OKC DREAM CENTER LIVING 

CONNECTING MEN TO

RESTORATION AND

FREEDOM

Logo, company name

Description automatically generated

Policy & Procedure

Manual

**Revision 4**

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**Dream Center Living Program**

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# Chapter 1: Introduction to DC Living

*What is DC Living?*

Dream Center Living is a safe Christian Men’s residential program on the campus of Kingdom City Church for men seeking a sober life through Christ. Residents are expected to have a strong desire for the spiritual environment the program seeks to foster. The program’s goal is to empower men through Christ to develop the character, relationships, and resources needed to live free from addiction and crime and in a manner that benefits themselves and the community.

*18 Jesus came and told his disciples, "I have been given complete authority in heaven and in earth. 19Therefore, go and make disciples of all the nations, baptizing them in the name of the Father and the Son and the Holy Spirit. 20Teach these new disciples to obey all the commands I have given you. And be sure of this: I am with you always, even to the end of the age."*

*Matthew 28:18-20 NLT*

*Mission Statement*

***VISION***

The vision of Dream Center Living is to connect men to restoration and freedom allowing them to become fully functioning members of society.

*MISSION*

Dream Center Living is intended for men leaving prison or rehab who desire to live a life free from addiction. All residents will have a history of choices that leads to them needing the program, but the program is intended for men who want a transformative relationship with Jesus Christ. An intake process will assess a potential resident’s desire for recovery and the spiritual environment the program intends to offer.

*OBJECTIVES*

* To create a positive, spiritual environment where the participants feel safe, secure, and have all their basic needs met.
* To have a staff that is committed to going the extra mile in order to help participants bring about a lifestyle change in their recovery process.
* To enable participants to become spiritually alive, emotionally stable, physically healthy, and socially active in all aspects of society.
* To produce graduates that will be true disciples of Christ and messengers of hope, fulfilling the great commission to make disciples of all nations that will radically transform the world.

# Chapter 2: Office Procedures

*Administration... the Key to Successful Outcomes*

*Live Intake Procedures*

Once a person has decided to participate in the DC Living Program, intake procedures can begin. Intake staff will ask the applicant the questions listed on the qualifications page (page 6). If their ***answers*** show that they are ready to begin the DCL program, ***then*** the paperwork procedure can start.

The intake process involves going over the program with the applicant, including assisting with filling out the application, explaining the program's mission statement, rules and making sure applicants understand their commitment. Intake staff *must* obtain as much information as possible from applicant to better evaluate the potential Participant situation.

Be courteous, informative, and attentive, but ***do not*** let the applicant take control of the ***interview. If*** there are any legal issues (Probation or Parole) refer those to the DCL Director.

New Participant will be taken to the Dean of Men for processing. This involves a thorough search of all personal belongings by the Dean of Men. All bags will be emptied out and inspected. Individuals will also empty out the entire contents of their clothing to be searched by the Dean of Men.

New Participant will be setup with the programs billing system, email created (if needed), and introduced the DCL 270

*Telephone Intake Procedures*

Out of the state applicants must have a round-trip, open-ended ticket good for one year. Intake portion involves asking the qualification questions, explaining the program, and making sure applicants understand their commitment.

Mail or email application to applicant. Intake staff will call back the applicant to go over the information on application and intake procedure begins.

Applicants should be encouraged to provide their own transportation. However, if possible, we will pick them up from the bus depot/airport. The DCL Director will *then* inform proper staff of arrival.

*Telephone Calls*

Retrieve messages from voice mail and ***return*** calls.

Answer calls ***at least*** by the third ring, if you are on a call, place person on hold and let caller know you will be with them as soon as possible, *then* return to previous caller.

Participants are ***not*** allowed to answer incoming calls. Please take a message.

Confidentiality about Participants' program participation is enforced at ***all times*** (Federal law and regulations

protect the confidentiality of program participants in recovery)

No personal phone calls for Participants unless it is an ***emergency*** or otherwise authorized by leadership.

Program participants are allowed to have personal cell phones and MUST have Life360 installed on the phone.

*Qualifying Questions*

1. Do you have any pending legal matters?
   * *DCL is a transitional program, not a residential care facility and cannot provide transportation for these matters; therefore, any legal matters that may need to be taken care of must be dealt with by the Participant and at their own expense.*
   * *If you are on probation or parole, you must have a letter from your probation or parole officer stating the conditions of probation or parole upon entry into the program.*
2. Do you have any medical conditions (including STDs and HIV), pending or present, that would take you off campus during the first 30 days?
   * *DCL is a transitional program, not a residential care facility and cannot provide transportation for these matters: therefore, any medical matters that may need to be taken care of must be dealt with by the Participant and at their own expense.*
   * *You must be medically and physically able to perform volunteer work assignments as part of the program.*
   * *You cannot have been diagnosed with any chronic illnesses, which would prevent you from performing your volunteer work assignments as part of DCL.*
3. Do you have a vehicle or mode of transportation?
   * *Because of the limited amount of parking space, no vehicles (that require a driver’s license) are allowed if you are NOT fully legal to drive. If you do have a vehicle you must has all of the following in good standing*

*Valid Driver’s License, Insurance, Valid Plates, Current Registration*

1. Do you have any personal matters that would take you off campus?
   * *DCL is a transitional program, not a residential care facility and cannot provide transportation for these matters; therefore, any personal matters that may need to be taken care of must be dealt with by the Participant and at their own expense.*
2. Are you currently receiving any kind of income?
   * *Since DCL is providing you with room and board and is charging a fee, the need for government assistance may arise. DCL can and will assist you in obtaining certain governmental programs. You will be responsible for maintaining your program dues in an orderly manner.*
3. Have you been diagnosed with any mental illnesses within the last year?
   * *DCL is neither a mental health facility nor a hospice. For this reason, DCL cannot knowingly accept anyone into the program that has been diagnosed with any mental illness during the previous 12 months.*
4. Are you currently taking any prescription medications, including those that are psychotropic in nature?
   * *All prescribed medications must be noted on the application. Since you are responsible for managing your own medication, no one will knowingly be admitted who is taking any psychotropic or narcotic prescriptions.*

*If candidate answered YES, to the last two questions (#6 & #7), he will not be eligible for the DCL Program*

Dream Center Living is an intense 9-month faith-based transitional program aimed at establishing a person in Christian disciplines that will help the individual live a sober and successful life. During the course of the program the applicant will have performed several hours of community service to our local neighborhood as well as participating in numerous studies and classes, which include, but not limited to Personal Finance Management, Character Training and Goals Achievement.

# Chapter 3: Areas of Responsibility

*If you don’t know where you’re going… how will you know when you get there?*

In order to properly function, an organization must have proper structure. The best way to achieve exceptional performance is to have detailed job descriptions for all personnel. The following are job descriptions for Dream Center Living Program (DCL). This is not meant to be comprehensible, but merely a guideline to follow. If you have any questions regarding your duties, it is always acceptable to ask your supervisor.

*DCL Director*

The DCL Director is a volunteer or a paid staff person that has been selected to oversee all aspects of the Dream Center Living program. Some of these duties are outlined below.

* The DCL Director is responsible for all aspects of the program.
* The DCL Director is required to answer to the Lead Pastor of Kingdom City Church, OKC Dream Center, and the OKC DC Board of Directors.
* The DCL Director will present and uphold all DCL policies and procedures as outlined in the DCL Policies and Procedures Manual
* The DCL Director will provide support to the House Deans.
* The DCL Director will be responsible for performing the following duties:
  + Oversight of the Dream Center Living program in its entirety.
  + Responsible for compiling a report to the quarterly Board of Director's meetings.
  + Supervising the House Deans.
  + Cultivate and maintain good working relationships between DCL and other ministries on campus so as to promote an attitude of teamwork and Christ-like compassion.
  + Ensure a constant flow of communication to the DC Staff in order to help them in the day to day activities of DCL.
  + Maintain adequate records of residential and financial statistics.
  + Providing Spiritual Counseling for the Participants.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Manage office staff and assign appropriate tasks to office personnel.
  + Manage the logistics of the DCL office.
  + Oversee and schedule use of computers.
  + Communicating to the appropriate Directors' all necessary updates relevant to Participants' progress.
  + Conducting intakes into the program.
  + Keeping confidential records maintained and secure.
  + Keeping the database up to date and current.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Manage staff providing weekly work assignments.
  + Manage the logistics of DCL operations.
  + Communicating with the appropriate Director with all necessary updates.
  + Work orders.
  + Facility incident reports.
  + Coordinate Participants in work-therapy.
  + Dealing with property emergencies.
  + Keep staff informed of changes via staff meetings, memos, or one-on-one contact.
  + Schedule Emergency Drills, keeping accurate logs.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Coordinate the delivery of services from various social service providers within the community to the Participants.
  + Assist the Participants with Probation and Parole requirements and provide those entities with progress reports and supportive documentation about the program.
  + Conduct individual needs assessments, disseminate information, and assist the Participants in the social service protocols and procedures.
  + Support and promote open communication and cooperation among Participants and leadership.
  + Reiterate the importance of the program and its benefits when residents make proper choices.
  + Ensure that DCL confidentiality policy and procedure is adhered to and followed at all times.
  + Use language that is respectful, practice confidentiality, and provide services to the best of their ability and without prejudice.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Keep staff informed of changes via staff meetings, memos, or one-on-one contact.
  + Manage Level's Program, including tracking promotions and demotions.
  + Keep records of each Participant and report to the Executive Director.
  + Make sure Participants are on track with the required component courses
  + Provide proper material for support staff and Participants.
  + Maintain all curriculum & materials.
  + Available to answer phone calls regarding Participant's progress.
  + Respond to all time sensitive forms within the time allowed.
  + Responsible for the direct care of Participant's curriculum.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Oversee all tickets and disciplinary procedures.

*House Deans*

* The House Deans are volunteers or paid staff persons that have been selected to monitor and advise the Participants that are in their home concerning all of the day-to-day activities of DCL.
* The House Deans are required to report to the Executive & Administrative Directors.
* The House Deans will present and uphold all DCL policies and procedures as outlined in the DCL Policies and Procedures Manual.
* The House Deans will provide support to the DCL Director.
* The House Deans will be responsible for performing the following duties:
  + Communicating with the DCL Director with all necessary updates such as, but not limited to, facility updates, Participants, and property emergencies, the dismissal of a Participant (if and when DCL Director is unavailable to perform dismissal).
  + Stay current with facility incident reports, grievance forms, pass request forms, and all Participant's reviews.
  + Responsible for maintaining healthy staff/Participant relationships.
  + Approve all home visits or family visits to the facility.
  + Keep staff informed of changes via staff meetings, memos, or one-on-one contact.
  + Ensure disciplinary procedures are carried out.
  + Respond to all time sensitive forms within the time allowed.
  + Provide appropriate study breaks for Participants.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Be an encouragement Participants in their care.
  + Have daily time of prayer with all the Participants in their care.
  + AM duties are to wake up and advise the Participants of their morning and afternoon activities. (ONLY IF NOT EMPLOYED)
  + Make sure all Participants' rooms are clean and in order, including bathrooms, sinks, mirrors, toilets, shower rooms, halls, and lounges.
  + Report all necessary maintenance repairs to the DCL Director.
  + PM duties are to advise the Participants concerning their afternoon and evening activities. (ONLY IF NOT EMPLOYED)
  + Be available to Participants for prayer, talk times, etc.
  + Make sure the lights are out at the appropriate time.
  + If necessary, fill out tickets and incident reports and place them in the DCL Director's mailbox.
  + Complete Daily Reports and turn in **daily**.
  + Maintain a positive, life-giving environment for the Participants and staff.
  + Perform other duties as needed to maintain the operation of DCL.
  + Participants concerning rules and curriculum.
  + Be an encouragement to Participants in their care.
  + Make sure all Participants' rooms are clean and in order, including bathrooms, sinks, mirrors, toilets, shower rooms, halls, and lounges.
  + Rely to their DCL Director of any indication of potential problems that the Participant may be going through.

*DC LIVING Flowchart*





# Chapter 4: The 270

*Family is vital – Family is not only blood deep – We are a Family!*

*It’s Time to grow up!*

*Once the client arrives on the DC Campus, the reality of the situation begins to set in, so, this is the point where the participant begins to feel alone. This is normal even for a grown adult.*

Remember, you may be coming from being locked up and you were not allowed, or you do not allow yourself to show emotion to avoid being “punked” or made out to be weak. You are no longer on the inside and you need to begin to understand your thoughts, emotions, and actions, or maybe you’re accustomed to being rescued from your own negative emotions. Conditioned to expect a parent to step in to fix whatever is causing those negative feelings… Let it play out.

*The first 30 days are most critical*

*The participant must begin to focus on themselves and the program while letting go of perceived problems & issues in the outside world. Issues they can do nothing about, anyway.*

*Stage 1:         1 - 90 days*

*Week 1:*

* Settling-in and resting period
* Getting Acclimated to the DC Campus and people around you
* Meeting with PO
* Getting fully setup in the DCL Program
* Attending church service

*Weeks 2-12:*

***Includes:****Education, Spiritual development, Accountability, Groups*

* Focusing on why they are here
* Obtaining government ID, DL, SSN Card, work release forms, cell phone, tablet, child support, etc.
* Assigned a daily chore(s)
* Encouraged to open up in groups
* Address any immediate issues, such as legal (if necessary)
* Light one-on-one sessions with Director and or Staff
* Developing a structured daily routine and learning to follow the schedule
* Writing assignments and journaling
* Learning how to be a part of a group, as well as, thinking of others
* Learning the difference between “*Selfish & Selfless”*
* Learn and taught how to read a Bible and how to pray
* Beginning to accept more personal responsibility including the acceptance of the past
* Becoming more accountable
* Encouraged to stop counting the days
* Learn how to use a computer and internet
* Begin looking for a job
* Start mock interviews with staff or peers
* Obtaining a job

*Stage 2:         91 - 180 days*

* Beginning to face the issues of the past (legal/family)
* Beginning to display consistent behaviors
* Better decision making *(much change is occurring but still a long way to go…)*
* Begins to take on a leadership role among the group *(based on Director/Deans assessment of progress)*
* Begins to conduct weekly Peer group (*based on Director/Deans assessment of progress)*
* Giving serious attention to past trauma, healing, pain caused to others
* Forgiveness of self & others *(those you have hurt and those who have hurt you)*
* Added responsibilities within the program and helping newer participants adjust
* Learning how to become a better employee for the company you now work for

*(Regardless of position, you can always be better; that’s how you get promoted)*

*Stage 3:         180 - 270 days*

* Begin to talk about where you are going to go after graduating from the DCL Program
* Well-versed in the daily & weekly structure becoming very consistent
* Gaining tremendous self-esteem
* Solidifying behaviors that display genuine care for others
* Building on a strong foundation of recovery
* Once employment begins, client participate in program while not at work
* Individual counseling continues

This period is a time when many clients think they are ready to leave and get on with their lives.

This is wrong thinking and a huge mistake!

At 6 months the person is feeling great – looking great – making good decisions.

**Critical Time**

What really needs to happen after 6 good months is exactly the same thing the person has been doing for the previous 6 months… Doing it over & over.

# HOUSE RULES

Dream Center Living 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 DCL 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**
   * Dream Center Living requires only a nine-month commitment to the DCL Program. This is a transitional program; everything should lead to a participant transitioning out after nine-months. Participants may leave at any time.
   * The sober living home is not a landlord-tenant relationship and can be terminated at any time for breaking program rules. Within this document, the verbiage, “program dues/fees” refers to the weekly fees to participate in the DCL program.
   * Program fees are $125\week for a single room; $100/week for a shared room.
   * Program fees are due on the Friday of each week. If the fee is not received by Monday 7 pm, residents will receive a disciplinary write up.
   * Admission into Dream Center Living (DCL) is a privilege and not a right.
   * Upon admission, the Participant must submit all possessions and person to inspection. If the participant brings a vehicle to the program, it must be inspected.
   * Inspection of Social Media accounts to verify participant is not connected to any staff members of the OKC Dream Center, Kingdom City Church nor any of the staff’s family members.
   * Any prohibited 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 rooms assigned to that person.
   * All Participants will be supervised by the Dean of Men during their stay at DCL. All requests and problems will be channeled through the Dean. All requests must be written, signed dated and placed in the Dean’s box.
   * I recognize this is a sober living environment and complete abstinence from drugs and\or alcohol is required at all times. Any use of drugs or alcohol on or off property is strictly prohibited and may result in immediate dismissal from the residence. Possession of alcohol or drugs is also cause of immediate dismissal.
   * Dream Center Living will provide a residence in safe condition and will not be held liable for any loss of any personal property. Insurance covers the property and organization’s assets, not personal belongings.
2. **EMPLOYMENT**
   * I agree that I will make every attempt to find and maintain permanent full-time employment while in the DCL program and accept staff's input in my job search.
   * While seeking employment, I agree to present verification of daily job interviews to the DCL Director or to the Dean of Men
   * During the time that I am unemployed, I will participate in the Work Ready Oklahoma Program done at the ministry each day. Monday through Friday I will be in the office at 8:00AM, signed in, bathed, and groomed ready for work or planning and assignments for the day.
   * I agree that I will not quit my job before discussing it with my Hand Up Ministries job coordinator and having another job.
   * I understand that I am to obtain work as soon as possible and that my program fees may be as follows:
   * $125.00 per week, for a single bed depending on resources requested and available.
   * $100.00 per week, for a double bed depending on resources requested and available.
   * I understand that Dream Center will work with me on paying program fees out over an agreed upon time while paying current fees with the goal of being ahead at least one week. I further agree that if I am going to be late with my program fees, due to extreme circumstances, I will notify the DCL Director, work out a plan, and abide by that plan.
3. **ACCOUNTABILITY**
   * Communication and accountability eliminate the need for excuses.
   * This is a discipleship program. The root word of discipleship is discipline. It is for this reason you must inform your RA of your whereabouts at all times.
   * If you are unemployed, you cannot leave campus at any time without the permission of your director.
   * A GPS app (Life360) must be installed on your phone while a participant enrolled in Dream Center Living. It is the participant’s responsibility to keep devices charged. A participant that does not have a device that will support Life360 will be given two weeks to procure a device that can. If unable, that resident will be asked to leave the program.
   * Participant’s curfew is 10:00pm Sunday through Thursday and 11:00pm Friday and Saturday. Participants must adhere to more strict curfews while on probation for program violations, or as required by parole, or probation officers. Exceptions can be made for work requirements. Participants who miss curfew will be required to take a drug test upon arrival. Repeatedly missing curfew will result in larger fines , and or dismissal from the program.
4. **SOCIAL MEDIA**

* At no point should a participant attempt to connect with, friend request, follow, Like, or anything of the sort, any member of the OKC Dream Center Staff, Kingdom City Church Staff, or the family members of the staff, as well as any volunteer staff members while enrolled into the DCL Program.
* In the case that a participant is already connected to any of the previously mentioned, the participant must remove the connection until after the participant has graduated from the DCL Program.

1. **CLASSES/SERVICES**

* Participants must be on time for all classes.
* As necessary, participants will be required to attend meetings for an addiction recovery program of your choice. Responsibility of making meetings rests solely on the resident
* Attending Kingdom City Church weekend services (Sundays at 11am) or an approved church is mandatory, all absences except for work related occurrences will be fined.



1. **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. Dismissed participants cannot return without permission from the lead Pastor.
* DCL shall not be responsible for any clothing or personal possessions left behind by the Participant. If any property is left, participant must make arrangements to pick it up within 72 hours or said property will be donated.
* You may terminate your residence at any time. Please provide at least a week’s notice if possible. No refund will be given for leaving prior to the end of the week\month that rent has been paid for.
* You must turn in any DCL issued clothing and curriculum upon departure.
* If dismissed from the program you may not return for a minimum of 30 days. You also will not be allowed to participate in any other Dream Center Ministries for a minimum of six (6) months. You will be allowed to continue attend services at Kingdom City Church.
* If dismissed, you are not allowed contact with anyone in the program without approval from the House Deans.
* If a Participant is dismissed or leaves, and has an outstanding balance, any belongings will be held until balance is paid in full.

1. **NICOTINE & TOBACCO**

* Smoking, Vaping, Dip, Chew, and any other use of nicotine on campus is prohibited except in designated areas. Using nicotine anywhere on campus not within these parameters can result in disciplinary action, including fines or dismissal. Smoking, Dipping and Vaping are not permitted inside the Kingdom City Church facility, DCL Building B nor the DCL Cabin, Gym, or the Clothing Closet. This also includes the DC Offices, Kitchen, and Fellowship Hall.

1. **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, including synthetics (K2/Spice, Kratom, Dronabinol, etc.) 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.
* All rooms and personal property are subject to search by staff at any time for any reason to ensure a sober living environment, nonetheless, room search will occur randomly on a weekly basis.
* A positive drug test may be grounds for immediate discharge from DCL. A $5 fee will apply for any positive test.

1. **ETIQUETTE RULE**
   * All Participants will observe and maintain the utmost courtesy and manners demonstrating Christ­ like character and attitude toward others.
   * We follow the Golden Rule; "Do unto others as you would have them do unto you."
2. **FAMILY VISITS**
   * 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.
* I will complete an incident report form for any injury or loss occurring on the property to myself or my guests.
* Guests must remain on the first floor common areas of Building B and are not allowed upstairs. Overnight guests are not permitted.

1. **FOOD**

* Food is allowed to be eaten ONLY in the designated area. This is on the 1st floor in the “chow” area.
* ONLY NON-PERISHABLE FOOD CAN BE STORED IN PLASTIC CONTAINERS IN AN INDIVIDUAL'S ROOM.
* Should any food or dirty dishes that are found in the participant room, a fee for extermination will be charged in the amount of $50.
* Use of Dream Center resources including food pantry, clothing closet, or other assistance must be in accordance with programs guidelines. Special distributions of food, clothes, hygiene, or other products must be approved by the DCL Director.

1. **GRIEVANCES**

* Participants have the right to file a complaint with the House Deans.
* The grievance must be in writing and may be given to any staff member.
* Grievances will be resolved in a timely fashion, usually within 7 days.

1. **GROWTH**

* During the Participant's stay here at DCL, the Participant 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 DCL.
* 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 dismissal.
* Engage in goal-setting and personal development with a staff member or approved mentor.

1. **HYGIENE**

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

1. **ILLEGAL ACTIVITY**

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

1. **LANGUAGE**

* To strengthen and encourage one another, all street talk, cursing, backbiting, gossiping, jail talk, is to be stopped upon admission into the program.
* It is also unacceptable to speak in a derogatory manner towards other Participants (same or opposite sex), staff or any other person.

1. **LAUNDRY**

* Laundry will be done on a weekly basis.
* Each Room will have a designated time that they will be able to do their laundry. See the schedule in the laundry room to determine your day. Be courteous when using the washer and dryer. Clean lint screen before and after each use. Leaving clothes unattended for prolonged periods and failing to use the equipment properly can result in fines or charges for damage.

1. **PERSONAL COMMUNICATION**

* DCL does reserve the right to inspect and censor all incoming mail and packages as they are being opened by the addressee for security purposes.
* DCL may, at staff discretion, restrict a Participant from communicating by mail with specified individuals at the request of staff, family members, or close friends.
* Participants are encouraged to communicate with their spouse, children, parents, or other persons designated as "family" on a regular basis.
* Your Resident Advisor will hand out mail. Therefore, do not ask for mail as it will be handed out at the designated time.
* All incoming mail needs to be addressed as follows:

(Your Name)

C/O DC Living

2122 SW 55th St

Oklahoma City, OK 73119

1. **MEDICAL CARE**

* It is the responsibility of the Participant to inform the staff of any chronic medical problems upon entry into DCL.
* Medical Marijuana is not allowed while enrolled in the DCL program even if participant has an OMMA Identification Card. No THC nor Synthetic Cannabinoids products will be allowed at any time while enrolled in the DCL Program.
* Each Participant is responsible for making their own appointments, securing their own transportation to and from their destination, as well as any medical bills that they incur. Therefore, DCL cannot be held responsible for any expenses incurred as well as any legal liability resulting from using the services listed above.
* DCL is not equipped to provide any ongoing medical or dental needs; therefore, a Participant may be required to leave the program to attend to such matters if it appears that any treatment above interferes with the program requirements.
* Prescription medications are the sole responsibility of the Participant. No medications that are narcotic or psychotropic in nature will be allowed on the property.

1. **PERSONAL FINANCES**

* DCL is not responsible for lost or stolen valuables.
* Panhandling or borrowing money from anyone is not allowed.
* Betting on games (pool, ping pong, foosball, video games, etc.) is NOT ALLOWED and could warrant removal from the program.
* Discussion of one's personal financial ability or lack thereof will not be tolerated.
* If a participant is unable to pay the current weeks dues:
* Notify the Director of DCL IMMEDIATELY!
* Communicate the plan to get fees paid.
* At no point shall a participant call any Dream Center Partners or Kingdom City members to ask for help with program fees. This will result in a disciplinary write-up and could lead to dismissal from the program.

1. **PERSONAL POSSESSIONS**

* Hoarding is prohibited while in the DCL Programs. Should the DCL staff feel that hording is occurring, I understand that the staff has the right to enforce me to remove any and all unneeded possessions.
* Each Participant is allowed to bring some of his or her own personal possessions. Certain items are not allowed at the facility.
* **PETS ARE NOT PERMITTED**.
* Any prohibited items will be confiscated and disposed of.
* All appliances must be turned off when not in use.
* Participants are not allowed to use another Participant's personal items.
* Participants are not allowed to lend or borrow money from each other, staff or other Dream Center Residents or staff.
* Participants are not allowed to exchange or sell personal items, belongings, or services to each other.

1. **PORNOGRAPHY**

* Possession of or viewing pornographic material in any form will not be allowed.

1. **PRIVACY**

* Since DCL is a residential live-in program with many participants in the program there should be no expectation of privacy.
* Some rooms have at least two people per room and all participants on a floor share a community bathroom.
* DCL reserves the right to perform room searches when deemed necessary by the Program Director.
* DCL also reserves the right to use closed circuit TV in hallways and entrances for security purposes.

1. **PROBATION AND PAROLE**

* All Participants will be expected to cooperate with all law enforcement agencies.
* Any Participant who has a court appearance, probation or parole meeting, or legal appointment must set up a meeting with DCL Director.
* 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.

1. **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 DCL, the Dream Center or Kingdom City Church, other participants, and RA's as well as any other person that is not in DCL. Note passing and any other form of communication will not be tolerated.
* DCL is not a dating service but a transitional living program.

1. **ROOMS**

* Eating is NOT allowed in your room.
* Rooms must be kept neat, clean, and organized at all times. Failing a room inspection can result in a warning or fine, depending on the severity of the room’s condition and damage done to community resources.
* Participants are only allowed to have two weeks worth of clothing due to limited space.
* Furniture is not to be moved from room to room without permission from the Director.
* No additional furniture is allowed to be moved into the rooms.
* No candles or incense burning is allowed in the rooms.
* I agree to keep my voice, radio, and music volume at a level that will not disturb the other participant.
* Personal possessions must fit in the allotted storage space. No personal items shall be kept/stored in any other location on campus for reason. If it doesn’t fit in your storage space it cannot stay.
* Nothing is allowed to be screwed/nailed or anchored on walls.
* Coffee pots, hot plates, toaster ovens, microwaves, mini fridges, coolers etc., are not allowed in individual rooms.
* Any books must fit in drawers or on a bookshelf, if available.
* Only luggage, sealed storage containers, shoes and laundry bags are allowed under your bed.
* Participants are not allowed in another participant's room without permission from the Dean. If you desire fellowship with another Participant you may use the common room, or any other designated room on the 1st floor for that purpose.

1. **SCHEDULE**

* You are responsible to know and comply with your posted daily schedule.
* All Participants must be up and out of bed at 7:00am
* I agree to participate in all community service / DC Programs. This includes, but not limited to:
* Food Pantry
* Emergency Food Pantry
* Kids Programs
* Clothing Closet
* Various Kingdom City projects
* Various Dream Center project
* You are required to attend all functions of the Dream Center and all main services/classes at Kingdom City Church if you do not attend a different church.
* If you attend a different church, you must bring back a program/flyer or take a picture showing the current time and date. This will be given directly to the Men’s Dean.

1. **SPIRITUAL LIFE**

* DCL is a Faith-Based Program. As such, there is a spiritual component required.
* This includes but not limited to, bible studies, prayer services and public services that are essential to the program.
* All participants are required to attend such services or classes. NO EXCEPTIONS

1. **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 Participants.
* Horseplay will not be allowed as this can lead to aggressive behavior.

1. **WEAPONS**

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

1. **BUILDING B**

* I agree that if anything anywhere in the building should require repair or replacement, I will notify the DCL Director or the Dean of Men immediately.
* I agree that I will not try to do any repairs nor make any replacements on my own.
* Building supplies (cleaning supplies, toilet paper, laundry soap, etc.) will be provided weekly to the building. Stealing of house supplies or excessive, wasteful use can lead to fines or eviction.
* House\center chores will be assigned to keep common areas clean. Failure to complete assigned chore(s) as scheduled will result in a possible fee. Repeated failure can result in eviction.
* Common areas will be kept clean.
* Turn off lights, TVs, fans, etc. when not in use.
* Sleeping in common areas is prohibited.
* Residents are required to wear appropriate dress in common areas at all times.
* Clean dishes, kitchen appliances, countertops, etc. after use and return items to their respective place. Failure to wash personal dishes or otherwise leaving a mess in the kitchen or common areas can result in a fine.
* Mark food in refrigerators with your name and date when placing them in a refrigerator.

***NOTE: From time to time, it may become necessary to adjust these rules, with or without notice and at the discretion of the DC Executive Staff and or the DC Board of Directors.***

# *ACKNOWLEDGMENT OF HOUSE RULES*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand Violating program rules can result in a written warning, standout (set number of days when resident is banned from property), fines, and\or removal from the program, if any illegal activity occurs, details will only be disclosed to the Dream Center and all legal authorities the Dream Center deems necessary. I also understand that if I am tested positive for any banned drugs that are listed on the DCL's drug test and or any found in my personal belongings during the search, DCL 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, or if any of the rules listed in this document are violated. DCL and the Oklahoma City Dream Center maintains the right to remove or ban anyone for any reason at any time. 

**Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_\_**



Participant's Signature Witness's Signature

Participant's Printed Name Witness's Printed Name

# Chapter Six: Community Service Tickets

Accountability, integrity, and character are some of the key personality traits that are important to succeed in life. DCL's Community Service Program is designed with this in mind. Life is built upon the choices that we make. If we choose to make wise choices, then we will reap the rewards of those choices. However, if we choose to make wrong choices then we must also be held accountable and suffer the consequences for those choices.

The following list is not meant to be entirely inclusive but is meant to be a tool to help in our journey to making the right choices and living successful lives.

**Ticket Infraction Community Service Hours**

* Pushing or shoving anyone (1st offense) 25
* Threatening remarks against anyone (1st offense) 25
* Stealing (1st offense) 25
* Destruction of property (1st offense) 25
* Abuse of off-campus pass (1st offense) 20
* Inappropriate behavior towards opposite/same sex (1st offense) 20
* Horseplay 10
* Gossiping, causing strife, dissension, or discord, 10
* Name-calling and/or degrading comments 10
* Lying to staff 10
* Refusal to follow directions of a staff member 10
* Arguing with staff 10
* Failure to show up for Community Service 10
* Panhandling in any way shape or form 10
* Being late for curfew 10
* Not doing assigned tasks 10
* Being out of assigned area/building without permission 10
* Rebellious attitude 10
* Being in an unauthorized area 10
* Abuse of visitation pass privilege 10
* Not letting staff know about rule infractions of other Participants 05
* Lying to other Participants 05
* Leaving assigned tasks 05
* Not participating in a DCL/Church activity 05
* Not studying during study time 05
* Not having accountability 05
* Being late to a scheduled activity 05
* Profanity of any kind 05
* Not getting up out of bed when told 05
* Not taking a shower 05
* Room not cleaned & bed not made 05
* Inappropriate behavior while traveling 05
* Dress code violations 05
* Possession of pornography in any form 05
* Sleeping in church 05
* Sleeping during study time or chores 05
* Leaving church during service 05
* Arguing with another Participant 05

# *Automatic Dismissal*

1. Physical violence towards another person.
2. Possession of weapons (this includes firearms, knives, shivs, anything that has been made for the purpose of hurting people or using for self-defense).
3. Sexual relations with other Participants----either heterosexual or homosexual.
4. Possession of drugs and/or drug paraphernalia.
5. Selling drugs (illegal or prescription) to other Participants.
6. Refusal to take a drug test.
7. Refusal to be searched (personal belongings or room).
8. Refusal to sign community service ticket or perform hours.
9. Any illegal activity not previously listed.
10. Possession of items that could be used as weapons (knives, razor blades, screwdrivers, items other than those listed under weapons – 4th offense.
11. Inappropriate romantic or sexual behavior towards opposite/ same sex – 4th offense.
12. Using nicotine in any form – 4th offense.
13. Stealing – 4th offense.
14. Pushing or shoving someone – 4th offense.
15. Threatening remarks – 4th offense.
16. Destruction of property – 4th offense.
17. Abuse of off-campus pass – 4th offense.
18. When a Participant has been sent back to first level for the fourth time. Example: If a Participant has been sent back to first level because of community service hours or a violation above, they will only be allowed to do this no more than three times. On the fourth time the Participant will be asked to leave and wait a minimum of 30 days before coming back into the program again.
19. Twenty (20) unresolved tickets or 100 hours of community service whichever comes first.

# Chapter Seven: Forms

*Effective Tools for 0rganization*

Accountability, integrity, organization, and information; these are what forms help achieve. Forms help set processes in place, supply accurate, accountable information, and help an organization develop structure and character. Forms must be present when establishing policies and procedures. Without the forms there would be no structure, no accountability, no integrity, no organization and no "paper trails" within DC Living. 

These forms have been created as the need arrived for them. As DCL grows it will need to become more organized and new forms will need to be created. It is also wise to review the forms every couple of months. This way new ideas can be created and adjustments or improvements to the forms can be made as needed.

There are many different forms that are utilized through DCL, and they all have different functions:

* **Welcome Letter 26**

This is the welcome letter used to prospective clients and their family.

* **Application Procedure 27**

This is an informative bulletin that outlines the steps to take for a client to be admitted into the program.

* **Client Intake Form 28**

This form is used for the Participant to fill out at intake prior to being accepted into DC Living.

* **Fair Credit Reporting Act Disclosure 39**

This for the client to use to make a goal from a sermon that week to use in their persona life.

* **Authorization of Background Investigation 43**

This form is used for the Participant to authorize DCL to perform background check.

* **Pre Move-in | Program Entry Checklist 44**

This form is used for the Participant to authorize DCL to perform background check.

* **DCL Participant Release Statement 46**

This form is used for the Participant to agree to release DC of liability while in the DCL Program.

* **DCL Participant Agreement 47**

This form is used for the Participant to agree to abide by DCL's PnP’s while in the DCL Program

* **Medical Request Form 49**

This form is used for the Participant to request permission to go to the doctor.

* **Meeting Request Form 50**

This form is used for the Participant to request permission for a meeting with the resident advocate or the pastor.

* **Pass Request Form 51**

This form is used for the Participant to request permission to either have a visitation pass, an excursion pass, overnight pass, or weekend pass.

* **Termination Form 52**

This form is used when a Participant is terminated from the program.

* **Room Check Form 55**

This form is used to check the participant’s room for cleanliness and order.

* **Disciplinary Notice 56**

This form is used to inform participants of the offense committed against the program.

Tuesday, June 6, 2023

*To whom it may concern,*

Dream Center Living is a Men’s Transitional Program for men who are coming out of prison, rehab, or any other situation life and handed them. Our program is designed to help men learn how to live life sober, as well as learn how to become a fully functioning member of society again through and because of Jesus Christ. Dream Center Living has mandatory meetings/small groups as well as curfew and mandatory GPS app installation onto any and all technology devices. On behalf of the Oklahoma City Dream Center, we are honored to inform you that **[CANDIDATES NAME]** has been approved to be a participant of the Dream Center Living program and can now reside on campus.

Thank you for your time and if you have any questions feel free to contact us:

Director of Dream Center Living

dcl@dcokc.org

405-634-2615

2215 SW 55th St

Oklahoma City, OK 73119

# APPLICATION PROCEDURE

1. Please fill in all the blanks. If something does not apply to you then put *"NA"* in the blank space.
2. Be sure to complete the Background check release form.
3. You may email the completed application to dcl@dcokc.org or mail it to the address below:

Dream Center Living

Attn: Intake 2212 SW 55th St

Oklahoma City, OK 73119

1. 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.
2. When you are contacted by our Intake Office, please be prepared to give us a date as to when you expect to be here.

# CLIENT INTAKE FORM

| Personal Information | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | | | First Name: | | | | |  | | | |
| Date of Birth: | |  | | | | Spouse Name: | | | | |  | | | |
| ID Number: | | **(List Type of ID**  **State & Number)** | | | | Social Security #: | | | | |  | | | |
| Address: | |  | | | | | | | Homeless: | | | □YES □NO | | |
| City: | |  | | | | State: |  | | | | Zip Code: |  | | |
| Home Phone: | |  | | | | Work Phone: | | | | |  | | | |
| Cell Phone: | |  | | | | Fax: | | | | |  | | | |
| Age: | | Sex: | □Male □Female | | | Height: | |  | | | Weight: | |  | |
| Religion: | |  | | | | Race/Ethnicity: | | | | |  | | | |
| Marital Status: | | □ Single □ Married □ Divorced □ Widowed | | | | | | | | | | | | |
| Emergency Contact Person: | | | | |  | | | | | Relationship: | | | |  |
| Emergency Ph #: |  | | | | | Secondary #: | | | | |  | | | |
| Emergency Address: | | | |  | | | | | | | | | | |
| Do you have a car? □Yes □No If yes who will take care of it while you are in the program? | | | | | | | | | | | | | | |
| Are you currently receiving any type of income? □ Yes □ No If yes, please explain: | | | | | | | | | | | | | | |
| Have you ever been in the military? □ Yes □No Discharged? □ Yes □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? □ 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 accented Jesus Christ as our Savior? □ Yes □ No □ 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 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 □No If yes, how old were you? | | | | | | | | | | | | | | | |
| Why did you try them? | | | | | | | | | | | | | | | |
| □ To help me deal with life. □ Some of my family use drugs.  □ To escape reality. □ Just for fun.  □ To fit in with my peers □ I’m bored.  □ My friends use drugs. □ Curiosity.  □ To make physical pain go away □ Other:  □ 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 | First Time  (How old were you?) | Last Time  (Approx. date?) | Frequency  (daily, weekly, monthly) | Amount Used |
| --- | --- | --- | --- | --- |
| Alcohol |  |  |  |  |
| Barbiturates |  |  |  |  |
| Benzodiazepines |  |  |  |  |
| Cocaine/ Crack |  |  |  |  |
| Glue/Paint |  |  |  |  |
| Heroin |  |  |  |  |
| Inhalants(Snuffing) |  |  |  |  |
| LSD |  |  |  |  |
| Marijuana |  |  |  |  |
| MDMA (Ecstasy) |  |  |  |  |
| Meth |  |  |  |  |
| Mushrooms |  |  |  |  |
| PCP |  |  |  |  |
| Prescription Drugs |  |  |  |  |
| Speed |  |  |  |  |
| Tobacco |  |  |  |  |
| K2/Spice |  |  |  |  |
| 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?  Diagnosed with ADHD?  Diagnosed with any Mental Disorder?  Diagnosed with Tuberculosis?  Diagnosed with Hepatitis A/B/C  Diagnosed with HIV Positive or with AIDS?  Diagnosed with STD?  Diagnosed with Body Lice?  Diagnosed with High Blood Pressure?  Diagnosed with Heart Disease?  Diagnosed with any other illnesses? | | | □ 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are you presently on any medication? □ Yes □ No  (If yes, please list below and give reason why you take) | | | | |
| 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 25lbs, be able to stand for long periods of time as well climb up to 3 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 below) | | | | |
| Have you ever been under psychiatric care or been admitted to a mental health institution? □ Yes □ No  (If yes, please explain below) | | | | |
|  | | | | |
| 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 | | | | |
| 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: □ Heterosexual (straight) □ Bi-sexual □ Homosexual (Gay/Lesbian) | | | | |
| Goals | | | | |
| What goals do you have while 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

□ Parental over protection

□ Neglect of child

□ Inadequate discipline

□ Discord 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/ crime

□ Arrest

□ Incarceration

□ Litigation

□ Victim of crime

□ Stealing

□ Vandalism

□ Arson

□ Probation

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Seances

□ Tarot Cards

□ Horoscopes

□ Yoga

□ New Age

□ Mormonism

□ Scientology

□ Buddhism

□ Hinduism

□ Transcendental Meditation

□ Jehovah's Witness

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Psychiatric Evaluation

□ Medications

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Friend

□ Family Member

□ Church Leader

□ Dream Center Website

□ Dream Center social media

□ Brochure/Flyer

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAIR CREDIT REPORTING ACT DISCLOSURE

In considering you for volunteering and, if you are already a volunteer, in considering you for subsequent promotion, assignment, reassignment, retention, discipline, or other volunteer purposes, OKLAHOMA CITY DREAMCENTER (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

For explanation purposes:

* a “consumer report” is a written, oral, or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a volunteer- related decision about you. Such information may include, for example, criminal history reports, or driving records.

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

The consumer and/or investigative consumer report(s) will be obtained from:

**Trusted Employees, 701 5th Street South, Minneapolis, MN 55343, (888) 389-4023.**

**Trusted Employees’ information and privacy policy can be found at** [**www.trustedemployees.com.**](http://www.trustedemployees.com/)

*Para informaci6n en espanol, visite* [*www.consumerfinance.gov/learnmore*](http://www.consumerfinance.gov/learnmore) *o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W, Washington, DC 20552.*

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to** [**www.consumerfinance.gov/learnmore**](http://www.consumerfinance.gov/learnmore) **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

* + **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
  + **You have the right to know what is in your file.** You may request and obtain all the information about you from the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report
    - you are the victim of identity theft and place a fraud alert in your file
    - your file contains inaccurate information as a result of fraud
    - you are on public assistance
    - you are unemployed but expect to apply for employment within 60 days

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

* + **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  + **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
  + **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  + **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
  + **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
  + **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore.](http://www.consumerfinance.gov/learnmore)
  + **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
  + **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
  + **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore.](http://www.consumerfinance.gov/learnmore)

**States may enforce the FCRA, and many states have their own consumer reporting laws.** In **some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| **TYPE OF BUSINESS:** | CONTACT: |
| --- | --- |
| 1 . Banks, savings associations, and credit unions   1. with total assets of over $10 billion and their affiliates | a. Consumer Financial Protection Bureau  1700 G Street, N.W. Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center - FCR |
| in addition to the CFPB: | Washington, DC 20580 (877) 382-4357 |
| To the extent not included in item 1 above:   * 1. National banks, federal savings associations, and federal branches and federal agencies of foreign banks   2. State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act   3. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations .Federal Credit Unions | 1. Office of the Comptroller of the Currency Customer Assistance Group   McKinney Street, Suite 3450  Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center  P.O. Box. 1200  Minneapolis, MN 55480  c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106  d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO)  1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation  Enforcement & Proceedings  Aviation Consumer Protection Division Department of Transportation  1200 New Jersey Avenue, S.E.  Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board  Department of Transportation  395 E Street, S.W. Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access  United States Small Business Administration  409 Third Street, S.W., 8th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission  100 F Street, N.E Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration  1501 Farm Credit Drive McLean, VA 22102-090 |
| 9. Retailers, Finance Companies, and All Other  Creditors Not Listed Above | FTC Regional Office for region in which the  creditor operates or Federal Trade Commission: Consumer Response Center - FCRA  Washington, DC 20580  (877) 382-4357 |

ADDITIONAL STATE LAW NOTICES

**Notice to individuals who are or will be employed in California:** We will be obtaining a consumer report from Trusted Employees (701 5th St S, Minneapolis, MN 55343, (888) 389-4023). You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Upon making a written request, you may receive a summary of your report via telephone.

**Notice to individuals who are or will be employed in Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of all such reports.

**Notice to individuals who are or will be employed in Massachusetts:** You have the right to know whether the Company requested an investigative report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., Trusted Employees) for a copy of any such report.

**Notice to individuals who are or will be employed in New York:** Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

**Notice to individuals who are or will be employed in Oregon:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

**Notice to individuals who are or will be employed in Washington State:** Under the Washington Fair Credit Reporting Act, you have the right to ask Trusted Employees for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

# AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

* The Disclosure of Background Investigation.
* The federal governmental notice entitled, “A Summary of Your Rights Under the Fair Credit Reporting Act”.
* The document entitled “Additional State Law Notices” (and if a California applicant, the Notice Regarding Background Investigation Pursuant to California Law).

My signature below indicates my authorization for Oklahoma City Dream Center (“the Company”) to obtain consumer

and/or investigative consumer reports about me from a consumer reporting agency in considering me for volunteering, promotion, assignment, reassignment, retention, discipline, or other volunteer purposes.

By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term of my volunteering, or to the extent allowed by law.



Date: Signature:



PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

**First Name Middle Name Last Name**

**Street Address City State Zip Code Phone**

**Date of Birth Social Security Number Driver’s License Number State of License**

**List any other cities and states in which you have lived during the previous 7 years.**



**List any other LAST NAMES you have used during the previous 7 years and/or for higher education).**

# PRE MOVE-IN | PROGRAM ENTRY CHECKLIST

Receive notice that participant would like to enter into the DCL Program

Send application to Participant/Case Manager/P.O.

Receive the application.

Create Digital Application folder in G Drive (regardless of status)

Scan in application

Background check

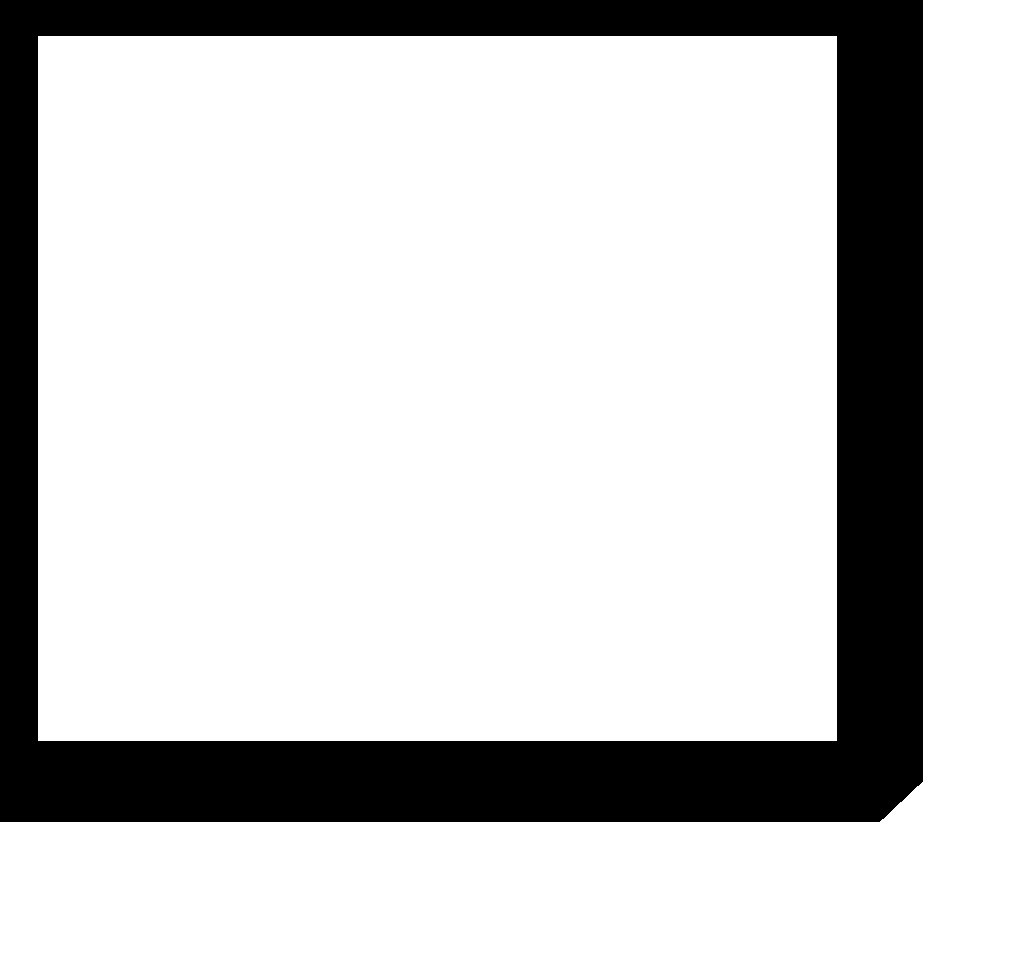
Scan in and place in digital folder

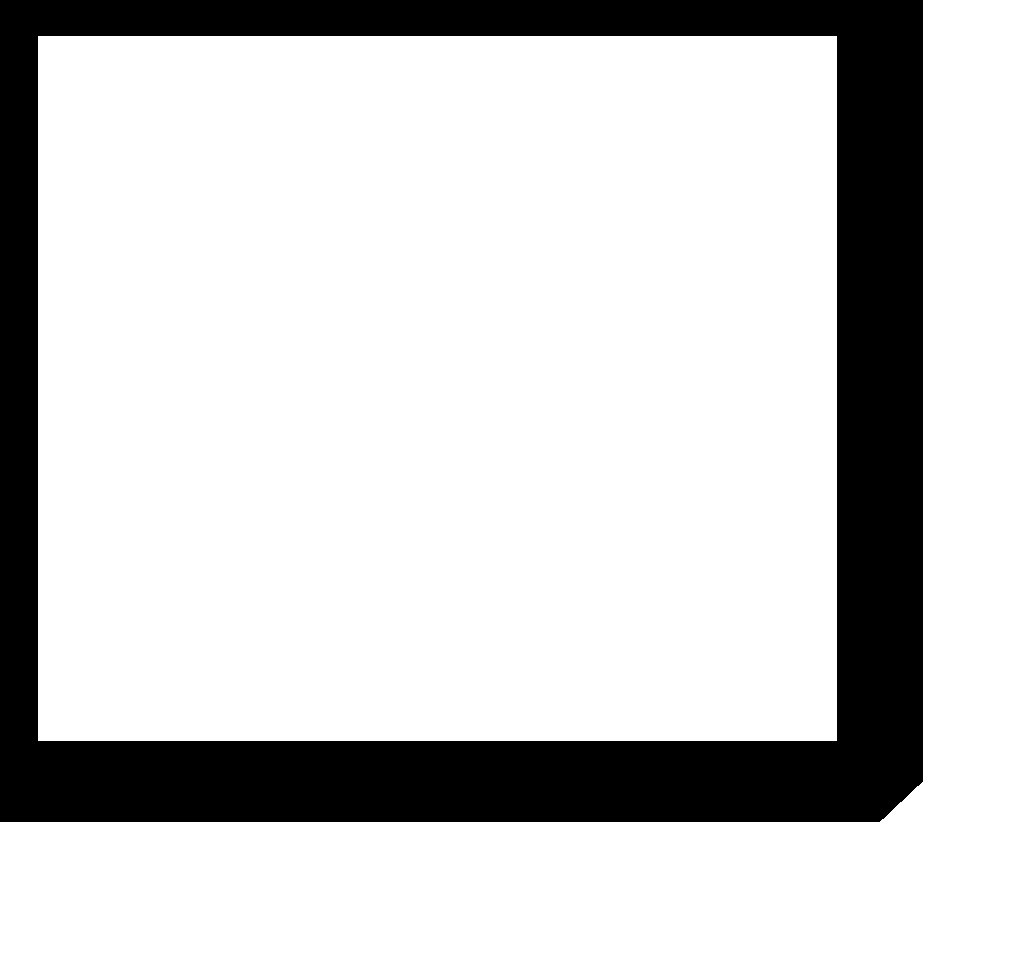
**If entry is Declined**

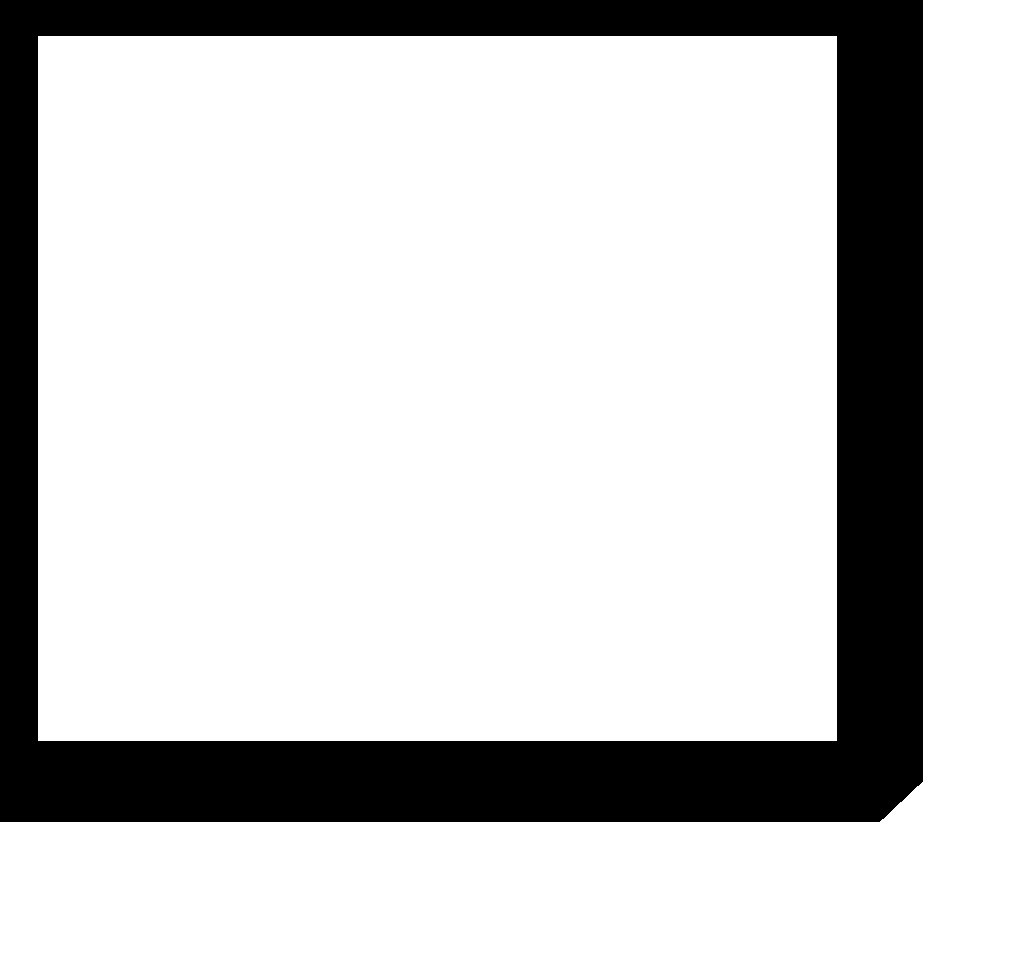
Contact them and inform them that they are not eligible for our program.

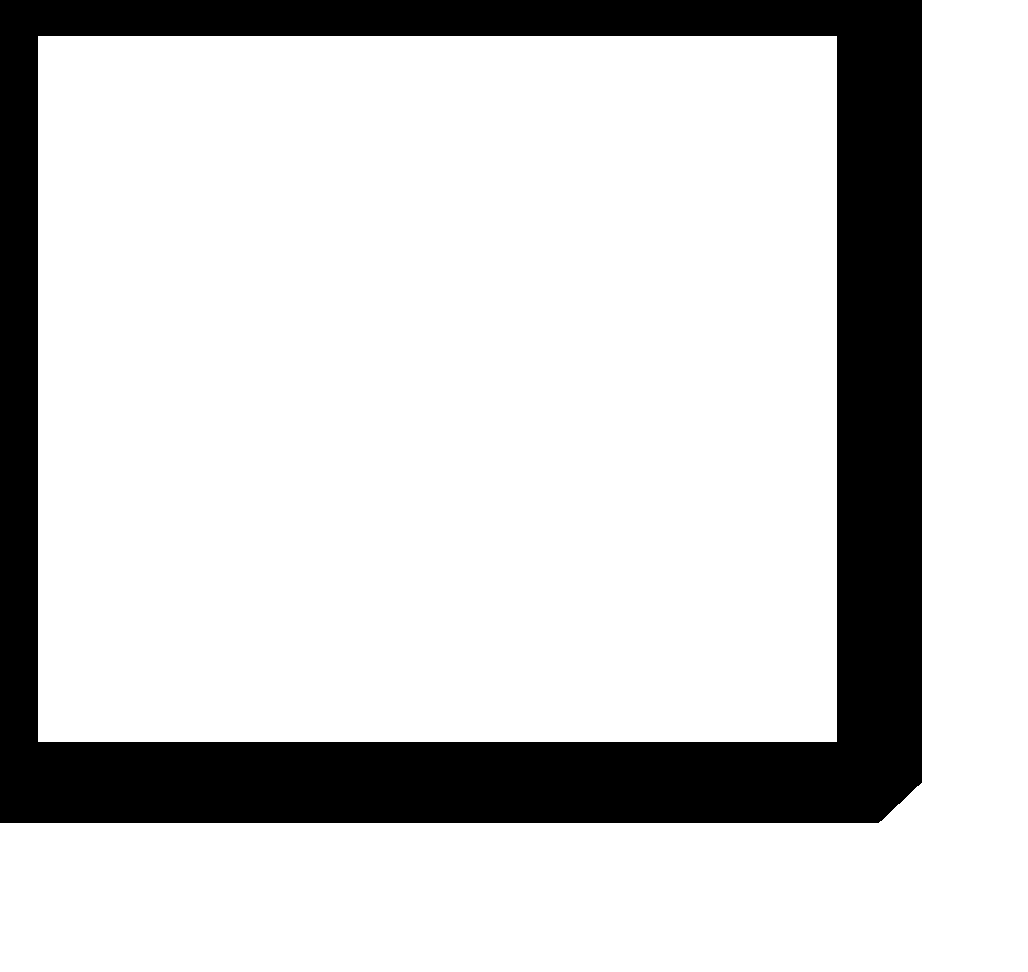
Move all remaining paperwork to correct location on G Drive

**Program Entry is Accepted**

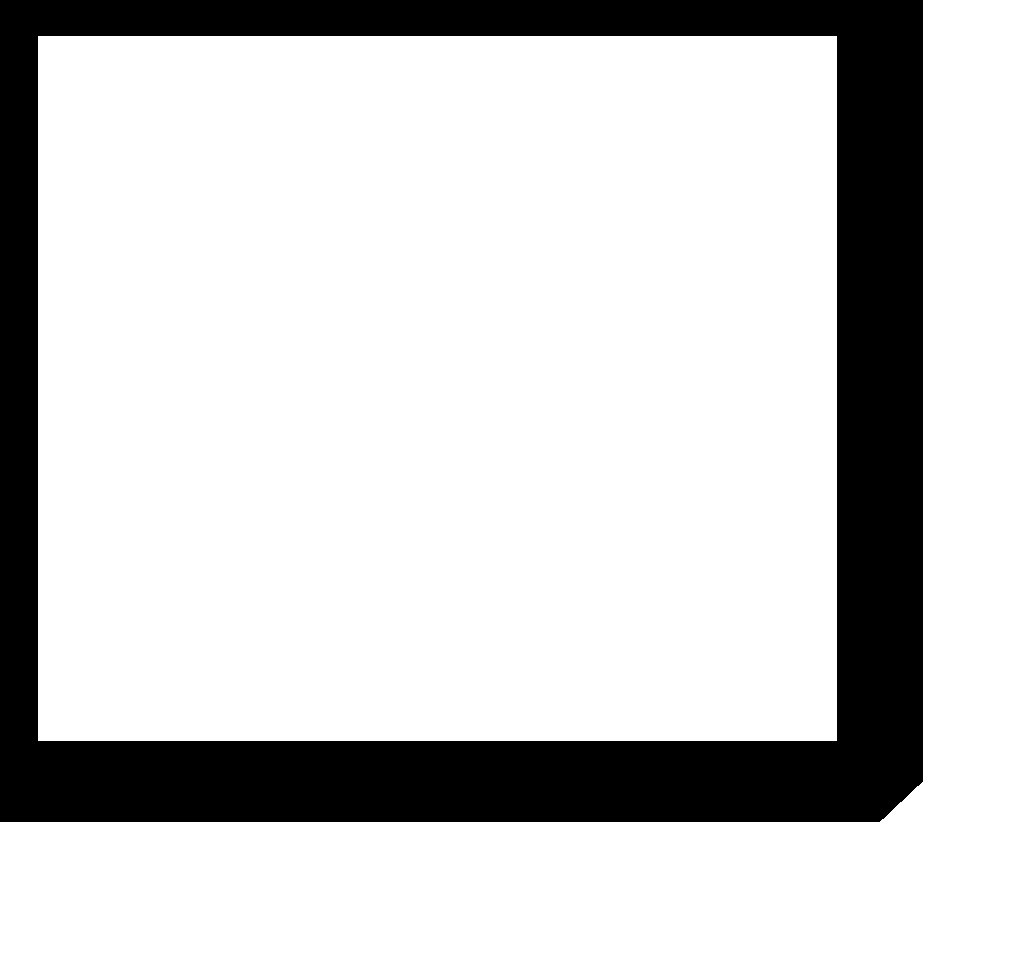
Provide Letter of Acceptance to all parties accordingly

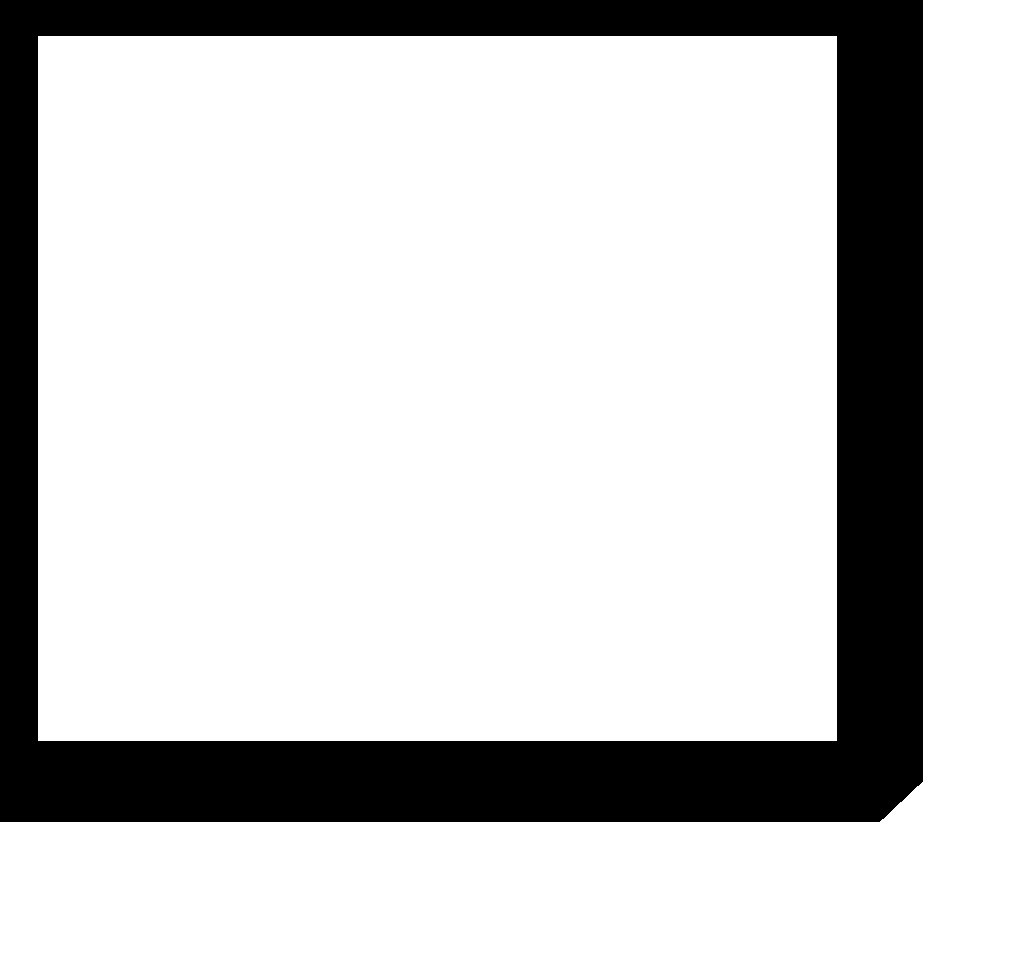
Obtain/Provide applicant approx. move-in date.

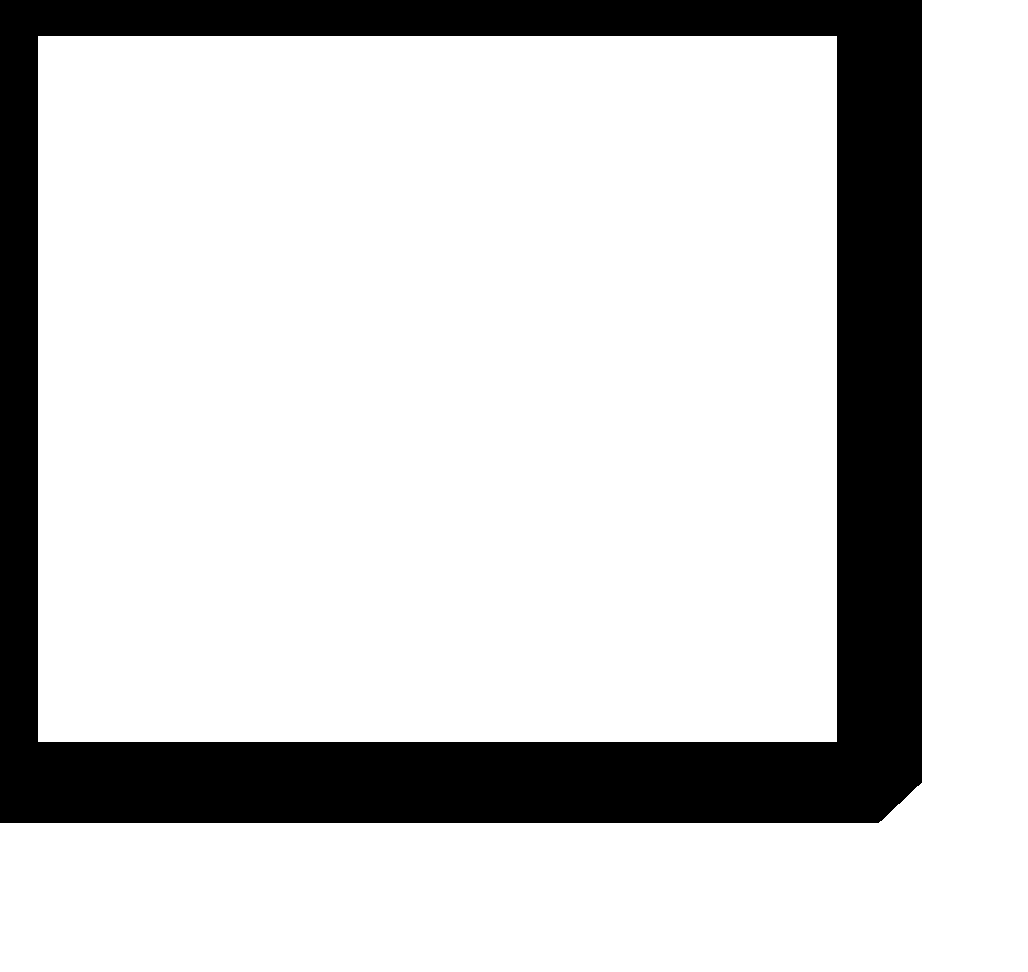
Place on waiting list (if needed)

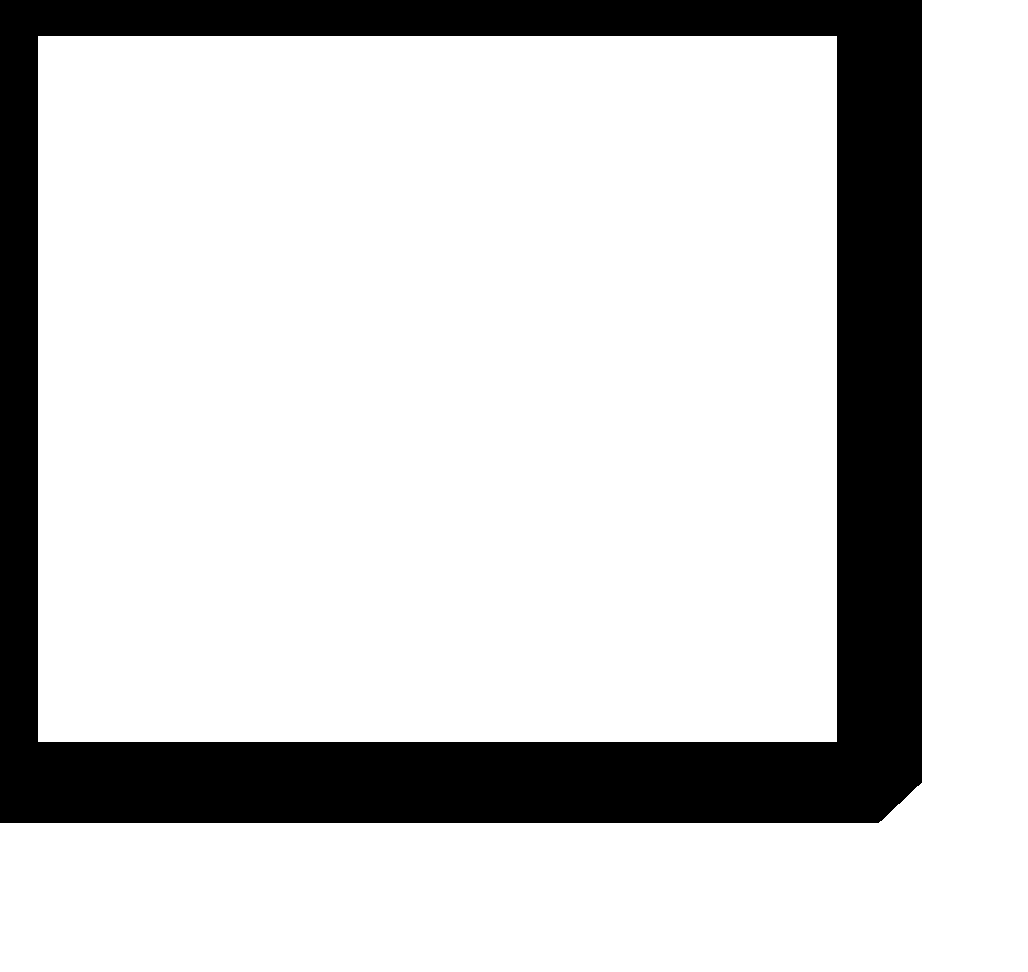
Setup billing in Wave and create draft reoccurring invoice.

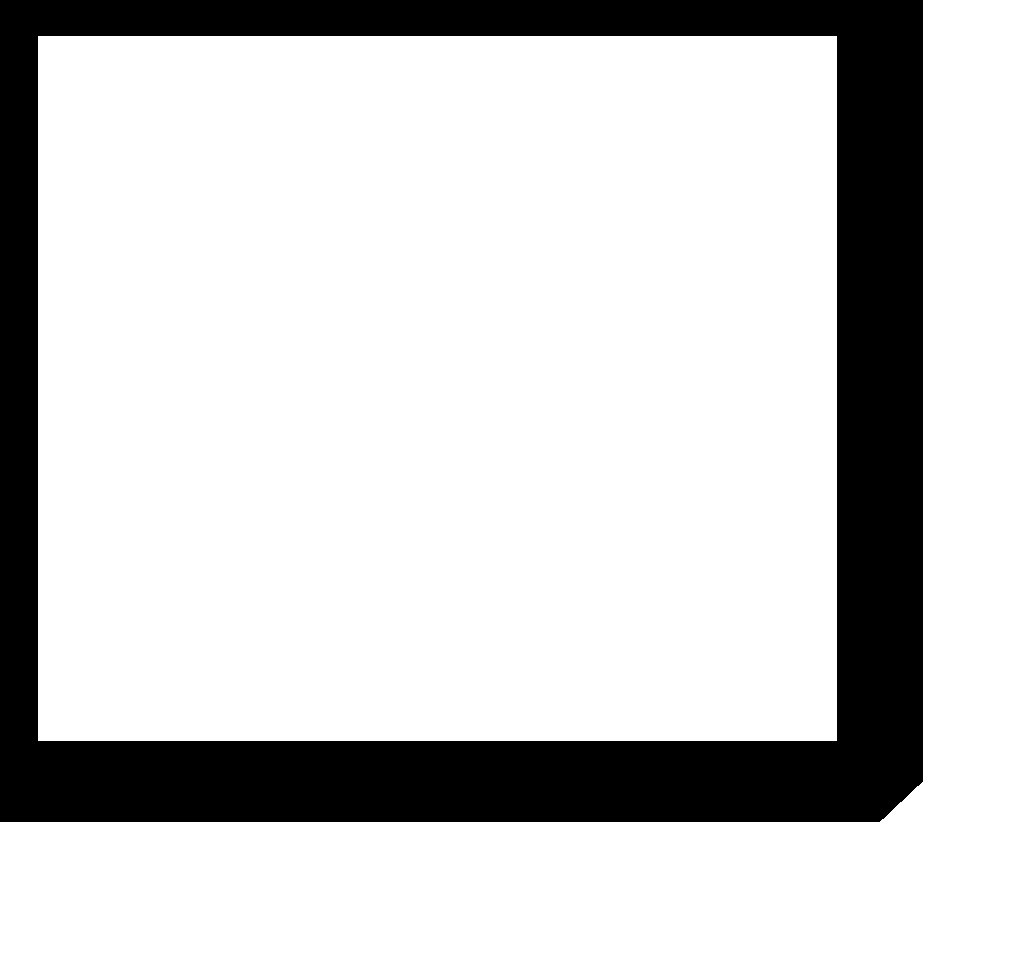
**MOVE-IN | PROGRAM ENTRY**

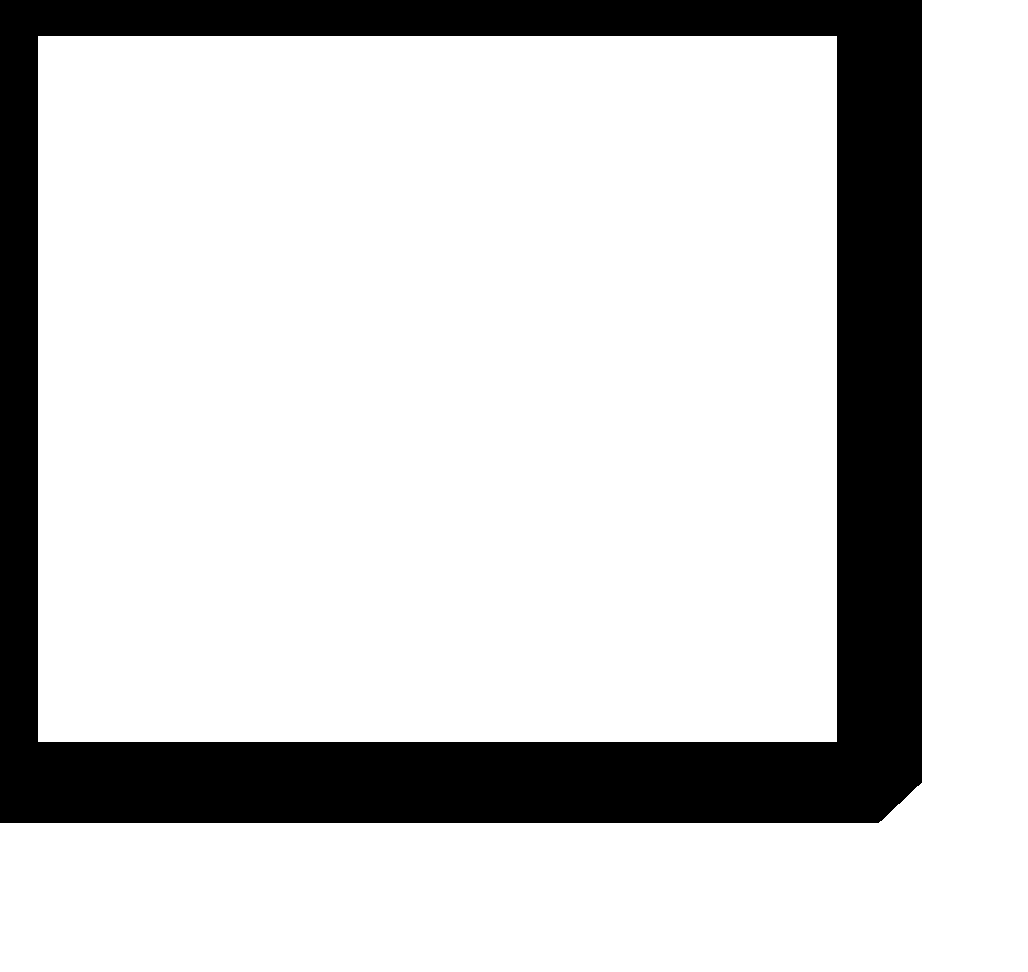
Collect intake fee.

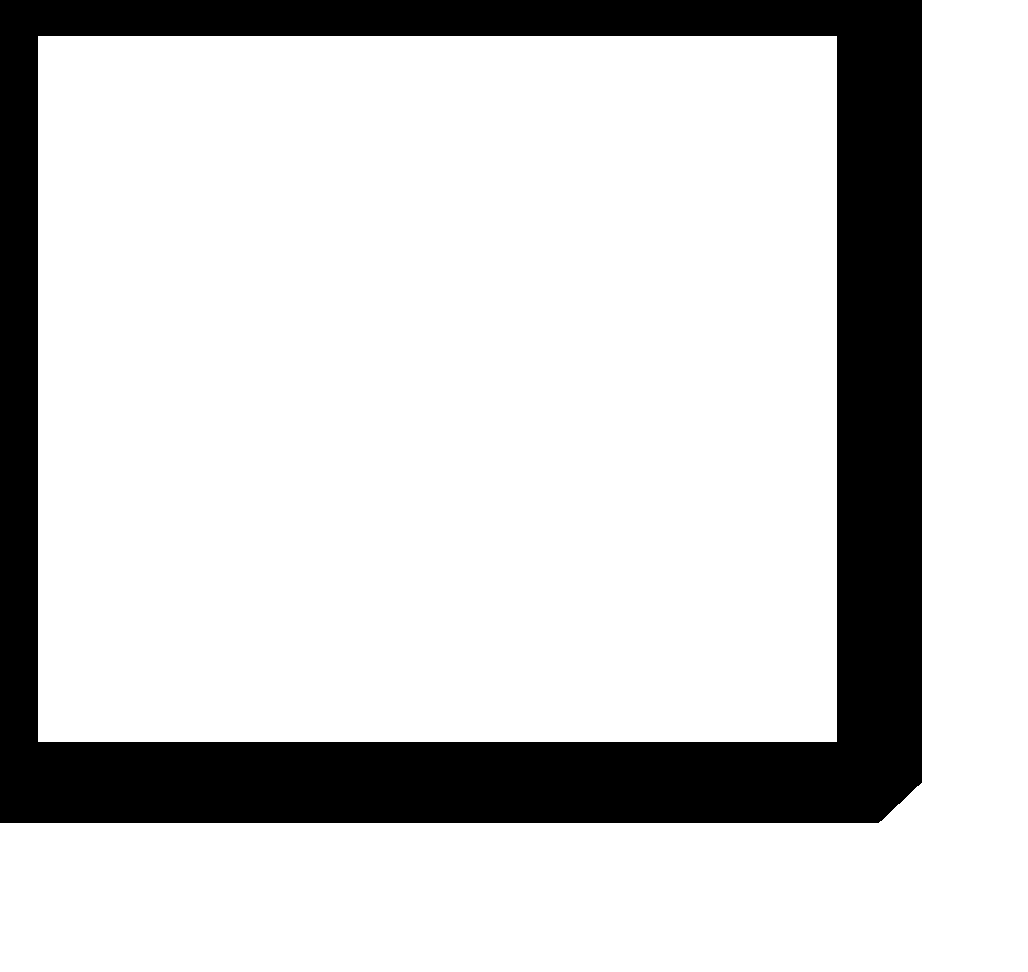
Administer UA

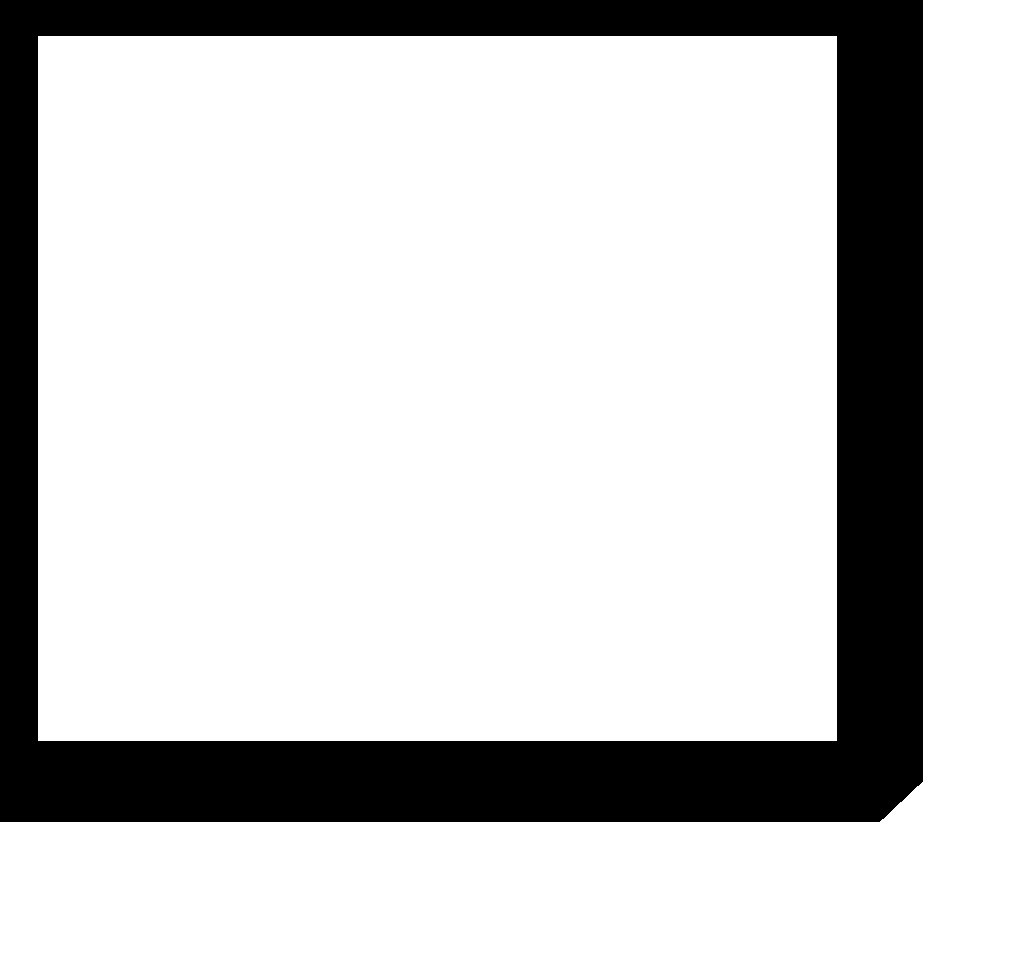
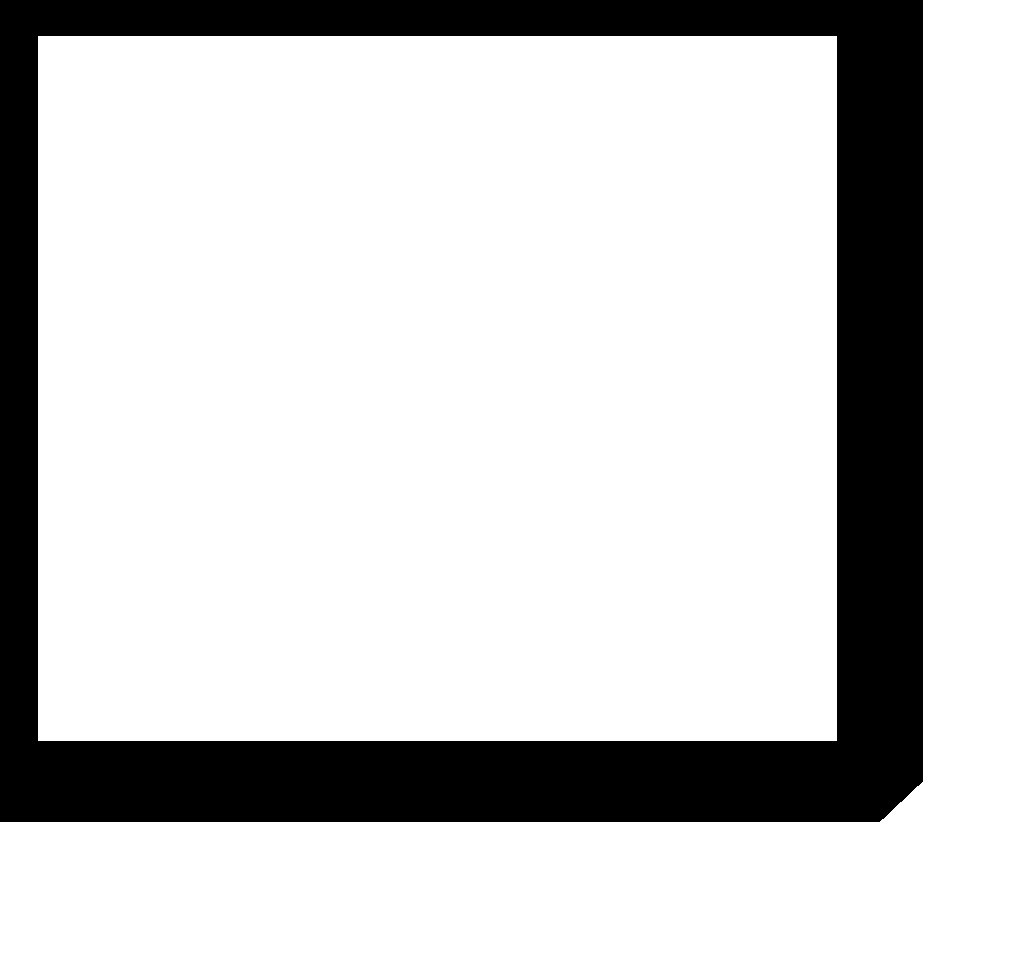
Take Picture place in the Digital Folder within G Drive

Record results on UA Status’ in G Drive 

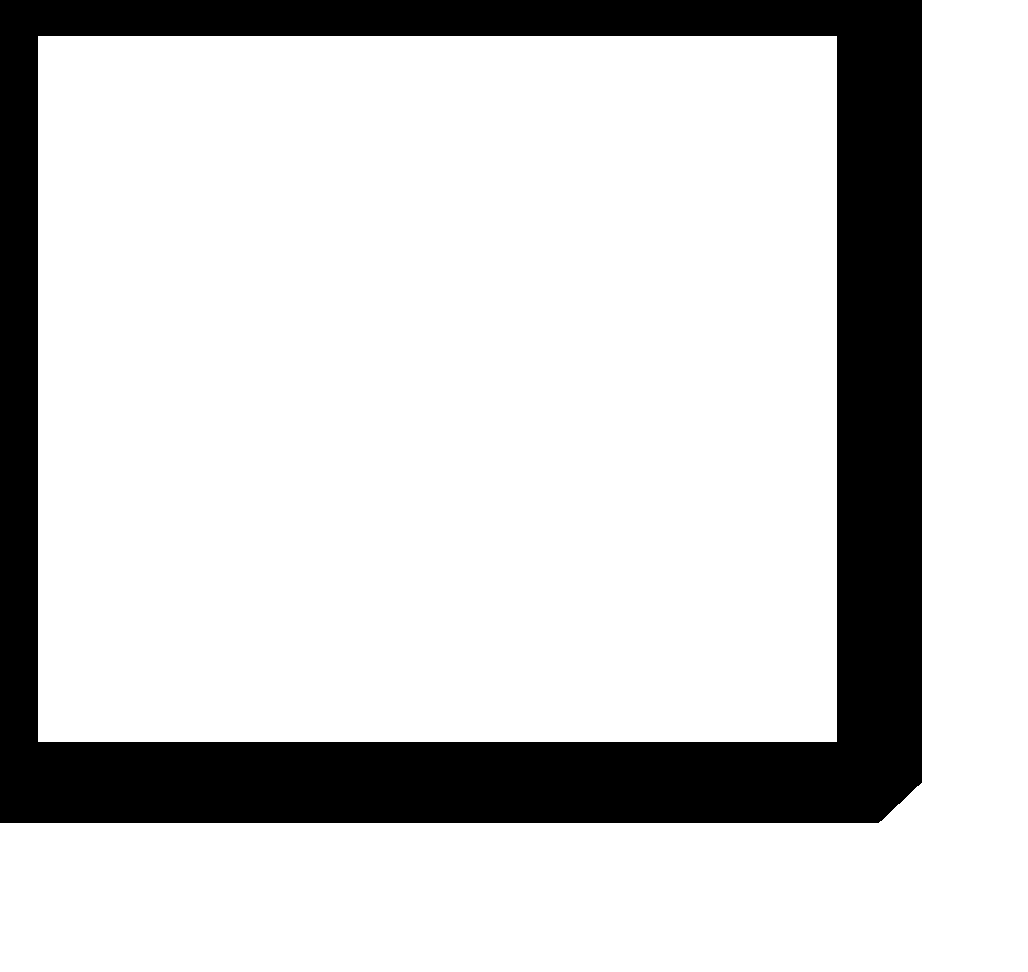
Interview

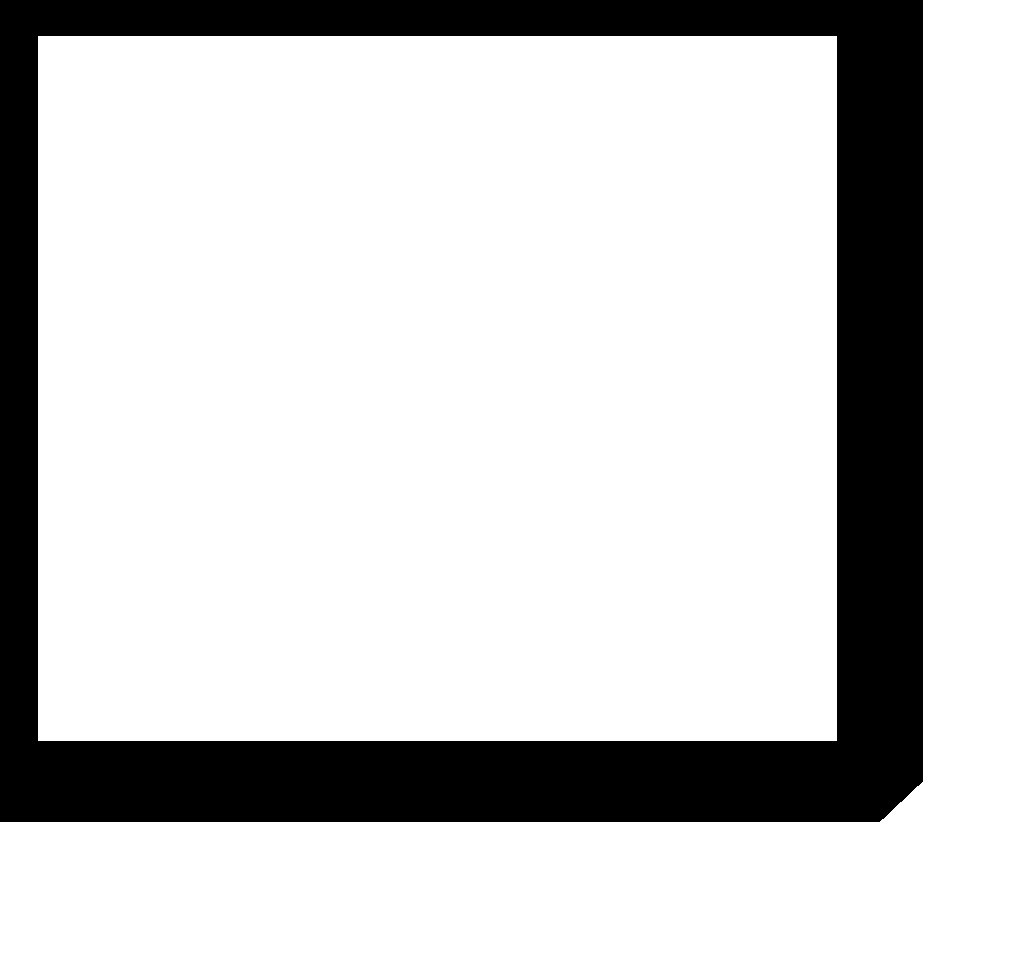
Find out their “WHY”

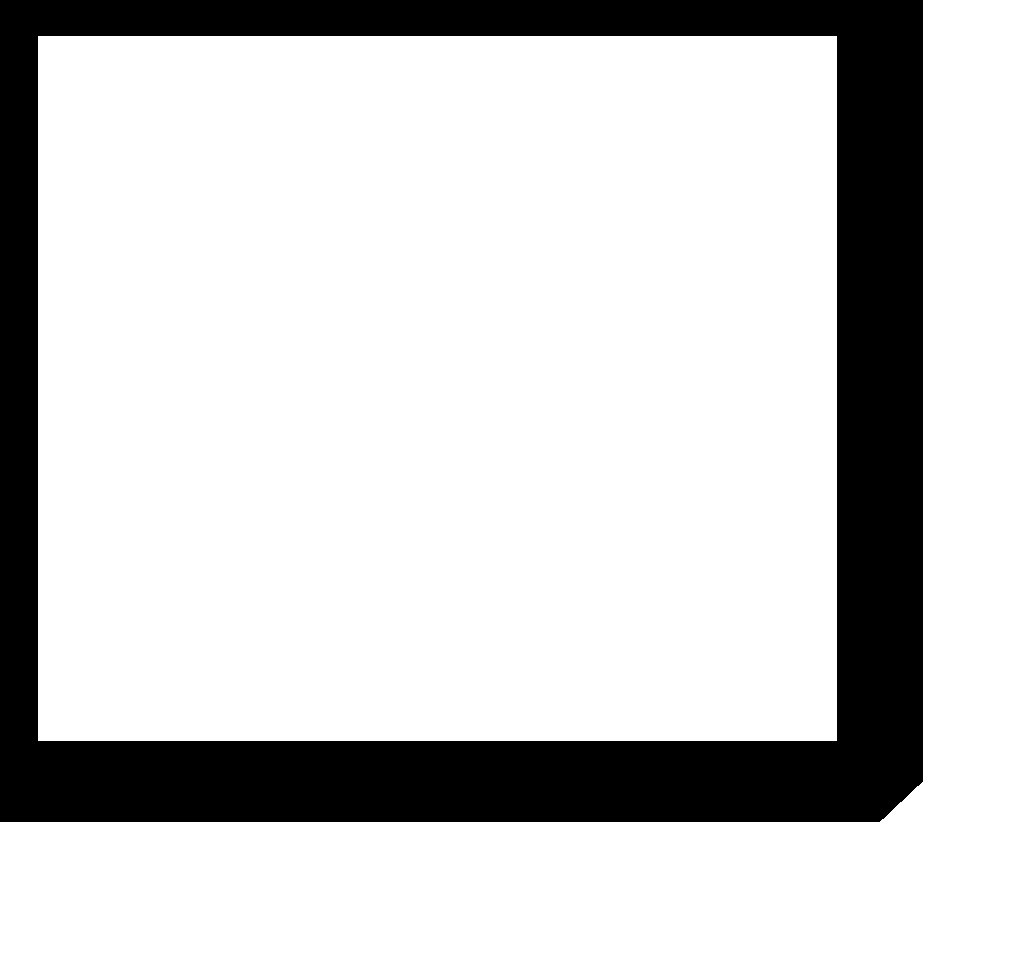
Goals during and after

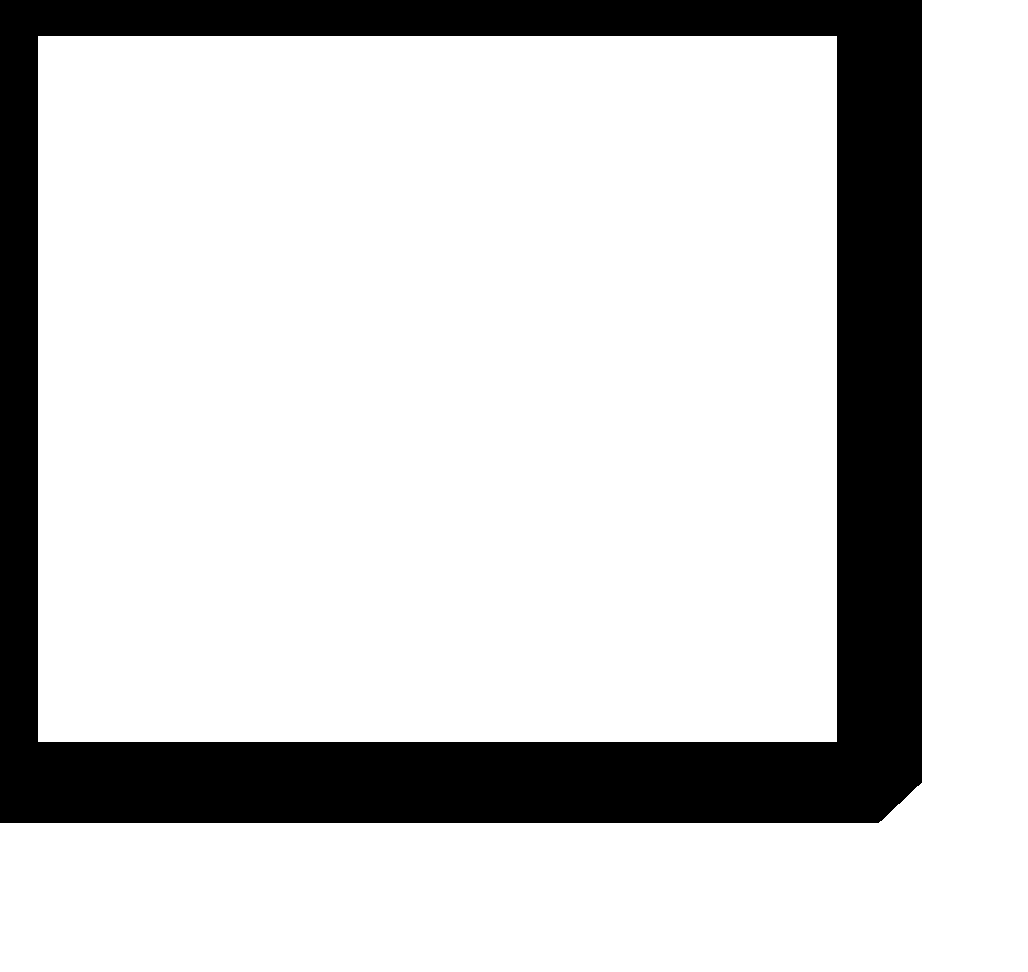
Intro to DCL

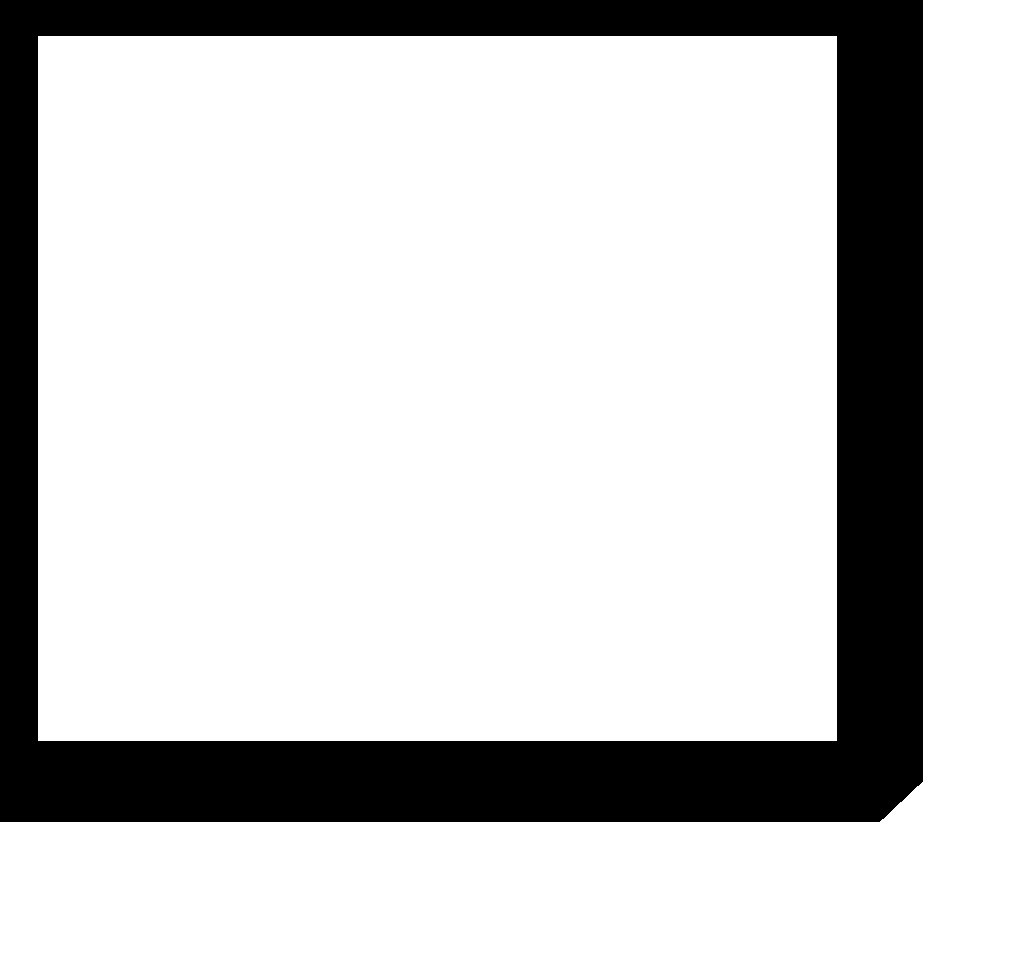
Intro to the Program

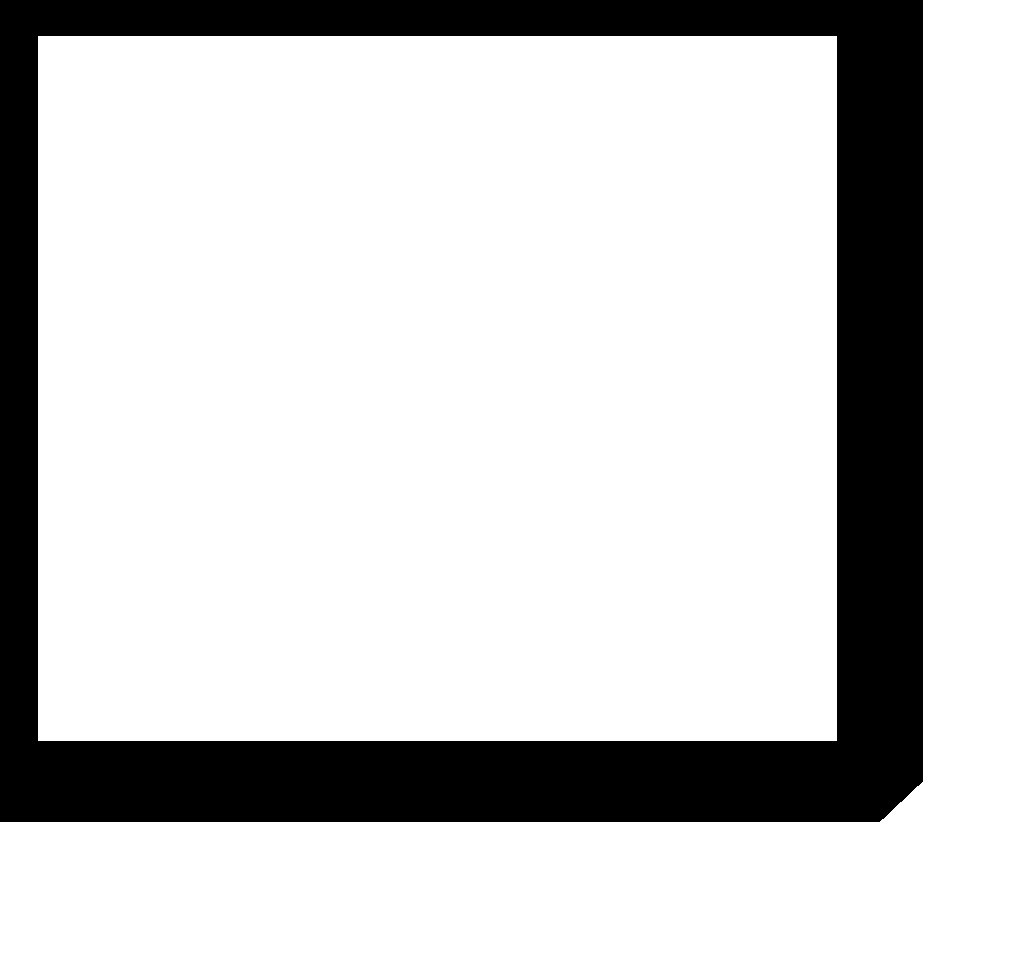
Road map for “The 270”

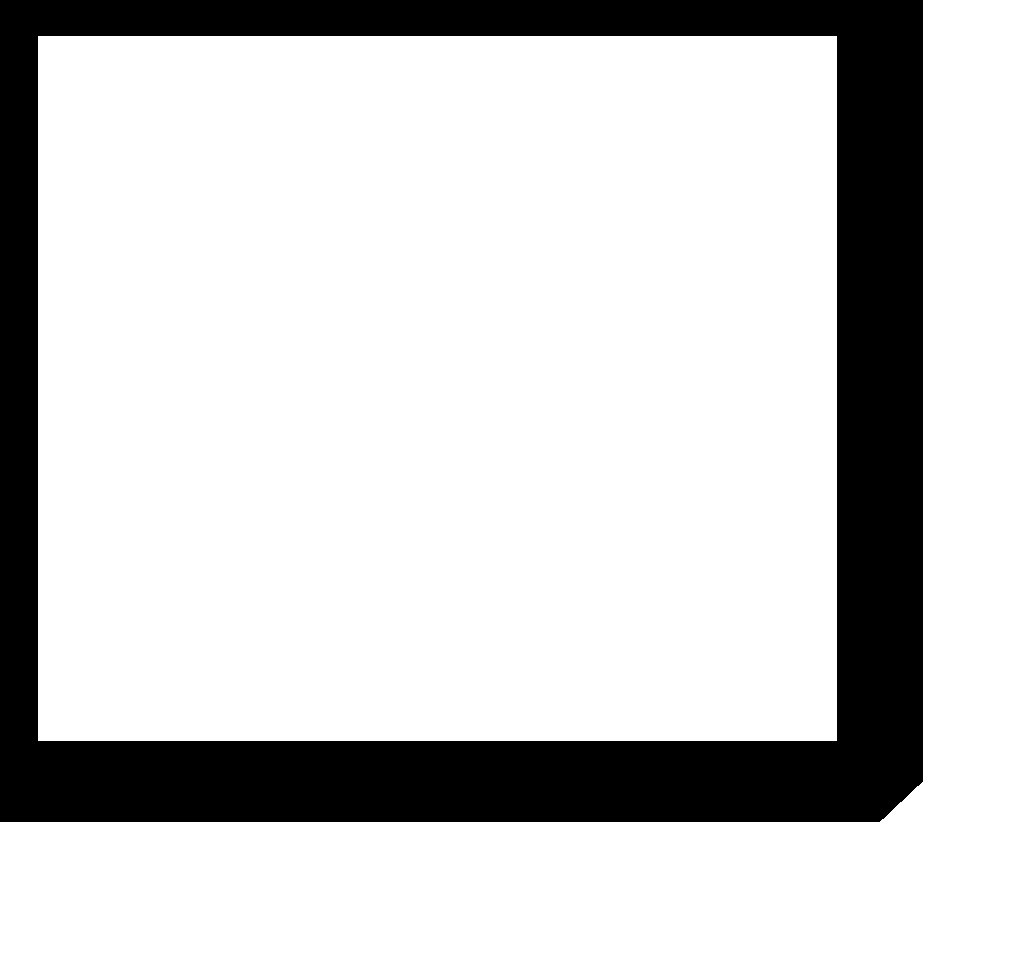
Scan and place in the Digital Folder within G Drive

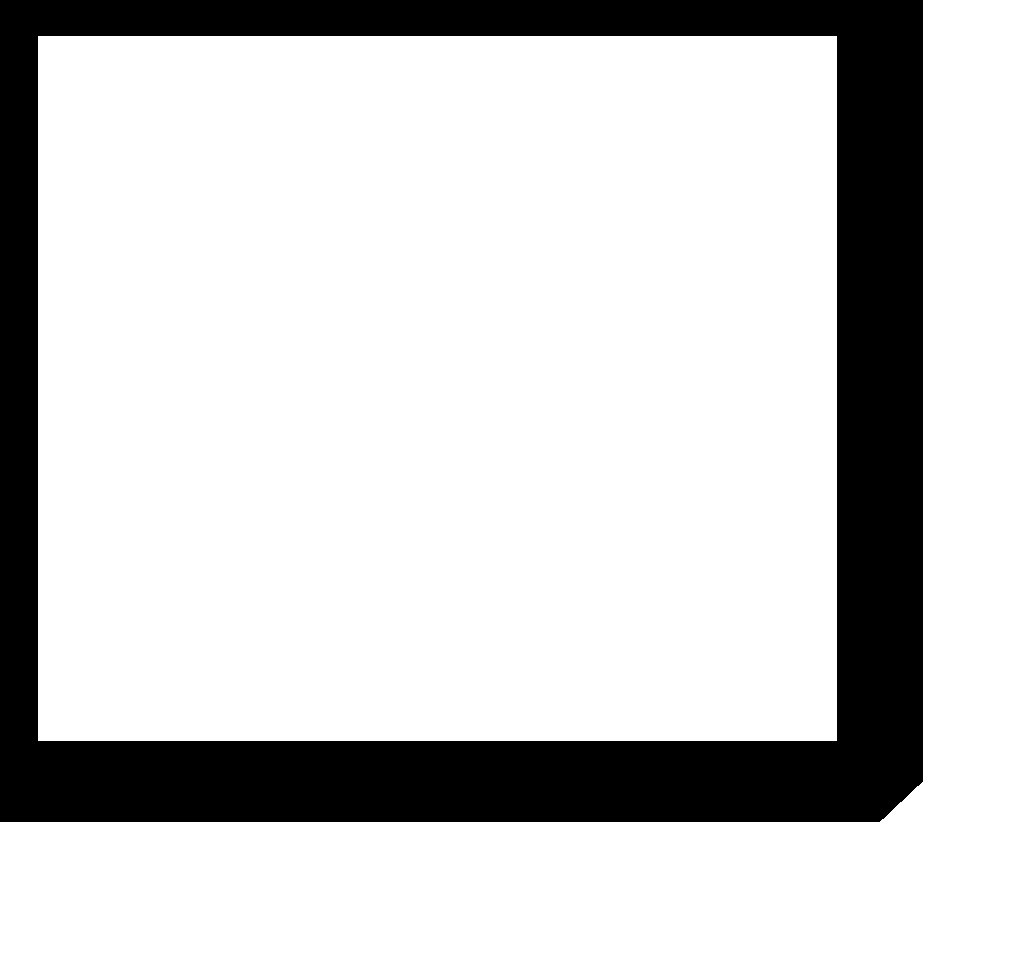
Program Rules

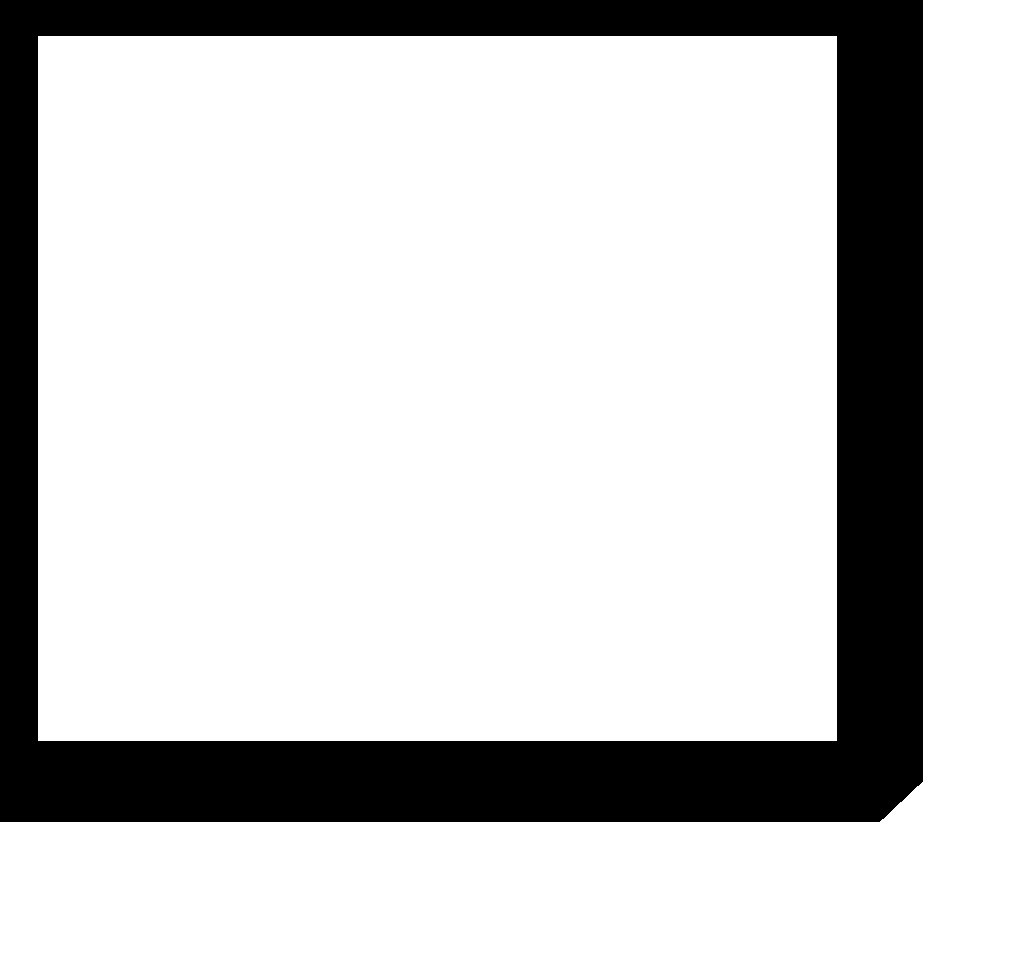
Scan and place in the Digital Folder within G Drive

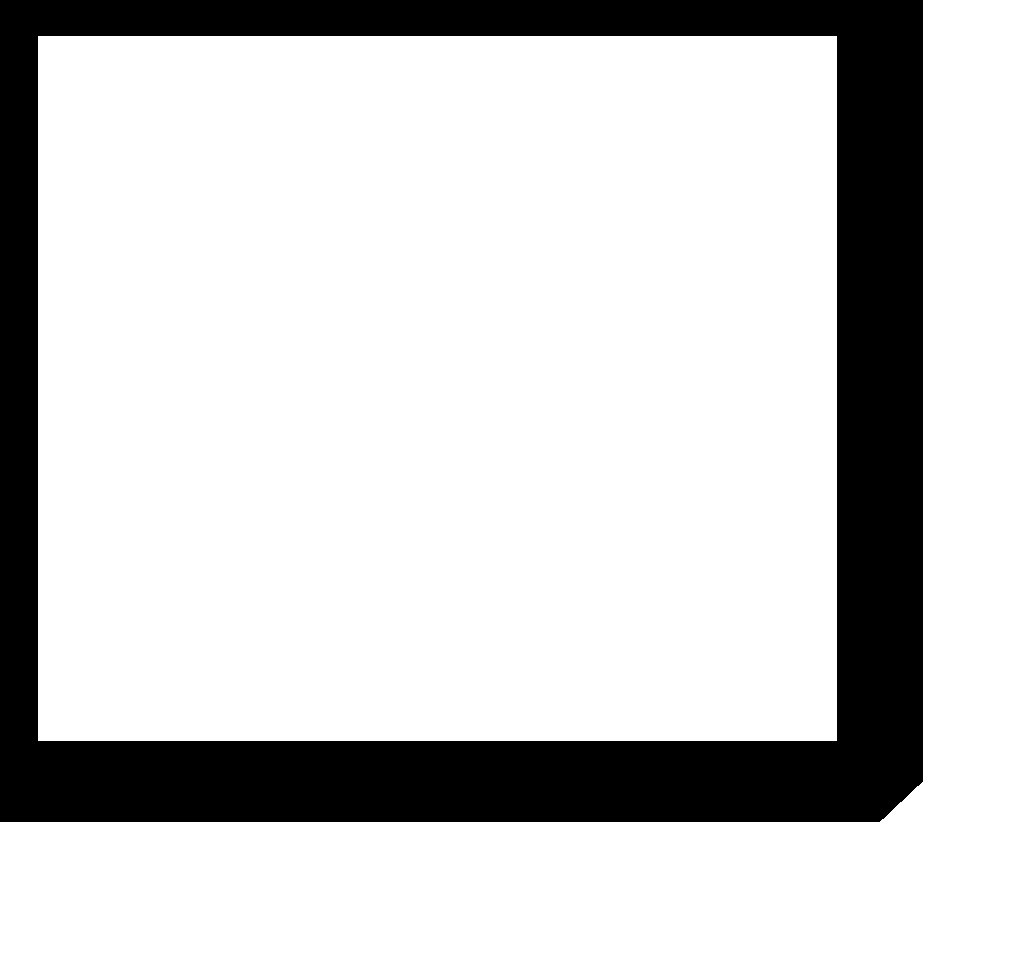
Setup Participant on 

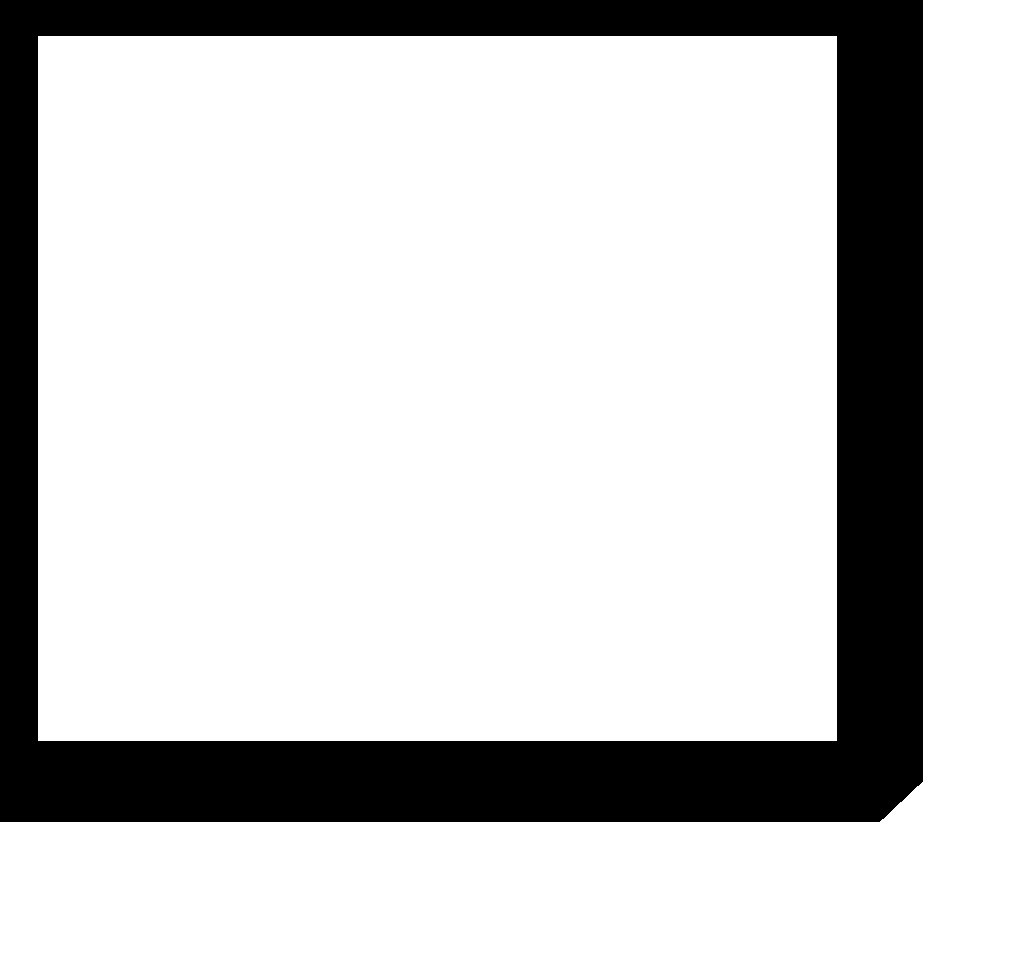
Take Participant on campus tour and introduce to DC staff.

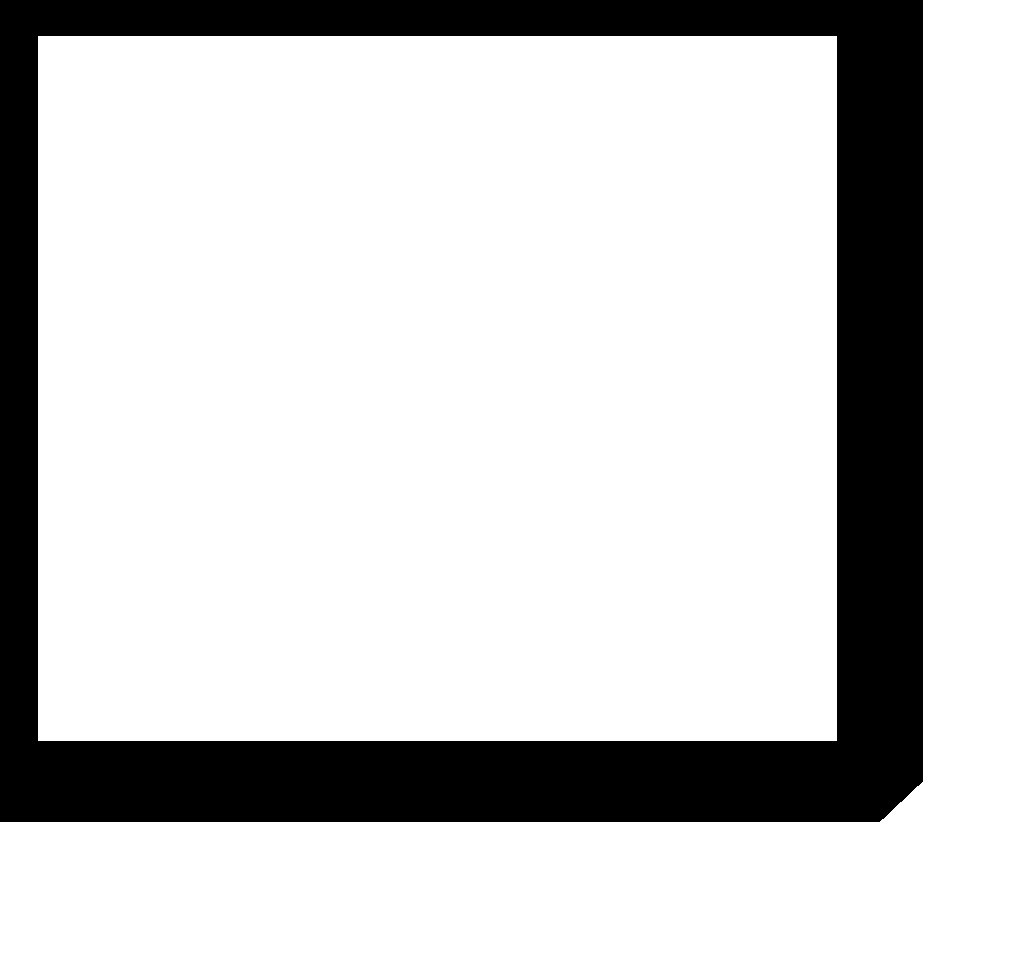
Assign them a room and show them their room.

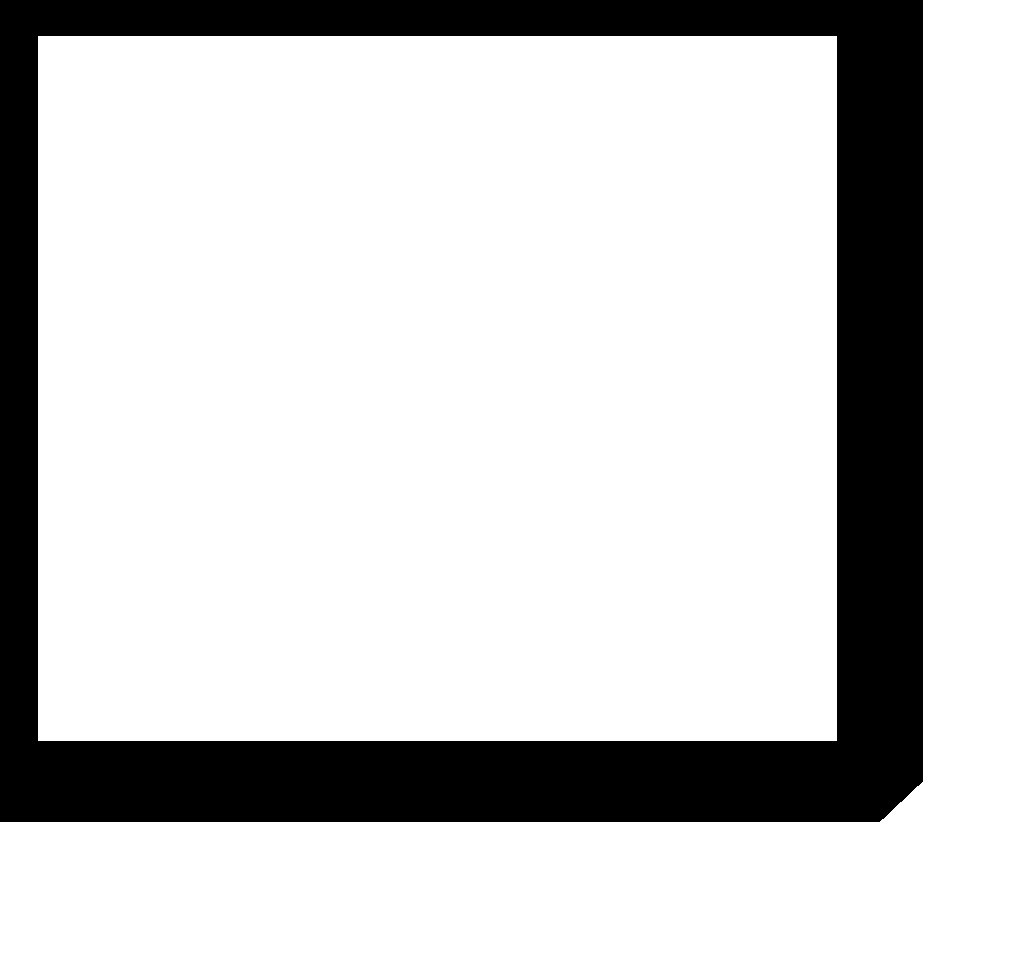
Assign keys.

Issue bedding, toiletries,

Participant is to setup/make bed and unpack. 

After the participant is unpacked 

Discuss food/money situation 

Take to food pantry if needed



Date Completed Completed By (Printed name)

Completed By Signature Title

# PARTICIPANT RELEASE STATEMENT

I, , understand that my acceptance as a Participant in the DC Living Program ("DCL") requires the following:

1. I am a volunteer participant and not an employee of the Dream Center, DC Living Program, or any of its affiliates. I further understand that under no circumstances can the Dream Center, DC Living Program or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the DC Living 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 Living Program, 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 Living Program, 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**



Participant's Signature Witness's Signature

Participant's Printed Name Witness's Printed Name

# DCL PARTICIPANT AGREEMENT

I, , understand that my acceptance as a Participant in the DC Living Program ("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.

1. **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, if needed.
2. **DCL HIV POLICY**. Dream Center Living (DCL) 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 participants in the program that are HIV Positive. This program does not require participants who are HIV Positive to notify other participants 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.

DCL is not a medical care facility and is unable to provide twenty-four hours of on-site medical supervision. Therefore, all participants 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 hours of medical supervision, that person MUST leave the DCL program.

HIV Positive participants 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.

1. 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 for any and all use of the following information:

* + - 1. My confidential information as contained in my Program's case file
      2. My personal story
      3. My name, my likeness, or my appearance

1. 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.
2. CONSENT TO DRUG TESTING AND CONTRABAND WEAPON SEARCHES. I understand that the Program is a drug and weapon free facility for the safety and wellbeing 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**



Participant's Signature Witness's Signature

Participant's Printed Name Witness's Printed Name

# MEDICAL REQUEST FORM

Name: Date: Room: Level:

Reason you need to see a doctor? *(Please be specific)*

Have you had this problem before? Yes No

*(If yes explain)*

ACKNOWLEDGED BY:

Print Name Dean's Signature

APPROVED: NOT APPROVED:

COMMENTS:

# MEETING REQUEST FORM

Name: Date: Room: Level:

What is the purpose of your request? \_\_\_ Meeting with Pastor \_\_\_ Meeting with Dean or Director

Purpose of your meeting?

(Please explain briefly)

ACKNOWLEDGED BY:

Print Name Dean's Signature

APPROVED: NOT APPROVED:

Please meet with me on: Time: Signature:

Comments:

# DCL Participant Pass Request

Name: Date:

***VISITATION PASS*** Date of Visit:

Name of Visitors:

Relationship:

*(Passes rule good for 3 hours from the start of your visitation)*

***DAY PASS*** Date of Pass:

Name of Accountabilities:

(Passes are good on Sat & Sun from 2pm - 9pm)

*WEEKEND PASS* Date of Pass:

Relationship To You: Phone#: Address: City: Zip Code:

*Passes are good from Friday at 6:00 PM to Sunday at 5:00 PM. All passes must be turned in by Wednesday of the same week. Weekend passes must be approved by the Director.*

Participant Must Not Be Under Any Discipline Action in Present or Prior Week

Do you have any Community hours? Yes: No:

Dean’s Signature:

APPROVED BY:

NOT APPROVED & Reason:

# PROGRAM TERMINATION FORM

This “NOTICE” issued to: , hereinafter referred to as “PARTICIPANT”, and THE OKLAHOMA CITY DREAM CENTER, an OKLAHOMA NOT FOR PROFIT ORGANIZATION, hereinafter referred to as, “DCOKC”, and THE OKLAHOMA CITY DREAM CENTER MEN’S LIVING PROGRAM, hereinafter referred to as, “DCL”, and THE OKLAHOMA CITY DREAM CENTER MEN’S LIVING PROGRAM DIRECTOR hereinafter referred to as, “PM”.

To: PARTICIPANT

*If to the Program Participant, this notice is directed towards all Participants in possession and all other in possession*

The premises herein referred to is located in the CITY OF OKLAHOMA CITY, County of OKLAHOMA COUNTY in the STATE OF OKLAHOMA, Zip Code 73119 designated by the number and street as 2215 SW. 55TH STREET, OKLAHOMA CITY DREAM CENTER MEN’S LIVING PROGRAM MEN’S CABIN OR BLDG B.

In accordance with your DCL PROGRAM AGGREMENT (*Rules & Regulations)* signed upon initial enrollment and the laws in the State of Oklahoma after service on you of this notice, you are hereby required:

**(*Check Appropriate Box*)**

☐ - **NONPAYMENT** - Within five (5) days you shall pay to the undersigned or the PD an authorized agent, the program fee of the premises hereinafter described, of which you now hold possession amounting to the sum of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dollars ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) enumerated as follows:

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**

or quit and deliver up the possession of the premises.

☐ - **NONCOMPLIANCE** – Within ten (10) days remedy the violation described as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This is in non-compliance with your program agreement (*Rules & Regulations*). You shall notify the DOM by the end of the notice period that the violation has been cured or vacate and deliver the possession of the premises at the end of fifteen (15) days.

☐ - **IMMEDIATE DANGER OR HARM** – PARTICIPANT To *immediately* vacate the premises due to a danger or harm in described: This is a violation in accordance with § 41-132 of the Oklahoma Statutes and you shall immediately deliver the possession of the premises.

☐ - **MONTH TO MONTH PROGRAM ENROLLMENT**- I am the DOM for DCL and this is the PARTICIPANT’S official notice that their enrollment with the DCL Program shall be terminated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. Termination must be at least thirty (6) days from the next payment date or on the date of the violation causing the program termination to be invoked.

**YOU ARE FURTHER NOTIFIED THAT,** the DOM for DCL does hereby elect to declare that forfeiture of your enrollment in the DCL Program and as described with the initial intake DCL Agreement in which you hold possession of the above described premises if you fail to perform or otherwise comply, will institute proceedings to recover program fees and possession of said premises which would result in a judgment against you including costs and necessary disbursements together with possible statutory damages as allowed by law for such unlawful detention.

Dean of Men Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

# CERTIFICATE OF SERVICE

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ I served this notice to

PARTICIPANT by :

☐ - delivering it personally to the person in possession.

☐ - delivering it on the premises to a member of his/her family or household or an employee of suitable age and discretion with a request that it be delivered to the person in possession.

☐ - first-class mail addressed to the person in possession.

**Signature:** [**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**](https://esign.com/)

# ROOM CHECK

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Area | Done | NOT Done | Notes |
| --- | --- | --- | --- |
| Bed | ☐ | ☐ |  |
| Closet | ☐ | ☐ |  |
| Clothing | ☐ | ☐ |  |
| Trash | ☐ | ☐ |  |
| Trashcan | ☐ | ☐ |  |
| Vacuum | ☐ | ☐ |  |
| Windows | ☐ | ☐ |  |
| Organization | ☐ | ☐ |  |

# DISCIPLINARY NOTICE

| PARTICIPANT INFORMATION |
| --- |

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| TYPE OR WARNING |
| --- |

First Warning Second Warning Third Warning

| TYPE OF OFFENSE(S) |
| --- |

Curfew Room Condition Chore Duties

Class/Service Attendance Violation of safety Rules Rudeness to Clients/Co-Workers

Failed UA THC\_\_\_ COC\_\_\_ MOP\_\_\_ OXY\_\_\_ MDMA\_\_\_ BUP\_\_\_ TCA\_\_\_ ETG\_\_\_

AMP\_\_\_ BAR\_\_\_ BZO\_\_\_ MET\_\_\_ MTD\_\_\_ PCP\_\_\_ FTY\_\_\_ TRA\_\_\_ K2\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

| DETAILS |
| --- |

Description of Infraction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan for Improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| DETAILS |
| --- |

Warning Only Fine Amount: $\_\_\_\_\_\_\_\_\_\_\_\_ Dismissal from Program

| EMPLOYEE INFORMATION |
| --- |

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if employee understands warning but refuses to sign)