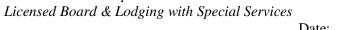
OIF Dream Center

529 16th Ave N. St. Cloud, MN 56303 Main: 320-656-1550 / Fax: 320-774-1264

Email: dreamcenterpath@aol.com





Date		·		Direct 1350		
Name	e:	DOB:	Age	::	Social Security #:	
Probation: Yes/No Parole: Yes/No OID#:			Ant	Anticipated Release Date / Housing needed by:		
County of Commit: Agent:				Phone:		
Veter	an: Yes/No	What was your last address?				
Emergency Contact and their relationship to you:				Phone:		
Medi	cal Problems	/Allergies:				
Physi	ical/Emotiona	al Problems:				
Curre	ent Medicatio	ons:				
	Emotional Status: (Rate 1-10) In the last 14 days, how many times have you felt: 0 - Never 1 - I have once before 5 - Sometimes 10 - Always			W	Behaviors: (Rate 1-10) Then dealing with emotional pain, how often do you use these behaviors/ reactions? 0 - Never 1 - I have once before 5 - Sometimes 10 - Always	
	1	Anger/Rage		1	Substance Abuse	
	2	Annoyed		2	Alcohol	
	3	Bitterness/Resentment		3	Non-medication compliant	

1	Anger/Rage	
2	Annoyed	
3	Bitterness/Resentment	
4	Abandonment/ Rejected	
5	Betrayed	
6	Like a Victim	
7	Guilty	
8	Ashamed	
9	Depressed	
10	That you could verbal abuse someone	
11	That you could physical abuse someone	
12	Fearful of the future	
13	Had trouble sleeping	
14	Self-harmful	
15	Suicidal	
16	Any current thoughts of suicide?	Yes/No

1	Substance Abuse	
2	Alcohol	
3	Non-medication compliant	
4	Verbally abusive	
5	Physical violence	
6	Run away from the problem	
7	Manipulative of others	
8	Revengeful	
9	Dramatic	
10	Dishonest/Lying	
11	Overeating	
12	Stop Eating	
13	Lack of hygiene	
14	Dependent on others	
15	Dependent on yourself	_
16	Withdrawn from family and friends	

Financial Status:

Do you have ID? State ID? Yes / No Driver's Lie	cense? Yes / No Social S	Security Card? Yes / No	Birth Certificate? Yes / No			
Do you collect social security benefits? Yes /	No / Not Currently	If yes or previously, how	w much? /month			
Do you have a source of income or history of income? Yes/No From:						
Are you able to do household chores? Yes/No If no, please explain:						
What is your plan to stabilize housing?						

Education:		
Highest grade completed: High School	GED	Vo-Tech/College
Educational goals: (obtaining GED, attending college cours	ses, etc.)	
Legal:		
Any current warrants out for your arrest? Yes/No	Any court fine	s or restitutions? Yes/No
Any pending court appearances? Yes/No	Any court orde	ered treatment? (CD, DV, SO) Yes/No
	s, what treatment?	
Chemical Dependencies: Last date of chemical use: Drug of choice	. .	How often?
Any current or previous treatment programs? Yes/No Who		
How many have you started? How many		
What is your longest length of being sobriety?	_	
What is your relapse pattern?		
What causes you to relapse?		
Do you have a relapse plan? Yes/No If No		
Support:	, will not	
Are you currently involved with any support groups?	Yes/No	
Therapy Groups?		
AA, NA – Where?		
Other Support Groups?		
Describe what type of support you feel you need to become	successiui?	
Spiritual Crowths I am (grant of Scaling Amillion)	Conservation of	
Spiritual Growth: I am: (Circle One) Seeking/Avoiding/		
How are you growing spiritually? Meditation/Praying/Stud	ying/Groups/Chur	ch .
Life Cooler		
<u>Life Goals:</u>		
1		
2		
3		
Program of Action: What I need to do to achie	ve goals:	
1		
2.		
To the second se		
Effective October 1 st , 2024 OIF Dream Center will no or utilize an exi	longer permit c sting medical ma	· · · · · · · · · · · · · · · · · · ·
Federally funded housing is not covered under the medicinal marijuana ex HUD. Residents of federal housing, such as through Section 8 or other proregardless of state law.	emption, because mari	uana use and possession is illegal under federal law, according to
Minnesota Statutes, section 342.09, subdivision 1(a)(7)(ii), permits the ow lower-potency hemp edibles, or hemp-derived consumer products by indiv products.		
If you have or are in need of a Medical M	Marijuana Card, y	ou will be asked to find other housing.
Applicant Signature of acknowledgement of the above state	ement :	Date: