

## Client Intake Form

<b>Personal Information</b>									
Last Name:		First Name:							
Date of Birth:		Spouse Name:							
ID Number:	(list type ID, State & Number)	Social Security #:							
Address:			Homeless:	Circle one: Yes or No					
City:		State:		Zip Code:					
Home Page:		Work Phone:							
Cell Phone:		Fax:							
Age:		Sex:	Male Or Female	Height:		Weight:			
Religion:		Race/Ethnicity:							
Marital Status:	Single	Married	Divorced	Widowed					
Emergency Contact Person:			Relationship:						
Emergency Phone Number			Secondary #:						
Emergency Address:									
Do you have a car?	Yes or No	If yes who will take care of it while you are in the program?							
Are you currently receiving any type of income?	Yes or No	If yes, please explain							
Have you ever been in the military?		Yes or No	Discharged?	Yes or No					
If dishonorable discharge please explain									
<b>Education</b>									
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?		Yes No	Can you speak English?		Yes No				
Have you ever been in special education classes? Yes No									
<b>Religious Background</b>									
Do you believe in God? Yes No or Uncertain									
Have you ever accepted Jesus Christ as your savior? Yes No or Uncertain									
Are you attending church now? Yes No if yes, where?									

## Legal History

Have you ever been arrested?      Yes    No                      How many times? \_\_\_\_\_  
If yes give details:

Have you ever done jail time?      Yes    No                      If yes, what for and how long?

Are you on probation or parole?    Yes    No  
If yes, give probation or parole officer's contact information below:

Are you court ordered here?      Yes    No  
If yes, give contact information regarding your court case:

Do you have any legal charges pending?    Yes    No                      Where? \_\_\_\_\_  
What are the charges?

Do you think you may have any outstanding warrants?    Yes    No                      If yes, please explain:

Do you have any other pending legal matters that would require you to attend to in the next 90 days?  
Yes    No                      If yes, give details below

## Drug History

Have you ever used drugs?      Yes or 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 or 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 <small>(if you did not use drug listed leave a blank, if drug is not listed fill in)</small>	First Time <small>(how old were you or what month/year?)</small>	Last Time <small>(approximate date?)</small>	Frequency <small>(How often did you use Daily, weekly, monthly)</small>	Amount Used <small>(How much did you use per day/week/month?)</small>
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 any allergies you might have:

Have you ever been:

Diagnosed with ADD?	Yes	No	When? _____
Diagnosed with ADHD?	Yes	No	When? _____
Diagnosed with any Mental Disorder?	Yes	No	When? _____
Diagnosed with Tuberculosis?	Yes	No	When? _____
Diagnosed with Hepatitis A?	Yes	No	When? _____
Diagnosed with Hepatitis B?	Yes	No	When? _____
Diagnosed with Hepatitis C?	Yes	No	When? _____
Diagnosed with HIV Positive?	Yes	No	When? _____
Diagnosed with AIDS?	Yes	No	When? _____
Diagnosed with Herpes?	Yes	No	When? _____
Diagnosed with any STD?	Yes	No	When? _____
Diagnosed with Body Lice?	Yes	No	When? _____
Diagnosed with High Blood Pressure?	Yes	No	When? _____
Diagnosed with Heart Disease?	Yes	No	When? _____
Diagnosed with any other illnesses?	Yes	No	When? _____

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 below:

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:

<b>Sexual History</b>
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)
<b>Goals</b>
What goals do you have while in this program?
What do you want to happen in your life while you are in this program?

**Reason for Placement:** (check all of the following that apply to your situation)

**Problems with primary support group**

- Death of a family member
- Health problems in family
- Disruption of family by separation
- Disruption of family by divorce
- Disruption of family by estrangement
- Removal from home
- Remarriage of parent
- Sexual Abuse

- Physical Abuse
- Verbal Abuse
- Parental overprotection
- Neglect of child
- Inadequate discipline
- Discord with siblings
- Birth of a sibling
- Other; \_\_\_\_\_

**Problems related to the social environment**

- Death of a friend
- Loss of 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; \_\_\_\_\_

**Educational problems**

- Illiteracy
- Academic problems
- Discord with Teachers
- Discord with classmates

- Inadequate school environment
- Late for class
- Other; \_\_\_\_\_

**Occupational problems**

- Threat of job loss
- Stressful work schedule
- Late for work
- Difficult work conditions
- Job dissatisfaction

- Job change
- Discord with boss
- Discord with co-workers
- Other; \_\_\_\_\_

**Housing problems**

- Homelessness
- Inadequate housing
- Unsafe neighborhood

- Discord with neighbors
- Discord with landlord
- Other; \_\_\_\_\_

**Economic problems**

- Extreme poverty
- Insufficient welfare support

- Other; \_\_\_\_\_

**Problems with access to healthcare services**

- Inadequate health care services
- Transportation to health care unavailable

- Inadequate health insurance
- Other; \_\_\_\_\_

**Problems related to interaction with the legal system**

Arrest  
Incarceration  
Litigation  
Victim of crime  
Stealing

Vandalism  
Arson  
Probation  
Other; \_\_\_\_\_

**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  
Suicide  
Eating disorders

Cutting/ Self-Mutilation  
Low self-esteem  
Lack of motivation  
Lying  
Problems with authority  
Manipulative behavior  
Unavailability of social service agencies  
Other; \_\_\_\_\_

**Other Abuse problems**

Alcohol Abuse  
Drug Abuse  
Verbal Abuse toward others  
Physically abuses others

Sexually abuses others  
Pornography  
Sexual addictions  
Other; \_\_\_\_\_

**Spiritual History**

Ouija Boards  
Satanic worship  
Witchcraft  
Levitation  
Palm reading  
Fortune telling  
Voodoo  
Astroprojection  
Séances  
Tarot Cards

Horoscopes  
Yoga  
New Age  
Mormonism  
Scientology  
Buddhism  
Hinduism  
Transcendental Meditation  
Jehovah's Witness  
Other; \_\_\_\_\_

**What are some of the things you've tried?**

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; \_\_\_\_\_



## Disciple Release Statement

I, \_\_\_\_\_, understand that my acceptance as a disciple in the DC Discipleship S.U.C.C.E.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 want 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'S 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 Programs’ 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 it’s 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 they 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**

herby release and grant the program, it’s agents, affiliates or third party as designated by the Program all rights to use and publish for any lawful purpose whatsoever to promote the Programs 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 Programs purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the Program, it’s 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 Programs 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 and Pencils	Underwear	Socks
Shampoo	Conditioner	Shorts	Phone Card

### **Men**

Dress Shirts  
Dress Slacks  
Dress Socks  
Cologne

### **Women**

Dresses  
Pant Suits  
Panty Hose  
Perfume