



## 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 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 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 at least 30 days (orientation phase) with no distractions to help you learn Godly habits?**

**YES                      NO**

You will NOT be allowed to leave property for at least 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 (orientation phase)?**

**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/chore assignments as part of the program. You cannot have been diagnosed with any chronic illnesses, which would prevent you from performing your work therapy/chore 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 and must be approved by your Case Manager.

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



Have you ever been in special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No For:
<b>Religious Background</b>
Do you believe in God? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have you ever accepted Jesus Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Are you attending church now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
<b>Goals</b>
What goals do you have while in this program?
<b>Legal History</b>
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____ If yes, give details:
Have you ever done jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for and how long?
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give probation or parole officer's contact information below:
Are you court ordered here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give contact information regarding your court case:
Do you have any legal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? What are the charges?
Do you think you may have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

- To help me deal with life.
- To escape reality.
- To fit in with my peers.
- My friends use drugs.
- To make physical pain go away.
- To make emotional pain go away.
- Some of my family uses drugs.
- Just for fun.
- Boredom
- Curiosity.
- Other: \_\_\_\_\_

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.

<b>Drug</b> <i>(If you did not use the drug listed, leave blank, if drug is not listed, please fill on)</i>	<b>First Time</b> <i>(How old were you or what month/year?)</i>	<b>Last Time</b> <i>(Approximate dates?)</i>	<b>Frequency</b> <i>(How often did you use?) [Daily, Weekly, Monthly]</i>	<b>Amount Used</b> <i>(How much did you use per day/week/month?)</i>
Alcohol				
Amphetamines				
Barbiturates				
Benzodiazepines				
<b>Drug</b> <i>(If you did not use the drug listed, leave blank, if drug is not listed, please fill on)</i>	<b>First Time</b> <i>(How old were you or what month/year?)</i>	<b>Last Time</b> <i>(Approximate dates?)</i>	<b>Frequency</b> <i>(How often did you use?) [Daily, Weekly, Monthly]</i>	<b>Amount Used</b> <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					
<b>Medical History</b>					
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 currently have:					
Date of last eye exam: Results:					
Do you wear glasses?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wear contacts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List anything that you may be allergic to:					

<p><b>Have you ever been:</b></p> <p>Diagnosed with ADD?</p> <p>Diagnosed with ADHD?</p> <p>Diagnosed with any Mental Disorder?</p> <p>Diagnosed with Tuberculosis?</p> <p>Diagnosed with Hepatitis A?</p> <p>Diagnosed with Hepatitis B?</p> <p>Diagnosed with Hepatitis C?</p> <p>Diagnosed with HIV Positive?</p> <p>Diagnosed with AIDS?</p> <p>Diagnosed with Herpes?</p> <p>Diagnosed with any STD?</p> <p>Diagnosed with Body Lice?</p> <p>Diagnosed with High Blood Pressure?</p> <p>Diagnosed with Heart Disease?</p> <p>Diagnosed with any other illnesses?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p>
<p>Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>	
<p>Are you presently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list below and give reason for taking it.)</p>	
<p>Have you ever been admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain below.)</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:</p>	
<p>Have you ever been diagnosed with any mental condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>	

<p>Have you ever been under psychiatric care or been admitted to a mental health institution?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>Have you ever contracted a sexually transmitted disease? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please list disease, when and how it was treated:</p>
<p>Have you ever been the victim of sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No  If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain  Have you been pregnant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain  If yes, what was the result of the pregnancy? <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Birth  Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list how many and what are their ages?</p>
<p>If male, are you the father of any children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain  If yes, how many children do you have and what are their ages?</p>
<p>Have you ever been involved in prostitution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been involved in any homosexual behavior or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you consider yourself to be...</p> <p><input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual (Gay/Lesbian)</p>

**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@dreamcenterstx.org](mailto:info@dreamcenterstx.org)