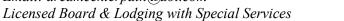
OIF Dream Center

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

Email: dreamcenterpath@aol.com





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? Race: \square White \square Black or African American \square Asian \square American Indian or Alaskan Native \square Native Hawaiian or Other Pacific Islander \square Asian and White □ Black or African American and White □ American Indian or Alaskan Native and Black or African American □ Other Multi-Racial □ Asian & Native Hawaiian or Other Pacific Islander 🗆 Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or region, regardless of race. 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16	Withdrawn from family and friends	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 L	icense? Y	es / No	Social So	ecurity Card? Yes / No	Birth Cer	tificate? Yes	s / No
Do you collect so	cial security benefits?	Yes	/ No /	Not Cu	irrently	If yes or previously, ho	w much? _	/n	nonth
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 fines	or restitutions? Yes/No
Any pending court appearances? Yes/No	Any court orde	red treatment? (CD, DV, SO) Yes/No
If Ye	es, what treatment?	
Chemical Dependencies: Last date of chemical use: Drug of choice	e·	How often?
Any current or previous treatment programs? Yes/No Wh		
How many have you started? How many		
What is your longest length of being sobriety?	-	u
What is your relapse pattern?		
What causes you to relapse?		
Do you have a relapse plan? Yes/No If No		
	o, why hot:	
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	e successful?	
	10	
Spiritual Growth: I am: (Circle One) Seeking/Avoiding/	_	
How are you growing spiritually? Meditation/Praying/Stud	lying/Groups/Churc	h
Life Goals:		
1		
2		
3		
	_	
Program of Action: What I need to do to achie	eve goals:	
1		
2		
Effective October 1st, 2024 OIF Dream Center will no		· · · · · · · · · · · · · · · · · · ·
Federally funded housing is not covered under the medicinal marijuana ex HUD. Residents of federal housing, such as through Section 8 or other pro-	isting medical ma kemption, because marijo ograms, cannot legally u	uana use and possession is illegal under federal law, according to
regardless of state law. Minnesota Statutes, section 342.09, subdivision 1(a)(7)(ii), permits the owlower-potency hemp edibles, or hemp-derived consumer products by indiproducts.		
If you have or are in need of a Medical A	Marijuana Card, ye	ou will be asked to find other housing.
Applicant Signature of acknowledgement of the above state	ement:	Date: