



APPLICATION FOR RESIDENCY

DATE _____

NAME _____ AGE _____ RACE _____

MOST RECENT ADDRESS _____

CURRENT COUNTY OF RESIDENCE _____

PHONE NUMBER(S) _____ Email _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

How did you hear about the Dream Center? _____

CHILD'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	SEX	Do you have legal custody of this child?

Are you currently pregnant? YES/NO If so, how far along are you? _____

What is the reason for the applicant and family to stay at the Dream Center? **You must be specific.**

<p>Have you ever been arrested?</p> <p>_____</p> <p>How many times?</p> <p>_____</p> <p>Why were you arrested?</p> <p>_____</p> <p>_____</p> <p>Can you pass a drug test?</p> <p>_____</p>	<p>List all medications you currently take</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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LIST 3 REFERENCES

NAME _____	RELATIONSHIP _____	PHONE NUMBER _____
NAME _____	RELATIONSHIP _____	PHONE NUMBER _____
NAME _____	RELATIONSHIP _____	PHONE NUMBER _____

Name on Driver's license/State ID _____ Preferred Name _____

Driver's license/State ID # _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

If married, spouse's name _____ Can you provide proof of marriage? _____

Do you have open DCS case(s)? _____ Case Manager Name _____

Are you a veteran: Yes _____ No _____ **Are you disabled?** Yes _____ No _____ **United States Citizen?** Yes _____ No _____

Ethnicity: _____ American Indian or Alaskan Native _____ Asian & White
 _____ Asian _____ Black/African American & White
 _____ Black or African American _____ American Indian/Alaskan & White
 _____ Native Hawaiian/Other Pacific Islander _____ Other/Multi Racial
 _____ White

Are you chronically homeless? Yes _____ No _____ **Date of Present Homelessness** _____

How many times homeless in the past year _____ **How many total months homeless** _____

Prior Living Situation:

_____ Non Housing (street, car, park, bus station, etc.)	_____ Hospital
_____ Emergency shelter	_____ Jail/prison
_____ Transitional housing for homeless persons	_____ Domestic violence situation
_____ Psychiatric facility	_____ Living with relatives/friends
_____ Substance abuse treatment facility	_____ Rental housing
_____ Other	

Length of stay: _____ 1 week or less _____ More than one week, but less than one month _____ One to three months _____ More than 3 months

Actual or Pending Evictions? Yes _____ No _____

If yes, date of eviction _____

Shelter name if in a shelter _____

Primary reason for homelessness:

_____ criminal activity	_____ loss of public assistance	_____ release from institution
_____ domestic violence	_____ loss of transportation	_____ substance abuse
_____ eviction	_____ medical condition	_____ substandard housing
_____ health/safety	_____ mental health	_____ underemployment/low income
_____ loss of childcare	_____ mortgage foreclosure	_____ utility shutoff

___ loss of job ___ no affordable housing

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Are you a victim of domestic violence? Yes ___ No ___

Extent of domestic violence ___ within the past 3 months ___ 3 to 6 months ago ___ 6 to 12 months ago ___ don't know

What other shelters have you been in?

Shelter _____ City/State _____ Length of Stay _____

Shelter _____ City/State _____ Length of Stay _____

Shelter _____ City/State _____ Length of Stay _____

WHERE HAVE YOU LIVED IN THE LAST 5 YEARS?

Street address City, State Dates To/From Did you pay rent? How much?

Street address	City, State	Dates To/From	Did you pay rent?	How much?

Income information

Gross monthly income: _____

Income sources:

- ___ supplemental security income (SSI) ___ state children's health insurance program (SCHIP)
- ___ social security disability insurance (SSDI) ___ employment income ___ other
- ___ social security ___ unemployment income ___ no financial resources
- ___ general public assistance ___ veterans health care
- ___ temporary aid for needy families (TANF) ___ medicaid
- ___ veterans benefits ___ food stamps

Employment

Do you have a job? _____ Full Time _____ Part Time _____ Hourly Wage _____

Employer's Name _____ Address _____

Phone Number _____ Supervisor's Name _____

Job Title _____ Duties _____

Employment History, Starting with the most recent

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Company _____ Phone Number _____ Date Started _____

Position _____ Hourly Salary _____ Date Left _____

Reason for Leaving _____

Education

Do you have a High School Diploma? Yes or No (circle one)

(Circle One) Number of years completed 6 7 8 9 10 11 12 - College 1 2 3 4

Would you be interested in obtaining a G.E.D. while a resident at the Dream Center? Yes or No (circle one)

List all talents and skills _____

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Health

How is your health today? ___Good ___Fair ___Poor

Do you have any disabilities or diseases?

Do you currently have health insurance? _____ Name of insurance _____

Insurance ID number _____ group number _____

Are you currently taking medication? _____ If yes, List what you are taking.

Name _____ For What _____ How Long _____

Name _____ For What _____ How Long _____

Name _____ For What _____ How Long _____

Name _____ For What _____ How Long _____

Name _____ For What _____ How Long _____

Are you using drugs now? _____ Do you want to quit? _____

Would you submit to a drug test? _____

THE DREAM CENTER IS NOT EQUIPED TO HANDLE SIGNIFICANT MENTAL HEALTH ISSUES SUCH AS SCIZOPHRENIA, DISSOCIATIVE IDENDTITY DISORDER, OR PSYCOSIS.

Have you ever undergone counseling for emotional or mental health issues? _____

If yes, provide diagnosis and treatment information _____

If yes, was this court ordered or on your own? _____

Have you ever been abused? (circle all that pertain to you)

1. Sexually
2. Physically
3. Verbally
4. Mentally
5. Emotionally

If you have circled one or more of the above, explain what happened in each case: _____

Have you ever attempted suicide? _____

Are you suicidal now? _____

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Have you ever had or currently have any of the following: herpes, hepatitis- any type A, B, C, gonorrhea, syphilis, crabs, lice, HIV+ or any other type of infectious diseases or infections?

If so, what type of treatment for each?

Does your **child/ren** have health insurance? _____ Name of insurance _____

Is your **child/ren** up to date with immunizations? _____ Do you have shot records in your possession? _____

Does your **child/ren** have any disabilities or diseases?

Does your **child/ren** currently take any medication? If so, list child's name and medication _____

Has your **child/ren** ever been abused sexually, physically, verbally, mentally, emotionally? If so list child's name and give an explanation _____

Emergency Contact Person: _____

Phone number _____ Relationship _____

Emergency Contact for child/ren if different from above: _____

Phone number: _____ Relationship _____

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Spiritual

Are you attending Church? _____ If "yes" please give us the Pastors name, address, and phone number

Church Name: _____

Pastor's Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Do you believe (Circle the ones you believe)

- 1. That Jesus is the only begotten Son of God.
- 2. Trinity (Father, Son, Holy Spirit)
- 3. Sin can destroy your life.
- 4. Jesus died for your sins.
- 5. Jesus' blood can cover all your sins.
- 6. You can be saved from an eternity of hell.
- 7. Speaking in tongues.
- 8. You must be saved to enter Heaven.
- 9. Demons are real.
- 10. Jesus can deliver you out of bondage.

Do you have a personal relationship with Jesus? _____ . If your answer is no, would you like to develop one? _____ . If your answer is no, please explain why? _____

How are you going to develop a personal relationship with Jesus? _____

Do YOU believe you have a problem or issue that has led you here today? _____

Are you here because someone else thinks you have a problem? _____

Will you do anything it takes to change your way of life? _____

Do you have a girlfriend or boyfriend? Name: _____

Do you live with them? ___Yes ___ No

Do you have intentions of Marriage? ___Yes___ No Why? _____

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In the past 5 years I have: (circle the statements that apply to you)

1. Had an abortion.
2. Been arrested more than once.
3. Been convicted of a Felony.
4. Been Homeless.
5. Been Married.
6. Filed for divorce.
7. Been separated.
8. Have slept for days and didn't want to leave the house.
9. Didn't want to answer the door.
10. Been depressed.
11. Been feeling tired all the time.
12. Had thoughts of suicide.
13. Have tried to commit suicide.
14. Continuing thoughts of hurting yourself or someone else.
15. Had blackouts. (can't remember the day or week after intoxication)
16. Have taken Antabuse to stop drinking.
17. Have stolen from relatives to support your habit.
18. Bitter toward yourself.
19. Hate everybody.
20. Been fired from just about every job you've had.
21. Had an abusive family.
22. Bitter toward your dad.
23. Bitter toward your mom.
24. Bitter toward your Husband or Wife
25. Been a habitual liar.

26. Have been viewing a lot of pornography.

What would you like to achieve and accomplish while you are a resident at The Dream Center?

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Legal

Have you ever been arrested? _____ Ever been convicted? _____

Please list arrest dates and charges:

Date of Arrest _____ Charge _____

Length of time served _____ Probation _____ How Long? _____

Date of Arrest _____ Charge _____

Length of time served _____ Probation _____ How Long? _____

Date of Arrest _____ Charge _____

Length of time served _____ Probation _____ How Long? _____

Date of Arrest _____ Charge _____

Length of time served _____ Probation _____ How Long? _____

Are you wanted by the police for any type of crimes? _____ Would you be willing to turn yourself into the police? _____ If your answer is no, please explain why?

Are you on Probation now? _____ How Long? _____

Probation officer's name: _____

Address: _____

City _____ State _____ Zip _____

Telephone # _____

Type of Charges against you _____

Judges Name _____

Address: _____

City _____ State _____ Zip _____

Telephone # _____

Attorneys Name _____

Address: _____

City _____ State _____ Zip _____

Telephone # _____

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Things That You Must Agree To

Please initial on each line

_____ 1. I understand that there is a 30-day restriction period upon entering the Dream Center in which I will not have access to my cell phone or other electronic devices except when authorized by Dream Center staff for official business.

_____ 2. I understand the Dream Center is a SMOKE FREE facility. No cigarettes or vaping of ANY kind is allowed, on or off Dream Center property.

_____ 3. If I don't have a job, I will submit 3 to 5 applications a day until I find a job, once I'm off restriction.

_____ 5. If I fail to look for or find a job, I may be asked to leave The Dream Center.

_____ 6. I understand that I have 3 weeks to find a job. If I don't find a job within 3 weeks, I may be asked to leave The Dream Center.

_____ 7. If I find a part time job, I agree to find an additional job so that I will work a full 40-hour week. If I fail to do so, I may be asked to leave the Dream Center

_____ 8. When I find a job, or if I receive a check, I will agree to start a financial savings program. The amount saved will be based on an agreed upon amount with Dream Center staff. Savings will be held for me in an account at the Dream Center or my own bank/credit union. If I fail to live up to this financial agreement, I may be asked to leave The Dream Center.

_____ 9. I agree to attend all Dream Center functions including chapels, classes, meetings, etc.

_____ 10. I agree to attend church every Sunday at one of the churches affiliated with the Dream Center, as designated by the Executive Director.

_____ 11. I understand that NO schedule 4 medications are allowed at the Dream Center all medication is subject to review by Dream Center staff.

_____ 12. I understand that I have a responsibility to report any resident behavior that may endanger the lives of the women, children, and staff. If I fail to do so, I may be asked to leave the Dream Center.

_____ 13. NO pets of any kind are allowed.

_____ 14. I agree to follow all the guidelines of The Dream Center. (see next page)

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Guidelines for Residents

Please Initial Each Line

_____ **No drinking alcoholic beverages or drug use of any kind** (including prescriptions without authorized personnel dispensing it to you). If caught, you will be asked to terminate residency and leave the building immediately.

_____ NO tampons or feminine products of any kind, or wipes of any kind (even "flushable" wipes) are to be flushed in any of the toilets. These items MUST be wrapped up and disposed of in the trash can.

_____ **Curfew is 10:00p.m.** The building doors are locked at 10:00p.m. If you will be late, you must call your house monitor and notify them that you will be late coming in and what time to look for you.

_____ A laundry schedule will be posted and you will have an assigned laundry day. Please be courteous to the other residents and always remove your clothing after washing and drying. Use your time laundry time only, unless approved.

_____ **You must attend mandatory scheduled classes and chapels and stay in class.**

_____ **There is absolutely NO eating in resident rooms.**

_____ Diapers must be thrown away in dumpster, not in a trash can inside.

_____ You **Must sign in and out when leaving/returning** to the building.

_____ Resident rooms must be **CLEAN** and beds must be made at **All** times.

_____ Chores will be assigned to each resident and must be done by the end of the day. Chores must be complete by 10 pm.

_____ After 10 p.m. residents are to remain in their rooms.

_____ **If not available, residents with income must supply their own laundry detergent, toilet paper, and diapers.**

_____ Kitchen will be closed after cleaning every night.

_____ A \$30.00 fee per month per resident is required once you are working to help with the cost of utilities.

_____ Chapel sheets must be turned in weekly.

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_____ Budget sheets with any check stubs, bank statements, and **all receipts** must be turned in weekly.

_____ Frivolous spending (such as eating out, hair, nails, eyelashes) will not be tolerated. You need to be saving for your future.

_____ I understand that I may not be able to bring more donations to my room if my space has gotten too full.

_____ You and your children must bathe **daily**.

_____ Regarding clothing: Leggings must be worn with underwear, no short skirts or shorts, no cleavage showing.

_____ If you hold prejudiced views, keep them to yourself or you will have to leave.

_____ You will speak to all staff, volunteers, and visitors respectfully. If you feel someone has been disrespectful to you, go directly to a staff member, **DO NOT** talk back.



Guidelines for Residents with Children

Please Initial Each Line and Sign Below

- _____ All school aged children **will attend tutoring** each afternoon, if deemed necessary by the school or Dream Center staff.
- _____ There will be no running inside the building.
- _____ No throwing, kicking, or playing with balls inside the building.
- _____ **All Dream Center activities for the children are mandatory.** (Unless excused by the Executive Director)
- _____ School attendance is mandatory.
- _____ All children under age 15 are to be in their room by 8:00pm.
- _____ Children 15 and older must be in their room by 9:00pm.
- _____ **Children must not be left unattended.**
- _____ The parent is responsible for any damage to Dream Center property done by their child/children.
- _____ **No children** are allowed behind the front desk.
- _____ I understand that my child(ren) must be under my supervision at all times unless I have

a signed childcare contract with another resident. (With the exception of chapel and classes when staff and volunteers may watch children)

Sign: _____ Date: _____

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Termination of Client Services

Completion of Program

Clients will have 30 days after the completion of the program to find permanent housing. They will be assisted with referrals to area agencies.

Dismissal

A client may be dismissed at any time, for any legal reason including, but not limited to, the following reasons:

- Violating the guidelines of the Dream Center after three written warnings.
- Smoking or vaping on or off Dream Center property.
- Insubordination (including repeated use of profanity or profane media)
- Being arrested for theft on or off premises
- Child Abuse
- Physical altercations with staff or resident
- Failure to seek employment if physically able
- Repeated rudeness and/or poor conduct with volunteers, public, and/or donors
- Intoxication by alcohol or any mind altering drugs (immediate dismissal)
- Allowing non-residents in living quarters of clients
- Alcohol or any illegal substances on premises
- Purposely destroying Dream Center property or clients' property
- Falsification of statements on application or identification
- Having weapons on person or on Dream Center premises

At the discretion of the director, immediate dismissal may be made for serious cases of insubordination or misbehavior.

Signature

Date

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Approved Resident Contact and Release of Information List

Name	Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Signed _____ Date _____



Resident Information Release Form

I, _____ do hereby authorize the Dream Center and its representatives to release any information pertaining to my presence, progress, and condition here at the Dream Center. This information may be released to person(s) that I have placed on my active visitation/phone list. This consent form shall also include court appointed officers or emergency agencies.

The purpose of this disclosure is to provide information to person(s) on my active visitation/phone list that are personally or judicially interested in my location, condition, and progress.

I may revoke this consent at any time, except to the extent that action has been already taken in reliance thereon through the judicial court systems and officers of the law. This consent, unless expressly revoked earlier, expires upon my discharge from the Dream Center.

Resident Signature _____ Date _____

Witness _____ Date _____

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Sexual Abuse Policy

The Dream Center of Jackson, Inc. prohibits and does not tolerate sexual abuse in the workplace or in any Dream Center of Jackson related activity. The Dream Center provides procedures for employees, volunteers, family members, board members, residents, victims of sexual abuse, or others to report sexual abuse. There are disciplinary penalties for those who commit such acts. No employee, volunteer, resident, board member, or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

The Dream Center of Jackson, Inc. has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or a third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual abuse is inappropriate sexual contact of criminal nature. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory authorities.

Some physical and behavioral evidence or signs that someone is being sexually abused are the following:

Physical evidence of abuse:

1. Difficulty in walking

2. Torn, stained, or bloody underwear
3. Pain or itching in genital area
4. Bruises or bleeding of the external genitalia
5. Sexually transmitted diseases

Behavior signs of sexual abuse:

1. Reluctance to be left alone with a particular person
2. Wearing lots of clothing
3. Fear of touch
4. Nightmares

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Reporting Procedure

If you are aware of or suspect any sexual abuse taking place, you must immediately report it to your supervisor or another person that is designated in the organization to report the abuse as well. You can also report abuse to the Madison County Sheriff's Department by phone at (731) 423-6000.

Anti-retaliation

The Dream Center prohibits retaliation made against any employee, volunteer, board members, third party, or client who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. The Dream Center prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action up to and including termination,

Investigation and Follow-up

The Dream Center will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. The Dream Center will use an outside third party to conduct an investigation. The Dream Center will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is the Dream Center's objective to conduct a fair and impartial investigation. The Dream Center provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-client contact.

The Dream Center will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledging Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that The Dream Center will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

Resident Name printed: _____

Resident Name signature: _____

Date: _____

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**THE DREAM CENTER OF JACKSON IS A MANDATORY
REPORTING AGENCY**

PLEASE READ CAREFULLY

All conversations held with Dream Center staff, volunteers, residents, family members, or walk-ins are confidential with the exception of crimes such as child molestation or abuse, murder, or crimes under investigation by the state or federal government.

Print name _____

Signature _____ Date _____

Witness Signature _____ Date _____

I have never been accused of being a sexual predator. I have never been convicted of being a sexual predator. I am not currently on or have ever been listed on the National Sex Offender Registry. I should not be on the National Sex Offender Registry.

Signature _____ Date _____

I understand the Dream Center of Jackson, Inc. may conduct a background check to verify information in this application.

Signature _____ Date _____

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I acknowledge that everything on this application is the truth to the best of my knowledge. If I have been negligent or untruthful in the process of this application, I will agree to all repercussions that may follow as a result of my untruthfulness.

Print Name _____

Signature _____ Date _____

Witness Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Staff
comments _____

Signature of Supervisor _____