

**CHRISTIAN DISCIPLESHIP CENTER
90-DAY RECOVERY PROGRAM
APPLICATION FORM**

Name _____ Phone _____

Address _____ Zip _____

Tribe _____ Other Race _____

Age _____ Date of Birth _____

Status: Single _____ Married _____ Divorced _____ Separated _____ Engaged _____

Living with unmarried partner _____

Do you have any children? _____ How many? _____

For what problem(s) are you seeking help? _____

Are there any charges pending against you? _____

Explain: _____

Your Probation officer or Public Defender _____

His phone no. _____

Do you have a scheduled court appearance in the next several months? ____

If so, what date? _____

Are you presently on any medication? _____

If yes, what kind(s)? _____

Have you ever been arrested or convicted for a sexual crime? ____

If so, explain: _____

Do you have any disabilities? _____

If yes, explain: _____

SUBSTANCE ABUSE HISTORY

When did you drink last? _____

What were you drinking? _____

When did you first start drinking? _____

What drugs have you been taking? _____

When did you first start taking drugs? _____

Have you ever received counseling for your drinking or drugs? _____

Are you using tobacco products? _____ What kind? _____

Have you been in the Armed Forces? _____

What was the highest grade you completed in school? _____

How did you hear about CDC? _____

Have you attended other programs? _____

Where?

1. _____

2. _____

3. _____

MEDICAL HISTORY

Check any of the following that you have had in the last TWO years:

Allergies _____ Asthma _____

Bleeding _____ Diabetes _____

Diarrhea _____ High Blood Pressure _____

Bad back _____ Constipation _____

Dizziness _____ Memory loss _____

Liver problems _____ Eye problems _____

Open sores _____ Trouble sleeping _____

Depression _____ Stress _____

Stomach Problems _____ Hepatitis _____

Heart Problems _____ HIV Infection _____

Seizures _____ Weight loss _____

SPIRITUAL HISTORY

Are you a Christian? _____

When did you receive Christ as Savior? _____

Where? _____

What church do you attend? _____

Name and address of your pastor _____

Phone Number of your pastor _____

The **Christian Discipleship Center** is primarily a spiritual program based upon the Bible, God's Word. Do you desire God's answer to your problems, and are you willing to follow what you will learn from the Bible? _____

Please Answer the following questions:

Y N Are you having financial problems?

Y N Are you having marriage problems?

Y N Are you having family problems?

Y N Are you having court problems?

Y N Are you having problems knowing if you are saved (a Christian)?

Y N Have you ever attempted suicide?

REQUIREMENTS FOR ADMISSION:

Our program is being offered at minimum cost to you and is supported by the gifts of those interested in the program. All successful applicants must commit to the following requirements.

Check each one and sign below:

1 _____ That you will remain in the program for a period of 90 days.

2 _____ That you are not allowed to leave the grounds without a staff member present.

3 _____ That for the first TWO weeks there will be no communication with anyone outside the program (except for emergency).

4 _____ That you will make an effort to apply yourself in all phases of the program.

- 5_____ That you will abstain from all alcohol, drugs, and tobacco.
- 6_____ That you will submit to the authority and direction of the staff.
- 7_____ That you will commit yourself to daily Bible reading, study and prayer.
- 8_____ That you will consent to a search of your person and possessions when you arrive and anytime while you are in the program. (Items forbidden in the handbook will be taken away).
- 9_____ That you will consent to random alcohol and drug testing while in the program.
- 10._____ Any violations of the rules will be grounds for discipline and/or dismissal.

I hereby agree to submit to the above conditions.

_____ **Date** _____

Name signed

COST PLAN AGREEMENT

The Fee for the CDC program applies only to the housing and meals. The Recovery Program (instruction, counseling, materials, etc.) is subsidized through donations, and our staff offer their services without charge to CDC.

If a client self-pays, there is a subsidized Program Fee of \$300 per month or \$900 for the complete 90 days (The Actual Cost is \$1500 for 90 days; a scholarship of \$600 is included in self-pay).

The following are sources of income which enable a client to contribute toward the Program Fee for his enrollment:

Employment Income _____

SSI or SSDI Monthly Income _____

Tribal Allotments, Dividends _____

Contribution by family _____

Contribution by church or sponsor _____

Other _____

Total \$_____

If any or all of the above amounts are equal to or greater than the \$300 per month for the room and board charges, the Client will pay the Program Fee of \$900 for enrolling in the program.

If a Tribe or other government or health agency is paying for the client's enrollment, an invoice must be mailed directly from CDC to such agency, and the full, unsubsidized Fee (Actual Cost) of \$1500 will be assessed.

Client Acceptance Form

I understand this Cost Sheet, and I agree to pay the following amount each month for my enrollment in the CDC Program: \$_____

Date_____ Signed_____

My enrollment is being paid by the following Tribe or Agency. Please bill them directly at the following address:

Mail to:
Christian Discipleship Center
24826 Road L
Cortez, CO 81321

or Fax to (970) 564-9328