



**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 <b>legal</b> 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>How many times? _____</p> <p>Why were you arrested? _____</p> <p>_____</p> <p>_____</p> <p>Can you pass a drug test? _____</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

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 \_\_\_\_\_  
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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 \_\_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_

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 \_\_\_\_\_

**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? \_\_\_\_\_

\_\_\_\_\_

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 # \_\_\_\_\_

## 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)



## 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.

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



## **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.

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Signature

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Date



# 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 \_\_\_\_\_





## **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



**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: \_\_\_\_\_



**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 \_\_\_\_\_



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**

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**Interviewed by** \_\_\_\_\_

**Staff**  
**comments** \_\_\_\_\_

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**Signature of Supervisor** \_\_\_\_\_