

# CHRISTIAN DISCIPLESHIP CENTER

## 90-DAY RECOVERY PROGRAM

### APPLICATION FORM

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZipCode \_\_\_\_\_  
EMAIL Address: \_\_\_\_\_  
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? \_\_\_\_\_

#### LEGAL HISTORY

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

List convictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you serve time? Yes \_\_\_\_\_ No \_\_\_\_\_

How Long? \_\_\_\_\_

Are there any charges pending against you? \_\_\_\_\_

Explain: \_\_\_\_\_

Your Probation officer or Public Defender \_\_\_\_\_

Their phone no. \_\_\_\_\_

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

If so, what date? \_\_\_\_\_

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

If so, 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 _____         | Open sores _____          |
| Dizziness _____        | Memory loss _____         |
| Liver problems _____   | Eye problems _____        |
| Panic Attacks _____    | Trouble sleeping _____    |
| PTSD _____             | Bipolar Disorder _____    |
| Depression _____       | Stress _____              |
| Stomach Problems _____ | Hepatitis _____           |
| Heart Problems _____   | HIV Infection _____       |
| Seizures _____         | Weight loss _____         |

Are you presently on any medication? \_\_\_\_\_

If yes, what kind(s)? \_\_\_\_\_

Do you have any disabilities? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**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.

A background check is obtained for all applicants prior to their acceptance. Give your social security number here \_\_\_\_\_ and by your signature below give your consent.

I hereby agree to submit to the above conditions.

\_\_\_\_\_ Date \_\_\_\_\_  
Name signed

**COST PLAN**

The Christian Discipleship three-month residential Recovery Program is supported through donations, and all of our staff serve without salary. All of the instruction, counseling and materials are provided freely. The only fee that is charged is the applicant's contribution toward his room and board.

Because scholarship money is now available, the cost for attending CDC has been greatly reduced. (The full cost of room and board that would be paid by a tribal agency is \$800 per month.) When an applicant pays for himself, he can come with \$500 for the first month's fee, and a scholarship will cover the second and third month of enrollment. For those with greater need, the payment plan can be adjusted by paying only \$200 each month of enrollment, and the scholarship will cover the rest of the room and board charge.

It is important to send in the application as soon as possible for review and acceptance. Then each applicant or his family can work out a financial arrangement later with our CDC director.

**CLIENT ACCEPTANCE FORM (Select one below)**

\_\_\_\_\_ I am a Native American in need of your scholarship. I agree to pay \$500.00 for the first month if I qualify. I understand that the 2nd and 3rd months will be covered by the scholarship.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I do not qualify for scholarship. I agree to pay \$800 per month for my enrollment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

[NOTE: First payment is due upon arrival and each following month]

\_\_\_\_\_ My enrollment fee is being paid by a Tribal, government, health or other agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Here is the name, phone number and contact information for the person authorizing the payment from the agency: \_\_\_\_\_

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**Mail to: CHRISTIAN DISCIPLESHIP CENTER**  
**24826 Road L Cortez, CO 81321**  
**or Fax to (970) 564-9328**  
**or Email [CDC@fone.net](mailto:CDC@fone.net)**  
**For questions, please call: 970-565-3290**