natured | Introvert |
| Extrovert | Likeable | Leader |
| Quiet | Hard-boiled | Submissive |
| Self-conscious | Lonely | Sensitive |
| Follower | Easily Influenced | Valuable |
| Worthless | Angry | Bitter |
| Disillusioned | Happy | Other: _____ |

Is it easy for you to express your feelings? Yes No Sometimes

Explain: _____

Do you enjoy being with other people or would you rather be alone? _____

Explain: _____

Personal Family History

List parent/parenting figures, spouse, girl/boyfriend, brothers, & sisters (do not list your children)

Name	Relationship	Age	Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the word that best describes your relationship with your parents	as a child	and now.
Very Good		
Good		
Average		
Fair		
Poor		

Are your parents still living? Father Yes No Mother Yes No

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

Are you adopted? Yes No Were you raised by anyone other than your parents? Yes No

If yes, please explain: _____

When did you last see your parents: Mother _____ Father _____

When did you last live at home? _____

Occupation: Father _____ Mother _____

Parent's marital status: Married Divorced Separated Remarried Living Together

If married, how long? _____ If other, how long? _____

How would you rate their marriage? Very Happy Happy Average Unhappy

How would you rate your childhood? Good Fair Poor Why? _____

As you grew up, whom did you feel closest to? Father Mother Other _____

Marital/Intimate Relationship History

Marital status: Single Married Separated Divorced Remarried Widow or Widower

List your present living arrangement: *(Please check all that apply.)*

Living alone With parents With spouse With others (non-relatives)

With others (relatives, including children) Other _____

If you are, or have been, married, please list: (Start with your most recent marriage.)

Person Married To (First name only)	Month/Year	Ended In (Divorce, Separation, Death)	Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current spouse (Full Name) _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Home () _____ Work () _____

Describe your relationship with your spouse: _____

Do you have any children Yes No If yes, please list:

Name of Child	Age	Where Living
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any positive or negative aspects of your relationship with your children: _____

Describe any problems or concerns related to your relationship with your spouse or girl/boyfriend: _____

To your knowledge, has anyone in your family ever been sexually abused? Yes No

When: _____ By Who: _____

When: _____ By Who: _____

When: _____ By Who: _____

Sexual Lifestyle: (please check all that apply) Bisexual Heterosexual Homosexual Pornography Prostitution

How recently involved? _____

Have you ever engaged in? Homosexual or Lesbian activities? No

How frequently? _____

Military Service History

Have you ever served in the U.S. Armed Forces or the U.S Coast Guard? Yes No

If yes, describe: Branch of Service _____

Date of entry: _____ Date of discharge: _____

Military occupation standing (MOS): _____ Rank attained: _____

Discharge received: Honorable Less than Honorable Dishonorable

Eligible for V.A. medical benefits? Yes No Unknown

Other: _____

Social Involvement History

Describe your involvement in the following:

Religion _____

Recreation/Sports _____

Peer Group _____

Community Affiliations _____

Hobbies _____

Other _____

Financial Status

If you enter our program, what provisions will be made for the following expenses?

Monthly Housing Fee _____

Medical _____

Dental _____

Are you eligible for and/or receiving the following: Welfare Disability Payments
 Unemployment Compensation Workman's Compensation Other Income Explain

Work Experience: *(Please circle only those in which you have experience.)*

- | | | | |
|--------------------|----------------|----------------|---------------------|
| General Mechanical | Auto Mechanics | Auto Body Work | General Office Work |
| Logging | Landscaping | Farming | Livestock |
| Typing | Printing | Cooking | Sewing |
| Child Care | Nursing | Teaching | Painting |
| Carpentry | Electrical | Drywall | Plumbing |
| Secretarial | Computer | Administration | Public Relations |

Other (Specify): _____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in FDC dorms? Yes No If yes, explain:

Pregnancy History (Women Only)

List Number of Pregnancies: _____

Have you ever had any of the following problems?

Miscarriages: Yes No Abortions: Yes No

Other problems (*please specify*) _____

Do you think that you may be pregnant now? Yes No

Psychological History

Have you ever received mental health treatment *not* related to drug or alcohol use? Yes No

If yes please explain:

Date	Name of Clinic	Reason for mental health treatment	Outcome
_____	_____	_____	_____
_____	_____	_____	_____

Has a family member or someone close to you ever attempted or committed suicide? Yes No

Have you ever thought of committing suicide? Yes No

Have you ever received psychiatric care? Yes No

If yes, please explain: _____

Will you, as a student of the Freedom Dream Center be willing to authorize doctors or agencies involved in previous treatments to release your medical records? Yes No

Insurance Information

List your health insurance type: (*Please check*)

No health insurance Other private insurance Blue Cross/Blue Shield

Medicaid/Medicare Other public funds _____

Insurance policy number: _____

Company: _____ Phone: () _____

Personal/Family Medical History

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparent	Father	Mother	Brother	Sister	Child
Drug abuse						
Alcoholism or alcohol related problems						
Physical problems						
Mental health problems						

Family Medical History (*List tuberculosis, diabetes, heart disease, asthma, chronic kidney trouble, high blood pressure, etc.*) If deceased, write D under Age.

	Age	Death Age	Present state of health, or cause of death if deceased
Mother			
Father			
Sisters			
Brothers			
Children			

Describe any illness and developmental problems/concerns you experienced as a child: _____

Circle any of the following illnesses or symptoms you have experienced as a child:

- | | | | |
|-----------------------------|---------------------|------------------|-----------------------|
| AIDS | Diabetes | Measles or Mumps | Anemia |
| Epilepsy | Rheumatic Fever | Arthritis | Hallucinations |
| Scarlet Fever | Blackouts | Herpes | Syphilis or Gonorrhea |
| Cancer | High Blood Pressure | Tuberculosis | Convulsions |
| Kidney or Bladder Infection | Ulcers | D.T.'s | Whooping Cough |
| Chickenpox | Small Pox | Typhoid Fever | Diphtheria |
| Hepatitis | Nervous Breakdown | Goiter | |

Describe any other illness or symptom you have experienced or are currently experiencing: _____

Describe any serious injuries or broken bones: _____

List any major operation (Start with your most recent operation):

Month/Year	Reason for Operation
_____	_____
_____	_____

Describe treatment and/or medicine you are currently receiving for illnesses or symptoms circled in the previous list.
******(The Freedom Dream Center does not accept any mood stabilizing or psychiatric medications. You will have to be weaned off of the medication(s) prior to acceptance into the Freedom Dream Center.)******

Describe any allergies or reactions to medication, food, or other substances: _____

Do you have epilepsy? Yes No Medication used: _____

Do you have diabetes? Yes No Medications used and how administered: _____

Have you ever had a blood transfusion? Yes No Type: _____

Do you have any special diet requirements? Yes No If yes, explain: _____

When were your eyes last examined? _____
Results: Excellent Good Fair Bad

Explain any problems you may have now with your eyes: _____

Do you have prescription glasses? Yes No If yes, do you wear them? Yes No

When were your teeth last examined? _____
Are you experiencing any problems with your teeth? Yes No

If yes, please explain: _____

If you drink coffee, tea, or smoke cigarettes, please list the amount you consume each day:

Cigarettes: _____ packs per day Coffee: _____ cups per day Tea: _____ glasses per day

List how often you used the following drugs. (Never, Once, Several Times, or Regularly)

Alcohol _____	Opium _____	Barbiturates (downers) _____	Glue _____
Heroin _____	Tobacco _____	Amphetamines _____	Marijuana _____
Cocaine _____	Crack _____	Hallucinogenics _____	Crank _____

Others: (Specify) _____

Circle any of the following tests that you have had within the past six months:

Physical Exam	Electrocardiogram	(For Women Only):
Dental Check-up	Urinalysis	Pap Smear
Chest X-Ray	TB Skin Test	Pelvic Exam
Blood Test	Evaluation of need	Breast Exam
Other_____	for contraceptive	Other_____

Blood Type:_____

List your present physician's name:_____

Address:_____

(Street) (City) (State) (Zip)

Phone:_____

Spiritual History

Are you born-again?_____ Place:_____

What were the circumstances that led to this?_____

Have you ever been Spirit-filled?_____ When?_____

Denominational preference:_____

How often do you attend church? Never Occasionally Regularly

Are you a member of any church or religion?_____ Which one?_____

How often did you attend church as a child?_____ Which denomination?_____

How old were you when you stopped attending? _____

Why?_____ How many times have you backslid? _____

Do you believe in God? Yes No Uncertain

Do you ever pray? Never Occasionally Not sure what you mean

How often do you read the Bible? Never Occasionally Often

Do you read books of other religions instead of the Bible? Never Occasionally Often

Which ones?_____

What recent changes have you had in your religious life (if any)?_____

Have you ever been involved in cults, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or other? _____

What is your relationship with God now? _____

The Problem

What is the main problem in your life, as you see it? _____

What have you done about it? _____

What are your greatest needs, in order of priority? _____

Have you ever applied for food stamps? Yes No Where? _____

Do you have any outstanding debts? Yes No Explain _____

Owed to	Amount	Address	Phone #	Payments

Significant Life Events

Describe any of the following that you are experiencing or have recently experienced:

Moves _____

Losses (*Personal, Financial*) _____

Sexual Abuse/Rape _____

Physical Abuse/Neglect _____

Foster Home Placement or Institutionalization _____

Ethnic/Cultural Influences _____

Other (*Specify*) _____

Academic History

List the highest grade that you have completed:

Grade School _____ Jr. High School _____ High School _____ College _____

Are you currently in an education program? Yes No

If yes, list _____
(Name of School) (City)

If you are no longer in an education program, please explain your reason for leaving school: _____

Are you receiving or have you received vocational training? Yes No If yes, list:

Type of Trade or Skill	Date of Training (Mo/Yr to Mo/Yr)	Certificate Issued (Yes or No)

Can you read? Yes No Good Average Poor

Can you write? Yes No Good Average Poor

Describe your future educational and vocational training goals and plans:

Educational: _____

Vocational: _____

Occupational History

What is your vocational trade or profession, if any? _____

How many jobs have you held in the last two (2) years? _____

List your employment status:

Unemployed (*Have not sought employment for last 30 days*) Unemployed (*Have sought employment in last 30 days*)

Employed (*Working less than 35 hours per week*) Employed (*Working 35 hours or more per week*)

List your three most recent jobs: (*start with your most recent job*)

Name of Employer	Position Held	Employed from (Mo/Yr - Mo/Yr)	Reason for Leaving

List your current average monthly income \$ _____

Describe your primary source of income _____

Describe your future occupational goals and plans _____

Previous Programs Attended

Have you ever been in a program before? _____

Was it religious or non-religious? _____

How many programs have you been in before? _____

Program Name City & State	Dates	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in a Faith Based program before? Yes No

When? _____ Where? _____

Why did you leave? Dismissed by staff Left on own Completed program Graduated Other _____

Why do you wish to be admitted to the Freedom Dream Center? _____

What are you expecting (believing) God to do in your life through the program? _____

Describe what you are willing to do, or what you think is required of you: _____

What would you like to do after you leave the Freedom Dream Center? _____

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his/her knowledge, and that the application form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

(Student Applicant)

(Date)

If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

1. Name of person completing and filling out application form: _____ (Date)

2. Relationship to applicant: _____

3. Explain why student applicant was unable to complete or fill out the enclosed application form: _____

(Reminder: The Freedom Dream Center is a SMOKE FREE facility)