

**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 \$400 per month or \$1200 for the complete 90 days (The Actual Cost is \$2100 for 90 days; a scholarship of \$900 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 \$400 per month for the room and board charges, the Client will pay the Program Fee of \$1200 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 \$2100 will be assessed.

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**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**