

OIF Dream Center
 529 16th Ave N. St. Cloud, MN 56303
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 Email: dreamcenterpath@aol.com
 Licensed Board & Lodging with Special Services



Date: _____

Name: _____ DOB: _____ Age: _____ Social Security #: _____

Probation: Yes/No Parole: Yes/No OID#: _____ Anticipated Release Date / Housing needed by: _____

County of Commit: _____ Agent: _____ Phone: _____

Veteran: Yes/No What was your last address? _____

Emergency Contact and their relationship to you: _____ Phone: _____

Medical Problems/Allergies: _____

Physical/Emotional Problems: _____

Current Medications: _____

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		
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

Behaviors: (Rate 1-10)		
When dealing with emotional pain, how often do you use these behaviors/ reactions?		
0 - Never 1 - I have once before 5 - Sometimes 10 - Always		
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16	Withdrawn from family and friends	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 License? Yes / No Social Security Card? Yes / No Birth Certificate? Yes / No

Do you collect social security benefits? Yes / No / Not Currently If yes or previously, how 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 courses, etc.) _____

Legal:

Any current warrants out for your arrest? Yes/No Any court fines or restitutions? Yes/No
Any pending court appearances? Yes/No Any court ordered treatment? (CD, DV, SO) Yes/No
If Yes, what treatment? _____

Chemical Dependencies:

Last date of chemical use: _____ Drug of choice: _____ How often? _____
Any current or previous treatment programs? Yes/No Where? _____
How many have you started? _____ How many have you completed? _____
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, why not? _____

Support:

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 successful? _____

Spiritual Growth: I am: *(Circle One)* Seeking/Avoiding/Growing

How are you growing spiritually? Meditation/Praying/Studying/Groups/Church

Life Goals:

- 1. _____
- 2. _____
- 3. _____

Program of Action: What I need to do to achieve goals:

- 1. _____
- 2. _____

Effective October 1st, 2024 OIF Dream Center will no longer permit current residents to obtain a medical marijuana card or utilize an existing medical marijuana card.

Federally funded housing is not covered under the medicinal marijuana exemption, because marijuana use and possession is illegal under federal law, according to HUD. Residents of federal housing, such as through Section 8 or other programs, cannot legally use or possess recreational or medical marijuana in any form, regardless of state law.

Minnesota Statutes, section 342.09, subdivision 1(a)(7)(ii), permits the owner of a private property to prohibit the consumption of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products by individuals on that property. This includes medical cannabis flower and medical cannabinoid products.

If you have or are in need of a Medical Marijuana Card, you will be asked to find other housing.

Applicant Signature of acknowledgement of the above statement : _____ Date: _____