Our mission is to provide a spiritual healing foundation of recovery from alcoholism/addiction for persons ages 17 and above in a loving, clean and sober environment. Dream Power Therapeutic Equestrian Center is a non-profit organization offering Sober Living in Canton, GA, through a living experience in a sober barn household. Clients heal from alcoholism/addiction by the daily practice of life skills taught by other recovering people who have successfully achieved sobriety. All recovery skills and methods revolve around the gently healing love of horse. We provide help to those individuals who have a desire to be clean and sober, free from pain and fear and achieve self-sufficiency. We offer residents a 12-step based spiritual program designed to be between three – and six months, with flexibility for extended stays if needed. We encourage residents involved in the program to take advantage of available after-care options. Residents will work closely with a sponsor. It is important to become involved in a positive social network. Residents need to be drug and alcohol free upon intake, we will recommend local detox centers if needed.

Admission Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Willing to fully participate in barn life.</td>
<td>No history of violent, sex crimes or arson</td>
</tr>
<tr>
<td>Willing to work your daily recovery program</td>
<td>Willing to follow all house rules, curfew and meeting requirements</td>
</tr>
<tr>
<td>90- 180 day commitment</td>
<td>Addict or alcoholic by admission</td>
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</tbody>
</table>

Program Fees are paid by the GVRA. You must apply & be accepted to continue your stay here. This is a sober home environment, not an institution. Residents of Dream Power Sober Living are required to take care of individual responsibilities. We provide the addiction therapies with a Certified Addiction Counselor as well as food and lodging. We offer a referral base for job assistance and transport assistance to counseling and additional activities when needed. Contracted addiction counseling and life skills classes are part of the program.

Enclosed with this letter you will find a copy or our House Policies, Lodging Agreement, and our Resident Application form.

TO APPLY YOU MUST:
Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last two pages.
You must answer every question. If the question does NOT pertain to you, please insert “N/A” for not applicable to you. Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely.
You must include the name and fax number of your caseworker if applicable.

If you have any question or if we can be of assistance to you please call. Don't forget to complete the last two pages.
HOUSE POLICIES – LODGING AGREEMENT
PLEASE READ CAREFULLY

The undersigned understands and acknowledges that our program is an alcohol and drug free shared housing property managed by Dream Power Therapeutic Equestrian Center. The undersigned resides in the capacity of a lodger sharing a housing unity and not as a tenant with rights or possession of space exclusively. The undersigned agrees to pay program fees of 4 hours per day of work, 6 days per week and apply for services with the GVRA immediately. The undersigned lodger agrees to participate in and abide by the Policies and Rules. The undersigned agrees to vacate the shared accommodation if the rules are violated. The following House Policies are to be observed by all residents. These Policies have been set forth to maintain a clean, safe, and healthy living environment for those in recovery. Our goals are to help each resident attain their goals of self-sufficiency by staying clean and sober and finding and maintaining employment.

For Women- The Dream Power Therapeutic Equestrian Center House for Women is a “silent” program that address issues and will never be published in any documentation for the safety of all residents. Personal mail should be addressed to: Dream Power Therapeutic Equestrian Center Sober Living. Inform all family and friends to put Dream Power Therapeutic Equestrian Center Sober Living in the bottom left corner of the envelope. No residents that are victims of abuse are to give out address of the facility, due to this being a “silent” address no male friends are allowed on or around the property. To arrange for someone to pick you up, it is necessary to walk out to a common main intersection.

THIS AGREEMENT, entered on this day of _______________ between Dream Power Therapeutic Equestrian Center Sober Living and ____________________________________________, regarding participating at Dream Power Therapeutic Equestrian Sober Living, includes the following conditions:

RESIDENT RIGHTS

1. Violence Free Environment: Maintaining a violence free environment is critical to establishing a sense of safety. For this reason, violating the rights of others may be grounds for terminating some or all services.
   Intimidation or violence towards residents or staff is prohibited.
   Please respect your peers and housing staff.
   No weapons of any kinds are allowed on property.

2. Spiritual Customs: Residents have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, please do not impose any of your beliefs, try to recruit anyone to practice your religion, and do not practice any customs that involve fire or smoke inside the house.

3. Privacy: Residents may not enter another person's room without permission. Dream Power staff will not discuss resident information, including billing agreements or program concerns, with other residents.

4. Complaints and Grievances: Residents may file a complaint or grievance with Dream Power staff. Complaints and/or grievances will not adversely impact resident services.

RESIDENT RESPONSIBILITIES

Respect for Residents and Staff:
1. Visitors: NO overnight guests are allowed. If any guest causes dissension on property, that guest will be asked to leave. Visits with sponsors are encouraged.
2. New arrival Curfew: All new residents will return to the house by 10 pm every day. New residents will abide by the standard curfew after employment as been verified. Attaining employment immediately will directly benefit each resident.
3. Standard Curfew: All residents who are working will be expected to return to the house by 11 pm
Sunday – Thursday. For those late for curfew, you may be required to drug test and pay a $15 test fee and you will be on a 2 week probation. A 10 pm curfew will be in effect while on probation.

4. Noise Levels: We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.

5. Smoking: Absolutely no smoking in the house due to insurance liabilities. Smoking is allowed in designated smoking areas only.

6. Pets: Residents are not permitted to have any pets not approved by Managing Staff.

7. Sanitation: Program participants have the right to live in a clean and welcoming environment. Resident will keep the premises clean at all times, and upon discharge will leave the premises in as good of condition as when this agreement was entered. Each resident is requested to eat their food in common areas and wash their own dishes immediately after eating. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard and grounds, and laundry room. All residents are assigned weekly house chores.

Respect for Self:

1. Sexual Activity: No sexual activity in the house or on the grounds at any time.

2. Drug and Alcohol Use: Occupancy is made available on the strict understanding that the house and its residents are to be, at all times, drug and alcohol free. Alcohol and illegal drugs are not allowed on program premises nor any mind altering substances at ANY time. No addictive psychiatric medications that aren’t approved by Staff. If you have questions regarding your recovery, please don't hesitate to ask Staff. Please be aware of other resident's recovery needs. In addition, guests of a resident who are under the influence of any type of mind altering substances are not permitted, at any time on the grounds. ALL RESIDENTS WILL BE REQUIRED TO SUBMIT TO RANDOM URINE TESTING WHEN REQUESTED BY STAFF.

3. Medication: The program does not dispense medication. Our policy prohibits abusing mind-altering medications. If we feel that a prescribed medication for a resident is detrimental to other residents we will ask that resident to go without, or resident will have the option to move out with full explanation to any supervisory agencies. All medications need to be entered in medication log. (See house manager). NO NARCOTIC MEDICATIONS ARE ALLOWED WHILE LIVING IN THE PROGRAM. You must secure your medications. No sharing of any resident's prescribed medications.

4. Dress Code: All residents must be properly attired at all times including while sleeping.

5. Pornography: NO pornography is allowed in the house.

Respect for Property:

1. Alteration to Property: Residents may not make any alterations to the property due to OTS lease agreement with the property owners. This includes alteration of cable or internet connections, installation of paneling, flooring, built in decorations, partitions or railing, shades, blinds window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, clothes washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture, refrigerator or coffee pot in the bedroom.

2. Vehicles: To operate and/or park a motor vehicle while residing at the facility a valid driver's license, proof of insurance, and registration are required. They will be towed at your expense. Only one motor vehicle per resident is allowed on property.

3. Weapons: No weapons of any kind are allowed on premises.

Legal Accountability:

1. Probation/Parole Requirements: If you are on probation/parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.

2. Community Service: Residents can participate in court ordered community service at the property if approved by parole/probation officer. Staff will supervise and sign off on all work.
Basic Resident information:

1. Activity/Work Plan: We require all residents to participate to be assigned a case plan; which could involve more addiction recovery programs, employment or volunteer work. All residents that are required to work will be dressed and out of the house at their assigned time.

2. Passes: Pass request forms must be completed with a minimum of two week's notice. A minimum of thirty days in the house is required before a pass will be considered. The Case Manager along with the supervisory agency will approve all passes based on performance in the house. All program fees must be current for the pass to be approved. You must have completed a 25 hour pass before being given a 48 hour pass.

3. Sleeping: All residents must be awake, dressed and areas cleaned by 8:00 am on week days. Residents are requested to sleep in their bed and not in the living room. Day sleeping is not allowed unless specifically approved.

4. House activities: All residents are asked to participate in all house activities including weekly house meetings, group sessions, and weekly housekeeping duties.

5. Twelve Step Meeting Attendance: All residents are required to attend at least 5 outside 12 step meetings per week or as indicated on treatment plan.

6. Sponsors/Mentors: If you are attending any 12 step Recovery meetings, it is imperative that you get a 12 step sponsor and/or mentor immediately.

7. House Liability: Dream Power Therapeutic Equestrian Center is not liable for any personal property during or after the resident's discharge from the house. Please limit what you bring. Dream Power Therapeutic Equestrian Center will dispose of all personal property 30 days from discharge date. A written notice must be submitted to the case/house manager upon departure for anyone else to pick up personal property.

Please print the following on the line below:
I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT

___________________________________________________________

Residential Information Concerning Applicant/Resident May Be Shared With Appropriate Agencies

___________________________________________________________

(sign here)

Signature of Lodger:

Dated:

Print Name of Lodger:

___________________________________________________________

Signature of Staff Manager:

Dated:
Dream Power Therapeutic Equestrian Center
Sober Living House

You are required to write a brief bio letter at the end of this application.
We want to know who you are, where you came from, and where you want to go in life.
This section is required to process application.
If you have trouble writing, get help, or let us know.

Name: ___________________________________________ Today's date: ________________
SS#: __________________ DOB: _______________ Age: __________ Marital Status: ___________
State ID #: ______________________________________
Gender: male / female Ethnicity: _______________ Are you pregnant? YES / NO Veteran? YES / NO
Current Contact Phone: ___________________________
How did you hear about our program: __________________________
Are you receiving benefits? YES / NO What? __________________________
Why? _____________________________________________
Current Living Situation (circle one):
Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Family
Name of current contact: ___________________________
Current Address: _______________________________________
Are you in the process of family reunification? YES / NO Explain:
Do you have children? YES / NO Ages: _______ Sex: _______
Are you paying Child Support? YES / NO amount: _______
In case of Emergency notify:
Name __________________ Relationship _______________ Phone __________________
When I leave the program forward my mail to:
___________________________________________________________________________
Are you interested in receiving mail from a mentor while you are incarcerated? YES / NO
Have you enrolled in any services while in Prison that will continue after you are released? YES / NO
What service/program? ________________________ What agency? ________________ Begin Date:
Are you willing (YES / NO) and capable (YES / NO) of working 40 hours a week of gainful employment?

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?
### ALCOHOL AND DRUG USE

<table>
<thead>
<tr>
<th>Substance</th>
<th>Frequency of Use</th>
<th>Age First Used</th>
<th>Route (oral, smoke, inhaled, injected, other)</th>
<th>Other Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
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<tr>
<td>Marijuana</td>
<td></td>
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<tr>
<td>Methamphetamine</td>
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<tr>
<td>Heroin</td>
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<tr>
<td>Spice/Molly</td>
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<tr>
<td>Pharmaceuticals</td>
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Drug of choice: _______________________________

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended.

__________________________________________________________________________________

______________________________________________________________________________

Are you willing to attend five 12-step Recovery Meetings each week? YES / NO
If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? YES / NO
How many attempts have you made to get clean and sober in the past? _________
Most clean/sober time attained? __________

### EMPLOYMENT HISTORY (List Most Recent Employer First)

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Phone</th>
<th>Date Started</th>
<th>Date Ended</th>
<th>Position</th>
<th>Supervisor Name</th>
<th>Pay Rate</th>
</tr>
</thead>
<tbody>
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### EDUCATION HISTORY

Education Completed: (circle all that apply) High School  GED  Vocational School  Junior College  University  Other ________________________________

<table>
<thead>
<tr>
<th>Name and Place</th>
<th>Phone</th>
<th>Position</th>
<th>Certificates, Diplomas Obtained</th>
<th>Type or Main Subject</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### HOUSING HISTORY

<table>
<thead>
<tr>
<th>Prior Living Situation</th>
<th>Pay Rent</th>
<th>Where</th>
<th>When (start – end)</th>
<th>How Long</th>
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<tbody>
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### REASON FOR LEAVING PRIOR HOUSING

<table>
<thead>
<tr>
<th>Reason for Leaving Prior Housing</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>Discharged</td>
<td>Parole/ Probation Violation</td>
</tr>
<tr>
<td>Marital Separation</td>
<td>Non-Payment of Rent/ Occupancy Charge</td>
<td>Destruction of Property</td>
</tr>
<tr>
<td>Loss of Employment</td>
<td>Non-Compliance of Housing Authority</td>
<td>Arrested</td>
</tr>
<tr>
<td>Completed Program</td>
<td>Criminal Activity/ Violence</td>
<td>Other: ____________________</td>
</tr>
<tr>
<td></td>
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</table>

Explain:
____________________________________________________________________________________
____________________________________________________________________________________

### BRIEF MEDICAL HISTORY

Are you under a physician's care? YES / NO If yes, why?

Name of Doctor: ____________________ Phone: ____________________ Agency: ____________________

List ALL Medications Prescribed:

Will your doctor prepare a work release letter? YES / NO
List ALL past and current Physical issues:

List ALL past and current psychiatric issues:

Are you under the care of a behavior health facility? YES / NO If yes, explain:

Date: _____________ Where:________________________________
Have you ever attempted suicide? YES / NO
If yes, explain how:

__________________________________________________________________________

Date: ______________ Why: _______________________________________________

LEGAL HISTORY:
Do you have current charges? YES / NO If yes, what? _____________________
If yes, next court date: ______________________
Are you a parole violator? YES / NO Reason for Violation: ____________________
Anticipated Release Date: ______________________
Are you on supervision? (circle one) IPS- Direct - Regular – Parole - Fed Probation - No Supervision
Agency: _______________________________________
PO Name ________________________________ Phone: _________________________________ Office Location: ___________________________
Do you have court fines? YES / NO how much? ________ Do you have community service? YES / NO
How many hours? ______________________
Have you ever been arrested for any sex crimes? YES / NO If yes, explain:

__________________________________________________________________________
List all arrests, convictions, sentences, prior prison or jail commitments and probation history. (list places and dates – use back of this paper if needed)

__________________________________________________________________________

VERIFICATION:
Application forms require this information to process. Who can we call to verify this application?
(circle one) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Vet Rep Other
Name ________________________________ Fax (required) (____)_________________________
Phone # ______________________________ Email: _______________________________________
Did you read the lodging agreement and house policies? YES / NO
Are you clear on what is expected of you? YES / NO
By signing below I provide Dream Power Therapeutic Equestrian Center authorization to share information included in this application with legal and medical agencies:
(Sign here) ___________________________________________ Date _______________________

All information on this application is true to the best of my ability:
Client Name (Print) _______________________________
Client Signature _____________________________ Date ____________________
Resident Bio-Letter

Use back of page if needed

Last name: First name: Date:

Please tell us about yourself (your likes & dislikes, etc):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please tell us why you desire to live at Dream Power Therapeutic Equestrian Center Sober Living:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What abilities do you think you possess that will help you be successful at Dream Power Therapeutic Equestrian Center Sober Living Home:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are your reasons for applying to live at Dream Power Therapeutic Equestrian Center Sober Living Home:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What actions do you think you will need to take in order to accomplish the goal of independent living:

________________________________________________________________________
________________________________________________________________________