DREAM FOUR GROUP

Dream for you, Dream for me, Dream for us
Residential Application for Dream Four Residential Living

Before you take the step of considering a Dream Four residence, you should ask a few questions yourself:

1. This program offers rental units You will be encouraged to work on your goals to give you the opportunity to achieve self-sufficiency and live independently. You will be encouraged to maintain a budget and a savings plan.

Ask yourself, is this situation right for me? YES _____ NO _____

2. You are encouraged to participate in workshops, which will help you achieve self-sufficiency and an independent lifestyle.

Ask yourself, is this situation right for me? YES _____ NO _____

3. This is a sober housing facility and is drug and alcohol free. Dream Four residence holds strictly to no tolerance policy regarding possessing, using or being under the influence of drugs and/or alcohol. No random testing will be done without authorization from the state or police department. Dream Four does not look to intervene in your life to create chaos but rather be a place of peace for you to feel free to express your mental state when experiencing symptoms of drawing back to past tendencies. Mechanisms are in place to help you cope with this feeling and you will not be alone if this is a problem you have dealt with in the past as you recuperate your soul, mind and body.

Ask yourself, is this situation right for me? YES _____ NO _____

4. Stealing is not to be tolerated. No sticky fingers! To protect yourself and others, do not enter other resident's units or restricted areas. Stealing will not be tolerated at Dream Four residences or life skills/office buildings. A violation will result in eviction.

Ask yourself, is this situation right for me? YES _____ NO _____

5. No visitors are allowed for longer than 24 hour period in the home.

Ask yourself, is this situation right for me? YES _____ NO _____

6. You are responsible for keeping your unit clean and tidy. You will be encouraged to do chores to keep your space tidy.

Ask yourself, is this situation right for me? YES _____ NO _____

7. House quiet hours begin at 10 pm. After 10 pm, a sound ordinance is placed on homes to monitor sound violations that would be considered harmful by our city regulations. We ask that this be obeyed unless working or other event is taking place with prior notification.

Ask yourself, is this situation right for me? YES _____ NO _____

8. Fortunately, our building is handicapped accessible. Access to all units requires steps and there are no elevators.

Ask yourself, is this situation right for me? YES _____ NO _____

DREAM FOUR RESIDENTIAL HOUSES
REQUEST FOR ADMISSION TO DREAM FOUR

Dream Four Residence offers housing to families who are in need of a longer period of support than provided by emergency shelter. The length of stay at the transitional residence will typically be 1-12 months.

If I meet the requirements of Dream Four Residence Residence, I would like to be considered for placement:

Participant Name:

_____

Last Permanent Address:

_____

City: _____ State: _____

Zip: _____

Current monthly income: _____

Social Security _____- _____- _____

By my signature, I attest that the preceding information is correct and complete to the best of my knowledge.

Signature:

_____

For staff use only

Participant Name: _____

Accepted: ❑

Date: _____/_____/_____ Month Day Year

Date: _____/_____/_____

Denied: ❑

_____

Reason for acceptance or denial:

_____
_____
_____
_____

Emergency contact person

In the event of a medical or other emergency, the residence staff may need to contact emergency personnel and/or personal emergency contact. Please provide information for two emergency contacts. At least one must be a blood relative.

Name _____

Relationship _____

Address _____

City_____

State _____Zip_____ State _____Zip
Phone number _____ Phone number_____

Medical history

Name of primary physician _____

Phone _____

Physician's address:

_____

Name of insurance carrier _____

Policy number _____

Any physical handicaps? ❑ Yes ❑ No

Any chronic illness? ❑ Yes ❑ No

Please give details of any "Yes" answer to the above questions.

_____

_____

_____

Are you taking any prescribed medications? ❑ Yes ❑ No
If so, please provide the following information for ***all*** prescribed medications. Name of medication Reason for prescription Dosage

Name of medication

_____

_____

_____

Reason for prescription

_____

_____

_____

Dosage

_____