



Sober Living Client Application

Dream Power Therapy
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 Dahlonega, Ga 30533
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Our mission is to provide a spiritual healing foundation of recovery from alcoholism/addiction for women, with or without children, ages 17 and above in a loving, clean and sober environment. Your children may join you after 30 days (up to 3 children 12 years old or under). Dream Power Therapy is a non-profit organization offering sober living in a therapeutic horsemanship program, through a lifestyle changing experience in a healthy, recovering household. Clients heal from alcoholism/addiction & trauma by the daily practice of life skills taught by other recovering people who have successfully achieved long term sobriety. All recovery skills and methods are taught by a recovering person & revolve around the gently healing love of the 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 lodger a 12-step based, spiritual (NOT religious) program designed to be between three and nine months, with flexibility for extended stays if needed. We encourage lodgers involved in the program to take advantage of available after-care options. Lodger will work closely with a 12 Step sponsor (AA or NA). It is paramount to become involved in a positive social network. Lodgers need to be drug and alcohol free upon intake, we will recommend local detox centers if needed.

Admission Requirements:

Willing to follow instructions and fully participate in barn life.	No history of violent, sex crimes or arson
Willing to work your daily recovery program	Willing to follow all house rules, curfew and meeting requirements
90 day - 9 month plan commitment	Addict or alcoholic by admission

~ Program Fees are paid by the client if working. You must apply & be accepted to continue your stay here. This is a sober home environment, not an institution. Lodgers of Dream Power Sober Living are required to take care of individual responsibilities, including personal hygiene and food. We provide weekly equine therapies with a Certified Therapeutic Riding Instructor, Peer Support Specialist and lodging. We offer a referral base for job assistance and transport assistance to counseling and additional activities when needed.

Enclosed with this letter you will find a copy of 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 probation officer &/or 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 because your application will be rejected without a complete application.

HOUSE POLICIES – LODGING AGREEMENT PLEASE READ CAREFULLY

The undersigned understands and acknowledges that our program is an alcohol and drug free shared lodging property managed by Dream Power Therapy. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively. The undersigned agrees to pay program fees of 35% of gross income or \$250 per week, whichever is greater, and the \$1,200 entrance fee, which covers admission and the first 2 weeks of their stay. The undersigned lodger agrees to participate in and abide by the Policies and Rules. The undersigned agrees to vacate the shared accommodation if they violate the Rules/Policies & are asked to leave. The following House Policies are to be observed by ALL lodgers. 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 lodger attain their goals of a happy, healthy life in self-sufficiency by staying clean and sober and finding emotional/mental stability.

THIS AGREEMENT, entered on this ___ day of _____ between Dream Power Therapy Sober Living and _____, regarding participating at Dream Power Therapy Sober Living, includes the following conditions :

LODGER RIGHTS

1. **Safe Environment:** You have the right to be safe. Maintaining a violence & sex free environment is critical to establishing a sense of safety. For this reason, violating the safety and boundaries of others may be grounds for terminating some or all services. Intimidation, bullying, harassment (sexual or otherwise), inappropriate touching or speech, or violence towards lodger, volunteers or staff is strictly prohibited.
2. **Spiritual Customs:** Lodgers have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, no one should try to impose any beliefs, try to recruit anyone to practice a religion, and not practice any customs that involve fire or smoke inside the house without permission.
3. **Privacy:** Lodgers have the right to expect privacy in their bedroom & with their information. No one who doesn't stay in the bedroom may enter another person's bedroom without permission. Dream Power staff will not convey resident information, including billing agreements or program concerns, with other lodger or outside persons without written consent.
4. **Complaints and Grievances:** Lodger may file a complaint or grievance with Dream Power staff or Board. Complaints and/or grievances will not be held against you or adversely impact your services.
5. **Non discrimination:** Lodger will not be discriminated against for age, race, religious/spiritual belief or creed, sexual orientation or political associations.
6. **Mental and physical health services:** Lodgers have the right to the licensed mental health and physical health recovery providers of their choice. Dream Power Therapy will facilitate lodgers in getting the recovery help they need by electronic or physical appointments with the local licensed providers of their choice.
7. **Constitutional rights:** Lodgers Constitutional rights will not be infringed. 2nd Amendment Rights must be limited to off property ownership given the nature of the facility.

LODGER RESPONSIBILITIES

Respect for Others:

1. Visitors: NO overnight guests are allowed. Visitors need to be approved by staff at least 24 hours in advance. Visitors are limited to common areas only. NO men allowed on second floor where the bedrooms are. If any visitor causes dissension on property, they will be asked to leave. Visits with sponsors are encouraged.

2. 30 day probationary Curfew: All probationary lodgers will return to the house by 10 pm every day. New lodgers will abide by the standard curfew after attaining a sponsor and joining a 12 Step home group.

3. Standard Curfew: All lodgers 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 the cost of test 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 lodger and play radios and televisions at reasonable volume levels and no graphic content. Children should be in bed and quiet no later than 9:30pm.

5. Smoking: Absolutely **NO** smoking in the house!!! Smoking is allowed in outside designated smoking areas only with doors to house closed. Vaping is allowed indoors.

6. Pets: Registered support animals are your sole responsibility and must be cleaned up after IMMEDIATELY if they make a mess. Pet MUST be in a crate in your room when not attending.

7. Sanitation: Program participants have the right to live in a clean and welcoming environment. Lodger will keep the premises clean at all times, perform their chores, and upon discharge will leave the premises in as good of condition as when this agreement was entered. Each lodger is to eat their food in common areas and wash their own dishes & cooking utensils immediately after eating. **No food in bedrooms!** Lodgers are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard and grounds, and laundry room. All lodgers are assigned weekly house chores.

8. Children: You are responsible for your child(ren). Ask for help if you need it. Do not parent other people's children. If you have an issue with a child's behavior, or a parent's actions, talk to Staff and the appropriate actions will be taken ASAP. DO NOT take matters into your own hands! Lodgers with children agree to help 1 day per week in Shared Child Care. Non mothers who agree to help will be paid by the mothers who are working collectively a minimum of \$10 per hour or minimum wage, whichever is greater.

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

Respect for Self:

1. Drug and Alcohol Use: NO ALCOHOL OR DRUG USE ON OR OFF PROPERTY WHILE A PARTICIPANT IN THE SOBER LIVING PROGRAM. Occupancy is made available on the strict understanding that the house and it's lodger 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 about recovery, please don't hesitate to ask.

Please be aware of other resident's recovery needs. In addition, guests of a lodger who are under the influence of any type of mind altering substances are not permitted, at any time on the grounds. ALL LODGER AGREE TO & WILL BE REQUIRED TO SUBMIT TO RANDOM DRUG TESTING WHEN REQUESTED BY STAFF.

2. Sexual Activity: No sexual activity in the house or on the grounds at any time. This includes self gratification. NO pornography is allowed on the property. This includes digital or electronic forms.

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 lodger 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 lodgers and children must be properly attired at all times including while sleeping.

Respect for Property:

1. Alteration to Property: Lodger may not make any alterations to the property. 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, lodger 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, if any of these conditions are not met, it will be towed at your expense. Only one motor vehicle per resident is allowed on property and permission to use after the minimum 30 day probationary period is satisfied. Only park in your assigned space.

Legal Accountability:

1. Probation/Parole/Case Plan Requirements: If you are on probation/parole or supervision of Case Plan any kind, you must supply Dream Power Therapy all names and contact information and continue to abide by all regulations set down by your supervising agency.

2. Community Service: Lodger 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.

~ Dream Power Staff has the right to search the premises or a person at any time.

Basic Resident information:

1. Activity/Work Plan: We require all lodger to participate to participate in a recovery plan you agreed upon at admission; as more is revealed in your needs, could involve more addiction recovery programs, employment or volunteer work. All lodgers that are required to work will be dressed and out of the house at their assigned time.

2. Passes: A minimum of 14 days in the house is required before a pass will be given. Staff will approve all passes based on performance of lodger’s recovery program. All program fees must be current for the pass to be approved. You must have completed a 24 hour pass before being given a 48 hour pass.

3. Sleeping: All lodgers must be awake, dressed and in common areas by 8:00 am on week days. Lodger are to sleep in their assigned bed and not in the living room. Day sleeping is not allowed unless given permission.

4. House activities: All lodgers are asked to participate in all house activities including daily groups, weekly house meetings, equine therapy group sessions, 12 Step meetings and weekly housekeeping duties.

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

6. Sponsors/Mentors: It is imperative that you get a 12 step sponsor and/or mentor immediately (within 7 days) and start contacting them daily.

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

* Please print the following statement on the line below:

I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT

Lodger Information Concerning Applicant- Lodger gives permission to share information with these Person(s)/

Agencies: _____

Client signature: _____ Date: _____

Name of Client: _____

Staff name & signature: _____ Date: _____



Dream Power Therapy 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 you need help.

Name: _____ Today's date: _____

SS#: _____ DOB: _____ Age: _____ Marital Status: _____

State ID type and #: _____

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 type? _____

Amount? _____

Current Living Situation (circle one):

Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Family

Name and phone number of closest contact: _____

Current Address: _____

Are you in the process of family reunification? YES / NO Explain: _____

Do you have children? YES / NO

If yes, Ages & Names: _____

Do they have any special needs? _____

Who will they stay with your first 30 days of the Sober Living Program? _____

Will you agree to cyber education for your children while in our program if appropriate? _____

Will you assist with other women's children 1 day per week in a shared child care effort? _____

Are you paying or do you owe Child Support? YES / NO Amount:\$ _____

In case of Emergency notify:

Name _____ Relationship _____ Phone _____

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 35 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

Alcohol and Drug Use				
Substance	Frequency of Use	Age First Used	Method (oral, smoke, inhaled, injected, other)	Other Drug Use List all other drugs used - inhalants, etc
Alcohol				
Marijuana				
Methamphetamine				
Heroin/Opiates				
Hallucinogens				
Pharmaceuticals				

Drug(s) 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)						
Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Pay Rate

EDUCATION HISTORY				
Education Completed: (circle all that apply) High School GED Vocational School Junior College University Other _____				
Name and Place	Phone	Position	Certificates, Diplomas Obtained	Type or Main Subject

HOUSING HISTORY				
Prior Living Situation	Pay Rent	Where	When (start – end)	How Long
	Y/N			
	Y?N			
	Y?N			
	Y?N			

REASON FOR LEAVING PRIOR HOUSING		
Substance Abuse	Discharged	Parole/ Probation Violation
Marital Separation	Non-Payment of Rent/ Occupancy Charge	Destruction of Property
Loss of Employment	Non-Compliance of Housing Authority	Arrested
Completed Program	Criminal Activity/ Violence	Other: _____ _____

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 (including self harm &/or eating disorders):

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 date & how attempted:

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 - CO - Pretrial - Vet Rep - Other

Name _____ Fax (____) _____

Phone # _____ Email: _____

Did you read & sign the lodging agreement and house policies? YES / NO

Are you clear & agree to what is expected of you? YES / NO

By signing below I provide Dream Power Therapy authorization to share information included in this application with relevant 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.

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

Please tell us why you believe staying at Dream Power Therapy Sober Living will help you:

What abilities do you possess that will help you be successful at Dream Power Therapy Sober Living Home:

What are your reasons for applying to live at Dream Power Therapy Sober Living Home:
(court ordered, DFCS, family, wants o change your life etc.)

What actions are willing to take in order to accomplish the goal of building a sober lifestyle :

What does following instructions and willingness mean to you?

What are you UNwilling to give up or change for your sobriety?

What are you willing to contribute to be a positive addition to Dream Power Therapy Sober Living?
