Central Kansas Dream Center

APPLICATION FOR ADMISSION TO THE 9 MONTH DISCIPLESHIP PROGRAM

\*Fillable form: click on shaded area and enter your responses. \*

|  |  |
| --- | --- |
| Date: |  / /  |
| Name: |  | Phone: |  |
| Address: |  | Email: |  |
|  |  | SS#: |  | / | / |
| City: |  | State: |  | Zip: |  |
| DOB: |

|  |
| --- |
|  / /  |

 | Birthplace: |  |

Single:[ ]  Married: [ ]  Divorced: [ ]  Widowed: [ ]  Separated: [ ]  Widowed [ ]

Check the highest grade completed:

8th [ ]  9th [ ]  10th [ ]  11th [ ]  H.S. Diploma: [ ]  GED: [ ]  College: [ ]

|  |  |  |
| --- | --- | --- |
| Did you graduate from a Technical, Trade School or Journeyman Program? | [ ]  | [ ]  |
| Yes | No |

If so, please list below?

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| --- | --- | --- |
| Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic violation? | [ ]  | [ ]  |
| Yes | No |

If yes, please describe, including the disposition of your case:

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| --- | --- | --- |
| Have you ever been accused of, investigated, or charged with any type of abuse or violence? | [ ]  | [ ]  |
| Yes | No |

If yes, please explain:

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| --- | --- | --- |
| Have you ever been convicted of a sex offense? | [ ]  | [ ]  |
| Yes | No |

If yes, please explain:

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| --- | --- | --- |
| Have you ever been accused of a crime involving a minor? | [ ]  | [ ]  |
| Yes | No |

If yes, please explain:

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| --- | --- | --- |
| Are you now or have you ever been incarcerated?  | [ ]  | [ ]  |
| Yes | No |

If yes, please list DOC or current Booking Number:

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| --- |
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| --- | --- | --- |
| Are you now or have you ever been incarcerated?  | [ ]  | [ ]  |
| Yes | No |
| If so, provide the following:  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Last Name |  | First Name |  | Name of Agency |  | Phone # |

|  |  |  |
| --- | --- | --- |
| Are you currently on Parole?  | [ ]  | [ ]  |
| Yes | No |
| If so, provide the following:  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Last Name |  | First Name |  | Name of Agency |  | Phone # |
|  |  |  |  |  |  |  |

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| Next of kin:  |  |  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Full Name |  | Relationship to you: |  | Phone # |

List any kind of income source:

|  |  |  |
| --- | --- | --- |
| Income Source | $ Amount | Frequency |
|  |  |  |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| Do you have a valid Driver’s License?  | [ ]  | [ ]  |
| Yes | No |
|  |  |  |  |  / /  |  |  |
| DL# |  | State Issued |  | Expiration Date |  | Type of DL |

If CDL, List all endorsements:

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| What do you feel is your most serious problem? |
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| --- | --- | --- |
| Have you ever been diagnosed with any mental health issues or been in a mental hospital? | [ ]  | [ ]  |
| Yes | No |

If “Yes”, please explain:

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| Do you have any medical condition that would prevent your participation in strenuous physical activity or walking up three flights of stairs? | [ ]  | [ ]  |
| Yes | No |

If “Yes”, please explain:

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| Are you taking any type of medication? | [ ]  | [ ]  |
| Yes | No |

List any type of medication:

|  |  |  |
| --- | --- | --- |
| Medication | Dosage | Frequency |
|  |  |  |
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What are your religious beliefs?

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| --- | --- | --- |
| Have you committed your life to Jesus Christ? | [ ]  | [ ]  |
| Yes | No |
| Date: |  / /  |

What are your religious beliefs?

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| --- |
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What are your hobbies, talents, special interests, or abilities you would like to share?

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| Have you read the rules? | [ ]  | [ ]  |
| Yes | No |
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| Note: Applicant MUST stop all use of tobacco products prior to entering the Central Kansas Dream Center.  |
|  • I understand and agree that I am under the total direction of the Central Kansas Dream Center.  |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  / /  |  |  |  |  |
| Signature |  | Date |  |  |  |  |
|  |  |  / /  |  |  |  |  |
| Pastor/Prison Chaplin |  | Date |  | Phone# |  | Ext: |
|  |  |  / /  |  |  |  |  |
| Parole Officer (if applicable) |  | Date |  | Phone# |  | Ext: |

|  |  |  |  |  |  |  |
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|  |  |  / /  |  |  |  |  |
| Intake Leaders Signature |  | Date |  |  |  |  |

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Intake counselor's comments and special instructions:

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