



KEEP THE DREAM
255

ADDICTION TO RECOVERY HOME

Reg. No 2009 / 003848 / 08

PBO 930047796

BBBEE L4 001

Contact :: +27 (0) 73 928 7538

Email :: pieter@keepthedream.org.za

Web :: keepthedream.org.za

RESIDENT INTAKE APPLICATION AND LEGAL DOCUMENTATION

PLEASE READ CAREFULLY

Complete, sign and return before admission

(Make a copy for your legal records)

Address :: 33 Van der Riet Street, Oudtshoorn, Western Cape, 6620

Directors :: Danoline Niemand Dip. Theo. Hendrick Heystek B Comm LLB

Pieter J Niemand AIIISA ACII IMM Dip Microsoft Dip Theo. Addiction Professional

Web :: keepthedream.org.za



STUDENT INFORMATION FORM

INCEPTION DATE

First Name and Surname ::

Identity No. ::

Contact No. ::

Email ::

Address ::

Next of Kin / Parent ::

Email ::

Contact No. ::

Church Affiliation ::

Leaders Name ::

Leaders Tel No. ::

Career Qualifications (Guide for career re-integration) ::

Police Record (Past 3 years)

Psychiatric History

Rehabilitation History

What drugs were used most frequently?

What Alcohol was used?

Medical History - Allergies

Medical Scheme

Medical Aid No.

Dental Requirements

Dentist Name

Tel No.

Signature (Student)

OUR PROCESS | PARTICIPATION IN WORK AND PROJECTS ARE COMPULSORY

- 1 GRACE FOR RECOVERY OF THE BODY Extended Primary Care
- 2 RECOVERY OF THE PAST (Individual Ministry) 2nd Phase Care
- 3 RESTORATION OF THE INDIVIDUAL AND THE FAMILY Tertiary Care & Step Down Care
- 4 RE-INTEGRATION, CAREER DIRECTIONS, COMMUNITY BASED DEVELOPMENT PROGRAMME, ENTREPRENEURIAL SKILLS
- 5 AFTER CARE FOR LIFE
- 6 NO VISITING OR CONTACT FOR THE FIRST MONTH Thereafter Sundays by arrangement after 14h00

HANDBOOKS

The HOLY BIBLE preferably THE KING JAMES VERSION OLD AND NEW (Student Version) Or DIE AFRIKAANSE BYBEL 1933 VERTALING (Studente uitgawe) Hierdie vertaling is die naaste aan die oorspronklike vertaling

WHAT YOU NEED AS A STUDENT

- 1 Toiletries: soap, shower gel, shampoo, shaving cream, razor (shaves every 2nd day) deodorant, body lotion etc.
- 2 Own snacks/cool drinks/luxuries
- 3 2x small shorthand spiral books 2x A4 ordinary school writing books and enough pens, and some h/lighters
- 4 3x pairs of Jeans, shorts, sleeping gear, running shoes, Slops, 5x T shirts, 2x lounge shirts, warm jackets (These are only guidelines)
- 5 Chronic illness - medicine (Asthma pump etc.) - to be handed in
- 6 Headache / Flu medication - to be handed in
- 7 Money -Monthly or weekly for all luxuries, cigarettes & personal hygiene purposes - Paid cash or into students account
- 8 Clinic / Medical Aid Card / ID - to be handed in
- 9 Bedding sheets, sleeping bag, duvet, blankets, towels, face cloths
- 10 NO CELLPHONES, LAPTOPS, IPODS, TABLETS OR ELECTRONIC DEVICES - NO EXCEPTIONS

MONTHLY HOME SUPPLIES

750g Ricoffy - 2,5 kg sugar - 9 rolls double ply toilet paper - 1kg washing powder - R250 petrol money

SOME GUIDELINES

- I undertake not to do anything that will embarrass, Keep the Dream255 or my family
- I am here because it is my decision to recover and as such I surrender and commit myself to the leadership of Keep the Dream255
- I understand and it has been explained to me that my stay at Keep the Dream255 is NOT FOR FREE, and I accept the financial plan that has been explained to me and the payer of this account
- I understand that I am empowered so that only I can disqualify myself
- Keep the dream255 is not a correctional facility or a crèche and as such I will be treated as an Adult provided, I act like and Adult

All the above are subject to change at any time without prior notice as it is linked to behavior and performance of the students individually, as well as corporately.

Student Name

Signature (Student)

DISCLAIMER

I, hereby declare and agree that Keep the Dream cannot be kept liable for any injury or negligence on my own part or due to my own doing. I am coming into the facility knowing that accidents can happen and if it is the result of my own fooling around or not adhering to the directions of the staff of Keep the Dream 255. I bear the full consequences.

THIS HAS BEEN EXPLAINED TO ME AND I UNDERSTAND IT

Thus, signed at this day of 20

Signature
(Student)

Signature
(Parent/ Guardian / Friend)

Signature
(Keep the Dream 255 Official)

PAYMENTS | PERSON RESPONSIBLE FOR PAYMENT

Title Name ID

Cell Email

Address for Statements

I, declare that all the above-mentioned information is true and correct. I accept the Keep the Dream 255 Resident programme for a period of 1-3 month(s). I confirm that misinformation could lead to arrests by the SAPD. I submit myself to the Authority of Keep the Dream 255 and the staff members. (See financial information below).

Thus, signed at this day of 20

Signature
(Person responsible for payment)

Signature
(Keep the Dream 255 Official)

WARRANTY OF PAYMENT GIVEN BY PERSON RESPONSIBLE FOR PAYMENT

This serves to confirm that I/We the responsible party for payment, hereby warrant payment to the amount of R payable in advance, unless agreed otherwise.

Admission R 15 000,00 first 30 days - R 9 000,00 net 30 days thereafter

Keep the Dream 255 is represented by Pastor Pieter J Niemand (Founder President & Life Coach) and / or his team and has explained the total process of restoration with all its implications to us.

Signature
(Student)

Signature
(Parent/ Guardian / Friend)

Signature
(Keep the Dream 255 Official)

FINANCIAL INFORMATION

KEEP THE DREAM 255

Registration No. 2009/ 003848 / 08 Registered PBO, Reg No. 930047796, Registered Article 18A

BANKING DETAILS

Account Name :: Keep the Dream 255
Bank :: Capitec Bank
Account No. :: 17599 86710
Account Type :: Savings Account
Proof of Payment :: pieter@keepthedream.org.za | +27 (0 73 928 7538

PAYMENT PLAN AS AGREED WITH MANAGEMENT

MONTHLY FEES ARE PAYABLE IN FULL PRIOR TO ACCEPTANCE BEFORE ADMISSION AND THEREAFTER THE FULL AMOUNT IS PAYABLE MONTHLY ON OR BEFORE THE 30TH DAY OF THE NEXT MONTH UNLESS AGREED.

If the FEE is not paid, the student will be asked to leave the premises and care of Keep the Dream 255 at 24h00 on the 30th.

Full Name

Signature

THIS FEE INCLUDES :: BOARDING AND LODGING, MINISTRY, WASHING, ELECTRICITY, TRAVELING IN THE HOME CONTEXT, EMERGENCY SERVICES, OUDTSHOORN HOSPITAL OR PRIVATE CLINIC, 1X EVALUATION BY SOCIAL WORKER.

- Toiletries, Cigarettes and other necessities are for the students own account or as decided by parent or sponsor.
- Any other costs outside of the Keep the Dream 255 structure is for student's own or sponsor's account.
- Basic Dental Clinic (Government) is at no cost or if Medical Aid Scheme with relevant number.
- Oudtshoorn Hospital costs will be for parents / payers account.

KEEP THE DREAM 255 WILL NOT ACCEPT ANY RESPONSIBILITY FOR VALUABLE ITEMS OF STUDENTS - SO PLEASE DO NOT BRING ANYTHING VALUABLE

IF A STUDENT DECIDES TO LEAVE THE FACILITY ON HIS OWN ACCORD, THEY WILL HAVE TO TAKE ALL THEIR BELONGINGS WITH THEM AT THAT TIME, SO IF YOU DECIDE YOU ARE NOT GOING TO STAY, TRAVEL LIGHT FOR THERE WILL BE NO TRANSPORT PROVIDED AND YOU WILL HAVE TO CARRY ALL YOUR BELONGINGS.

You did not come this far to only come this far.

We trust you will enjoy your stay with us, it depends entirely on you.

WELCOME TO YOUR NEW FAMILY