

Dear Parent,

I don't like the idea of parents having to send their children away to strangers, but, having worked with troubled teenagers for years, both as a high school teacher in the inner-city of Los Angeles, and as a minister at the Dream Center, I realize that for a season, some children need to be removed from their surroundings in order to "wake up."

I can only imagine how difficult a decision this is for some of you. I encourage you to investigate all of your options and prayerfully seek God. Hopefully, by this point, you've had a chance to talk to one of our staff and obtain some basic information about the program.

To summarize, DCTD is a Christian program for teenagers between the ages of 12 and 17 who are struggling in any of the following areas: academics, spirituality, character, anger management or substance abuse. Most of the students in our program are struggling with at least four of those five issues. Our goal is to provide your child with a safe place where he or she can confront the issues and false teachings encountered to this point and teach them how to succeed. We want to return your child to you by the end of this program.

Many of the students who come through this program really do change, but we can't force the change to happen. This is why we allow a child's mistakes to catch up to them. Eventually, every one of us reaches the low point and "wakes up." Hopefully, this program will be that wake up call for your child.

The process is long, so please don't expect change overnight, but please expect change. At the same time, we want parents to learn new skills in order to be more effective when the child returns home. We highly recommend completing The Parent Project® course if it is being offered near you.

We have a limited number of spaces available, so please be patient but persistent. The following page outlines the application process.

Although I hope you won't need our services, we look forward to working with you in the eventuality that your child needs a change of environment in order to find his or her identity and purpose in life. In the spirit of The Dream Center, we are here to help you and your family dream again.

Please feel free to contact us with questions or concerns.

Sincerely,

**Robert W. Sayles**  
Program Director/Administrator  
DC Teen Discipleship

## **MISSION**

To restore “at-risk” teens, to train them to be leaders, and to equip them to make positive lifestyle choices by using a Christ-centered approach.

## **CLIENTELE**

DC Teen Discipleship specializes in academics, substance abuse training, anger management, character development and behavior management. We accept male and female students between the ages of 12 and 17 years of age. Length of stay is open-ended with an average stay of 6 to 12 months. Admission is on a voluntary basis.

## **OVERSIGHT**

DC Teen Discipleship is licensed as a group home in the State of California. The Facility Number is 198204158. DC Academy is registered with the California Department of Education as a Boarding School that also accepts Day students.

## **FACILITIES**

DC Teen Discipleship is located on the property of The Dream Center in Los Angeles, California. The girls reside in the Casa Grande Building and the boys reside the second floor of the former Queen of Angels hospital.

## **STAFF**

There are full time Home Directors and staff in each home providing 24-hour supervision. The staff have experience working with teenagers and are trained in pastoral care, Professional Assault Crisis Training and situational counseling. We do not offer clinical counseling, but are able to make it available to the child for an additional cost.

## **ACADEMICS**

DC Teen Discipleship uses the Alpha Omega Academy “Switched-On Schoolhouse” curriculum. “Switched-On Schoolhouse” is a self-paced, computer-based curriculum which works well with students who have challenges in more traditional educational environments. The educational component of the DC Teen Discipleship is conducted on-site where the students learn in a class ratio of one teacher to ten students.

Students receive a regular high school diploma upon graduation which is accepted in most Universities and branches of Military.

## **COST**

Although there are scholarships for those in need and financing is available, there is a nonrefundable \$500.00 registration fee to enroll your student in DC Teen Discipleship. The monthly fee of \$1000.00 covers all the expenses of your child’s stay with the exception of Clinical Counseling, which is either submitted to your insurance company or billed separately.

Parents are responsible to provide any Medical CO-pays, including office visits and prescription funds on a monthly basis. We are able to work with most families to develop a financial arrangement that makes placement possible.

## **DAYS AND HOURS OF OPERATION**

DC Teen Discipleship facility office hours are from 9:00am to 5:00pm, Monday - Friday. In case of emergency, we will always be able to be reached. Placements are processed during the days and hours previously mentioned. In case of an emergency admission, we will place on Saturday or Sunday.

## **PROBATION**

DC Teen Discipleship will accept students on probation with the approval of the Probation Officer. Due to our spiritual element, *DCTD will not accept Court-Ordered Placements*. Courts wishing to allow parents to place children with DCTD must order the child home on probation with the stipulation that the child be enrolled in a full-time residential group home or program. Please call us for assistance in this area.

Please note that this is not a place to “do time.” Graduation from DCTD is dependent upon observable changed behavior and thought patterns. Teenagers not motivated to change will be better served through another program. Change is a difficult process and we respect the fact that this process may take time.

DCTD encourages the involvement of family, the court system and probation to be involved in this process of change.

# Services Provided

The components of DC Teen Discipleship are:

## **ACADEMIC**

DC Teen Discipleship uses the Alpha Omega “Switched-On Schoolhouse” curriculum. “Switched-On Schoolhouse” is a self-paced, computer-based curriculum which works well with students who have challenges in more traditional educational environments. The educational component of the DC Teen Discipleship is conducted on-site where the students learn in a class ratio of one teacher to five - ten students. Students receive a regular high school diploma upon graduation which is accepted in most Universities and branches of Military.

## **SPIRITUAL DEVELOPMENT**

DC Teen Discipleship uses the well-established curriculum, “The Harvester’s Handbook” and other materials in its’ Spiritual Development Classes. It is our desire to provide an understanding that we all operate under a Higher power in our lives. The students are exposed to such topics as, God is Always With You, Your Daily Supply of Forgiveness, Freedom is Dependence, Spiritual Living, Go With The Flow, and many more. We believe these components along with the Bible, will help give a clear understanding of positive life skills for the student. Incorporated within the Spiritual Development workbook is scripture memorization from our “Level’s Program”, which is required in order to advance to the next level of the program. Curriculum materials are subject to change.

## **ANGER MANAGEMENT**

DC Teen Discipleship uses “Anger Management Workbook for Kids and Teens.” No matter what situation the student is struggling with, this anger workbook will help them realize that anger can be managed. Several topics are: Shame and the Fear of Rejection, Staying Calm in the Real Situation, Response Choices, Healing the Shame...Helping You Feel Better About Yourself, Setting Goals Based on Principles, Don’t Get Stuck in the Past, Express Negative Emotion, A New Beginning, and more. Curriculum materials are subject to change.

## **SUBSTANCE ABUSE**

DC Teen Discipleship uses “Rapha’s Twelve-step Program” for overcoming chemical dependency. It is designed to help teenagers learn to overcome the difficulties they are having with the effects of drugs and alcohol. This program is clinically tested, Biblically based and self-paced. This program leads the student to: Acknowledge Their Powerlessness, Make Sound Judgments, Understand the part Their Parents Played, Depend on God to Resolve Their Sanity, Handle Guilt, and much more. Additionally, DCTD conducts regular and random drug tests of residents, results of which may be shared with proper authorities. Curriculum materials are subject to change.

## **LEADERSHIP/CHARACTER DEVELOPMENT**

DC Teen Discipleship is designed to lead teenagers into an understanding of how to function successfully in life. We use “Achieving True Success.” This book covers “49” different “character qualities” which will lead the student on an inward motivation to do what is right. As the student completes this material, they will be equipped to make better decisions, producing better results in their relationships with family and friends. An emphasis is also placed upon becoming leaders of their peers and much time is committed to mentoring leaders. Curriculum materials are subject to change.

## **RELATIONSHIPS/DATING**

DC Teen Discipleship realizes that relationships with the opposite sex are an important part of adolescent development and successful family life. DCTD therefore devotes time to re-examine false or harmful relationship ideas and work towards developing healthy, successful, and rewarding relationships.

## **OPTIONAL SERVICES PROVIDED**

Clinical counseling will be provided at an additional cost to the parent/legal guardian. DC Teen Discipleship staff will be responsible in transporting your child to and from any medical visits necessary.

DCTD also offers “The Parent Project, Sr.” for parents of adolescents. The course, titled ‘Changing Destructive Adolescent Behavior’, is taught by trained facilitators and has been recognized as a powerful course for equipping and empowering parents to handle difficult teenagers.

# Application Procedures

- 1) Call our office and request an application.
- 2) Please fill out this Application and make a copy of the completed application (pages 5-12) for your own records. Fax or mail the completed application (pages 5-12) to:

**DCTD**  
**2301 Bellevue Ave.**  
**Los Angeles, CA 90026**  
**Attn: Admissions**  
**Fax #: 213-483-5101**

- 3) Once we receive a copy of the application, you will be placed on a waiting list. Our reception of your application does not guarantee that your child will be placed. Contact us to determine how long you might have to wait before a space opens.
- 4) When a space becomes available, your family will be contacted for an interview. The results of that interview will help us to determine whether placement would be suitable. We place children based on several factors including, but not limited to, age of children, seriousness of behavior problems, current social make-up of the home, available scholarships, quantity and quality of available staff.
- 5) If your child is accepted for admission, you will receive an acceptance packet from us that includes the contract, a physical form, health insurance instructions, and information about what to bring.

**Note: Relationship between Harbor House and DC Teen Discipleship:**

The program here at DCTD was originally designed by and heavily influenced by The Harbor House, with headquarters in Oklahoma. Bringing over a decade of experience in residential care of troubled teens, the Harbor House serves as a consultant to DCTD and works with DCTD to train staff.

# DCTD Student Assessment/Application

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Religion: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Reason for Placement: (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Argues with parents            | <input type="checkbox"/> Suspected use of pornography    | <input type="checkbox"/> Problems with male authority   |
| <input type="checkbox"/> Argues with siblings           | <input type="checkbox"/> Evidence of pornography use     | <input type="checkbox"/> Problems with female authority |
| <input type="checkbox"/> Physically hits parents        | <input type="checkbox"/> Verbally abusive to others      | <input type="checkbox"/> Unstable living environment    |
| <input type="checkbox"/> Physically hits siblings       | <input type="checkbox"/> Threatens violence to others    | <input type="checkbox"/> Other: (Please explain)        |
| <input type="checkbox"/> Runs away - overnight          | <input type="checkbox"/> Threatens suicide               | _____   |
| <input type="checkbox"/> Runs away - Two days           | <input type="checkbox"/> Has tried to commit suicide     |   |
| <input type="checkbox"/> Runs away - a week             | <input type="checkbox"/> Suspected eating disorder       | <b>What are some other things you've tried?</b>         |
| <input type="checkbox"/> Runs away - longer than a week | <input type="checkbox"/> Known eating disorder           | <input type="checkbox"/> Individual Counseling          |
| <input type="checkbox"/> Late to school                 | <input type="checkbox"/> Cutting/Self-Mutilation         | <input type="checkbox"/> Family Counseling              |
| <input type="checkbox"/> Absent from school             | <input type="checkbox"/> Received traffic citation       | <input type="checkbox"/> Informal Probation             |
| <input type="checkbox"/> Dropped out of school          | <input type="checkbox"/> On Probation                    | <input type="checkbox"/> Formal Probation               |
| <input type="checkbox"/> Suspended from school          | <input type="checkbox"/> Been arrested                   | <input type="checkbox"/> Called police                  |
| <input type="checkbox"/> Expelled from school           | <input type="checkbox"/> Sets fires                      | <input type="checkbox"/> Changed schools                |
| <input type="checkbox"/> Drop in school grades          | <input type="checkbox"/> Manipulative behavior           | <input type="checkbox"/> Attended The Parent Project    |
| <input type="checkbox"/> Suspected use of alcohol       | <input type="checkbox"/> Negative peer group             | <input type="checkbox"/> Attended Parenting Classes     |
| <input type="checkbox"/> Evidence of alcohol use        | <input type="checkbox"/> Suspected gang/crew involvement | <input type="checkbox"/> Boot Camp                      |
| <input type="checkbox"/> Suspected use of marijuana     | <input type="checkbox"/> Known gang/crew involvement     | <input type="checkbox"/> Other Boarding school          |
| <input type="checkbox"/> Evidence of marijuana use      | <input type="checkbox"/> Outbursts of rage               | <input type="checkbox"/> Hospitalization                |
| <input type="checkbox"/> Suspected use of other drugs   | <input type="checkbox"/> Destroys property               | <input type="checkbox"/> Psychiatric Evaluation         |
| <input type="checkbox"/> Evidence of other drug use     | <input type="checkbox"/> Lack of motivation              | <input type="checkbox"/> Medications                    |
| <input type="checkbox"/> Suspected sexual activity      | <input type="checkbox"/> Lying/dishonesty                | <input type="checkbox"/> Other:                         |
| <input type="checkbox"/> Known sexual activity          | <input type="checkbox"/> Stealing/theft                  | _____   |
| <input type="checkbox"/> Cruelty to animals             | <input type="checkbox"/> Low Self-esteem                 |   |

## How did you hear about us?

- Friend: \_\_\_\_\_
- Family Member: \_\_\_\_\_
- Church Leader: \_\_\_\_\_
- Dream Center TV Show
- Brochure/Flyer
- Other: \_\_\_\_\_

# Family Information

Mother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Guardian (*if other than parent*): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Medical and Dental History of Student

List any physical ailments or handicaps that your child may have: \_\_\_\_\_

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Child's last physical: \_\_\_\_\_

Results: \_\_\_\_\_

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Child's last dental exam: \_\_\_\_\_

Results: \_\_\_\_\_

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Does your child have any dental problems:  Yes (*please explain*) \_\_\_\_\_  
 No

Child's last eye exam: \_\_\_\_\_

Results: \_\_\_\_\_

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Does your child wear glasses?  Yes  No

Does your child wear contact lenses?  Yes  No

Is your child diagnosed with any of the following:

ADD:  Yes  No

Bipolar:  Yes  No

ADHD:  Yes  No

ODD:  Yes  No

Other Diagnoses: \_\_\_\_\_

List any items your child may be allergic to: \_\_\_\_\_

List any recent illnesses: \_\_\_\_\_

Is your child on any medication? (*if so, please list and explain medication was prescribed*)

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Has your child ever been admitted to a hospital:  Yes (*please explain*)  No

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# History of Placements

Please list treatment providers for both outpatient and inpatient:

Program Name: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Location: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Program Name: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Location: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

# Developmental Information

Were there any early physical injuries to your child other than the normal childhood incidents?  Yes  No

If yes, please list: \_\_\_\_\_

Has your child ever received psychiatric care?  Yes  No

List symptoms: \_\_\_\_\_

\_\_\_\_\_

Has your child ever or is your child currently taking psychotropic medication? *(List)* \_\_\_\_\_

\_\_\_\_\_

Is your child currently under a doctor's care for any reason?  Yes  No

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

# Drug Use

Do you believe that your child is using drugs?  Yes  No

If yes, why do you think he/she is using drugs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Legal History

Has your child ever been arrested?  Yes  No

If yes, how many times? \_\_\_\_\_

Please list the dates, charges, and outcome but do not list tickets, citations:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

How many times has your child been convicted? *(A judge found your child guilty and sentenced him/her)*: \_\_\_\_\_

Has the student been charged with any crimes related to sexual offenses?  Yes  No

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

Has your child ever been on probation, community control or parole?  Yes  No

Is your child currently on probation, community control or parole?  Yes  No

If yes, time remaining: \_\_\_\_\_

Name, address and telephone number of probation, community control or parole officer:

\_\_\_\_\_  
\_\_\_\_\_

If child is on Probation, has Probation Officer approved this placement?  Yes  No

# Description of Family Relationships

List the names of child's biological parents: \_\_\_\_\_

Do the biological parents currently have legal custody of the child now?  Yes  No

If not, please list legal guardians: \_\_\_\_\_

Which best describes the relationship of the child's parents?

- Married
- Divorced and Remarried
- Separated
- Divorced
- Never Married
- Adoptive Parents
- Foster Parents
- Other: \_\_\_\_\_

Please list the names of step or adoptive parents, or guardians: *(please explain)* \_\_\_\_\_

Please list prospective student's siblings, both biological and step: *(please explain if necessary)* \_\_\_\_\_

Is there a family history of... *(if yes, please explain)*

a) Substance abuse?  Yes  No \_\_\_\_\_

b) Physical Abuse?  Yes  No \_\_\_\_\_

c) Sexual Abuse?  Yes  No \_\_\_\_\_

d) Mental illness?  Yes  No \_\_\_\_\_



# School History

Has student had an IEP (Individualized Education Plan) developed?  Yes  No

Has student been determined to need Special Education provisions?  Yes  No

## Most Recent School Attended

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child been withdrawn from this school?  Yes  No

List any history of suspension, expulsion, or other disciplinary action taken by this school: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

*(If child was at above school for less than 5 months, please list previous School Attended)*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Has child been withdrawn from this school?  Yes  No

List any history of suspension, expulsion, or other disciplinary action taken by this school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_