Central Kansas Dream Center

APPLICATION FOR ADMISSION TO THE 9 MONTH DISCIPLESHIP PROGRAM

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

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| --- | --- | --- | --- |
| 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:

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

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| 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:

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

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| --- | --- | --- | --- |
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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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