



DREAM CENTER OF SOUTHEAST TEXAS

Dear Concerned Individual, Friend or Family Member,

I've never liked the idea of having to send people away to some strange place to "fix" them. But, yet, having worked with people who are struggling with life-controlling issues for years, I realize that, for a season, sometimes people need to be removed from their surroundings in order to get a "fresh start" and begin to heal the hurts in their lives.

I can't even begin to imagine how difficult a decision this is for you. I encourage you to investigate all of the options that are available to you and prayerfully seek God concerning this decision. Also, hopefully, by this point, you've had a chance to talk to one of our Intake Coordinators and obtain some basic information about the program.

The Dream Center of Southeast Texas (DCSETX) S.U.C.C.E.S.S. Program is an intense 10 to 12-month program designed to help individuals aged 18 and older who are struggling with alcohol, drug abuse and any other life-controlling problems. We offer a Christ-centered holistic recovery curriculum designed to help our clients realize that we can achieve spiritual S.U.C.C.E.S.S. if we are inspired by the Holy Spirit to become properly educated, motivated, and disciplined. Our motto is; "Building a Better Tomorrow...Making a Difference Today and is based on – **Proverbs 29:18 NASB** "...*Where there is no vision, the people are unrestrained...*"

Our vision is to produce graduates, who become a successful, productive and functional part of society. Many of the people who come through this program really do change, but we can't force the change to happen. They have to want it.

The process is long, so please don't expect a person to change overnight, but do expect change. This program also teaches people how to make right choices. It is usually because of wrong choices that people end up in a facility like this. Once your loved one has been accepted, we will have a Friends & Family Orientation meeting. This will give you a better understanding what our program is all about.

So please be patient as we work through this process. Also, expect your loved one to say negative things about this program. Many will do this in the hope of getting you to change your mind and allow them to come home early. Please, just trust us and know that we are doing all we can to help them to heal and deal with the issues that got them to this point in their life. We want to return your friend or loved one to you as a whole, healed person. Please realize that we have a limited number of spaces available, so please be patient but persistent. The following page outlines the application process.

Although I hope you won't need our services, I do look forward to working with you in the eventuality that you, your friend or family member needs a change of environment in order to find his or her identity and purpose in life. In the spirit of The Dream Center of Southeast Texas, we are here to help you and your family dream again.

Sincerely,

Michael Conner
Executive Director, Dream Center of Southeast Texas
Program Director, DCSETX S.U.C.C.E.S.S. Program

DCSETX S.U.C.C.E.S.S. Program Pre-Qualification Sheet (please circle one)

1. ***Are you willing to commit up to twelve months of your life to an intense recovery program?***

YES NO

This is not a decision to be entered into lightly as it will require much diligence and long hours of study to complete the required components for graduation.

2. ***Are you willing to spend the first 30 days with no distractions to help you learn Godly habits?***

YES NO

You will NOT be allowed to leave property for the first 30 days without written permission by your Case Manager.

3. ***Do you have any pending legal matter that would take you off campus?***

YES NO

The S.U.C.C.E.S.S. Program is a Christ-centered holistic recovery 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 Client and at his/her own expense.

4. ***Do you have any medical conditions (including pregnancy and HIV), pending or present, that would take you off campus during the first 30 days?***

YES NO

Again, the program is a Christ-centered holistic recovery 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 Client at his/her own expense. You must be medically and physically able to perform work therapy assignments as part of the program. You cannot have been diagnosed with any chronic illnesses, which would prevent you from performing your work therapy assignments as part of the S.U.C.C.E.S.S. Program.

5. ***Have you been diagnosed with any mental illnesses within the last year?***

YES NO

The program is neither a mental health facility nor a hospice. For this reason, the DCSETX ***may not*** accept someone into the program that has been diagnosed with any mental illness during the previous 12 months.

6. ***Do you have any personal matters that would take you off campus?***

YES NO

The program is a Christ-centered holistic recovery 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 Client and at their own expense.

7. ***Are you able to abide by program rules such as not having a cell phone and a no smoking policy?***

YES NO

You will not be allowed to have a cell phone during the entirety of the program. Also, use of tobacco in any form will not be allowed while you are in the program.

Client Signature: _____

Date: _____



S.U.C.C.E.S.S. 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
City			State:			Zip Code:				
Home Phone:			Work Phone:							
Cell Phone:			Fax:							
Age:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Height:			Weight:		
Religion:				Race/Ethnicity:						
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed			
Emergency Contact Person:					Relationship:					
Emergency Ph #:				Secondary #:						
Emergency Address:										
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who will take care of it while you are in the program?										
Are you currently receiving any type of income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:										
Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list reason(s)?										
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you ever been in special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No For:										

Religious Background

Do you believe in God? Yes No Uncertain

Have you ever accepted Jesus Christ as your Savior? Yes No Uncertain

Are you attending church now? Yes No If yes, where?

Goals

What goals do you have while in this program?

Legal History

Have you ever been arrested? Yes No How many times? _____

If yes, give details:

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

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

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

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

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

Do you have any other pending legal matters that you would be required 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?

<input type="checkbox"/> To help me deal with life.	<input type="checkbox"/> Some of my family uses drugs.
<input type="checkbox"/> To escape reality.	<input type="checkbox"/> Just for fun.
<input type="checkbox"/> To fit in with my peers.	<input type="checkbox"/> Boredom
<input type="checkbox"/> My friends use drugs.	<input type="checkbox"/> Curiosity.
<input type="checkbox"/> To make physical pain go away.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> To make emotional pain go away.	

Have you ever sold drugs? Yes 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 <i>(If you did not use the drug listed, leave blank, if drug is not listed, please fill on)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate dates?)</i>	Frequency <i>(How often did you use?) [Daily, Weekly, Monthly]</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Alcohol				
Amphetamines				
Barbiturates				
Benzodiazepines				

Drug <i>(If you did not use the drug listed, leave blank, if drug is not listed, please fill on)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate dates?)</i>	Frequency <i>(How often did you use?) [Daily, Weekly, Monthly]</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants (Huffing)				
LSD				
Marijuana				
MDMA (Ecstasy)				
Meth				
Mushrooms				
Opiates				
Opiates, Synthetic				
PCP				
Prescription Drugs List:				
Speed				
Spice/K2				
Synthetic Marijuana				
Tobacco				

Medical History

Date of last physical exam:
Results:

List any physical ailments or handicaps that you may have:

Are you presently on any medication? Yes No (If yes, please list below and give reason for taking it.)

Have you ever been admitted to a hospital? Yes No (If yes, please explain below.)

Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time and walk a lot on campus) as part of this program? Yes No
If no, please explain:

Have you ever been diagnosed with any mental condition? Yes No If yes, please explain:

Have you ever been under psychiatric care or been admitted to a mental health institution?
 Yes No If yes, please explain:

Have you ever contracted a sexually transmitted disease? Yes No
If yes, please list disease, when and how it was treated:

Have you ever been the victim of sexual abuse? Yes No

If female, are you currently pregnant? Yes No Uncertain

Have you been pregnant in the past? Yes No Uncertain

If yes, what was the result of the pregnancy? Miscarriage Abortion Birth

Do you have any children? Yes No

If yes, list how many and what are their ages?

If male, are you the father of any children? Yes No Uncertain

If yes, how many children do you have and what are their ages?

Have you ever been involved in prostitution? Yes No

Have you ever been involved in any homosexual behavior or activities? Yes No

Do you consider yourself to be...

Heterosexual (straight) Bisexual Homosexual (Gay/Lesbian)

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

Problems with primary support group

- | | |
|---|--|
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Health problems in family | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Disruption of family by separation | <input type="checkbox"/> Parental overprotection |
| <input type="checkbox"/> Disruption of family by divorce | <input type="checkbox"/> Neglect of child |
| <input type="checkbox"/> Disruption of family by estrangement | <input type="checkbox"/> Inadequate discipline |
| <input type="checkbox"/> Removal from home | <input type="checkbox"/> Discord with siblings |
| <input type="checkbox"/> Remarriage of parent | <input type="checkbox"/> Birth of a sibling |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Other: _____ |

Problems related to the social environment

- | | |
|---|---|
| <input type="checkbox"/> Death of a friend | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Loss of a friend | <input type="checkbox"/> Adjustment to life-cycle transition (not adjusting to changes in life) |
| <input type="checkbox"/> Inadequate social support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Living alone | |
| <input type="checkbox"/> Difficulty with acculturation (being accepted by your own culture) | |

Educational problems

- | | |
|--|--|
| <input type="checkbox"/> Illiteracy | <input type="checkbox"/> Inadequate school environment |
| <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Late for class |
| <input type="checkbox"/> Discord with teachers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discord with classmates | |

Occupational problems

- | | |
|--|--|
| <input type="checkbox"/> Threat of job loss | <input type="checkbox"/> Job change |
| <input type="checkbox"/> Stressful work schedule | <input type="checkbox"/> Discord with boss |
| <input type="checkbox"/> Late for work | <input type="checkbox"/> Discord with co-workers |
| <input type="checkbox"/> Difficult work conditions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Job dissatisfaction | |

Housing problems

- | | |
|--|---|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Discord with neighbors |
| <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Discord with landlord |
| <input type="checkbox"/> Unsafe neighborhood | <input type="checkbox"/> Other: _____ |

Economic problems

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Extreme poverty | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insufficient welfare support | |

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 abused others
- Sexually abused others
- Pornography
- Sexual addictions
- Other: _____

Spiritual History Problems

- Ouija Boards
- Satanic Worship
- Witchcraft
- Levitation
- Palm Reading
- Fortune Telling
- Voodoo
- Astroprojection
- Séances
- Tarot Cards
- Horoscopes
- Yoga
- New Age
- Mormonism
- Scientology
- Buddhism
- Hinduism
- Transcendental Meditation
- Jehovah's Witness
- Other: _____

What are some other things you've tried? (Check all of that apply to your situation)

- | | |
|---|---|
| <input type="checkbox"/> Individually Counseling | <input type="checkbox"/> Boot Camp |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Boarding School |
| <input type="checkbox"/> Informal Probation | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Formal Probation | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Called Police | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Changed Schools | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Changed Jobs | |
| <input type="checkbox"/> Attended Parenting Classes | |

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

- Friend
- Family Member
- Church Leader
- Billboard
- Brochure / Flyer
- Other: _____

By signing below, I certify all information is true and correct on this application, to the best of my knowledge.

Applicant Signature

Date

Please return filled out application to:

Dream Center SETX
Intake Department
3890 FM 3514
Beaumont, TX 77705

Contact us at (409) 234-5255 or email: info@dreamcentersetx.org