

The Dodge Development Center

A project of the
Veterans Assistance Office, Inc.
95 Crescent Street
Rutland, Vermont 05701
Tel: 802-775-6772

This organization shall be known as “**The Dodge Development Center**” hereafter called the “DDC”.

Criteria for entrance to the DDC

- Submit a completed application with copy of DD214 (Dishonorable discharge not accepted)
- Be alcohol or substance free for at least 30 days
- Be enrolled with the Veterans Administration (VA) if eligible.
- Disclosure of all felony convictions – acceptance will be at the discretion of the Board of Directors.

Criteria for residency at the DDC

- The DDC is an alcohol and drug free house (**ZERO tolerance**).
- The DDC is a working house. The resident will have obtained paid employment within a reasonable amount of time as determined by the director.
- If history of alcohol or substance abuse the resident must attend AA or NA meetings ***everyday*** for the first 90 days. After ninety days, attendance is required at the discretion of the Director.
- Residents will have a Mental Health evaluation within 30 days of entry into the DDC.
- Residents will have a physical evaluation within 30 days of entry into the DDC.
- Residents will do assigned chores.
- Residents must follow the house rules as printed.
- Residents will be evaluated on a monthly basis by the Director.
- Residents may stay at the DDC for up to two years.
- Residents are required to submit their paycheck stub each pay period to be copied for their file.
- Residents are required to pay 20% of their net income each week. Upon successful completion of their program, the resident will receive a percentage of their contributions.

Criteria for Dismissal from the DDC

- Violation of any of the stated criteria.

Executive Director

Date

Resident

Date

Approved by Board of Directors
Date: March 21, 2011

DODGE DEVELOPMENT CENTER

A Project of the:
Veterans Assistance Office, Inc.
P.O. Box 12 Rutland, Vermont 05702-0012
802-775-6772 (Office) 802-775-6772 (Fax)

Date Received:

_____ Accepted

_____ Denied

Intake Date: _____

GENERAL INFORMATION FORM

Please **PRINT** All Information

Name: _____

Current Address: _____

Street or P.O.

City

State

Zip code

Phone Number: _____

Social Security Number: ____-____-____ Date of Birth: _____

Driver's License Number: _____ State: _____

Has your License been suspended within the last five years? YES _____ NO _____

Do you have any current legal issues? YES _____ NO _____

Have you ever been incarcerated? YES _____ NO _____

Are you required to register with the sex offender registry in any state? Yes _____ NO _____

REFERRING PERSON/AGENCY INFORMATION

Please fill out the following about the person or agency referring you.

Name: _____

Current Address: _____

Street or P.O.

City

State

Zip code

Phone Number: _____

Contact Person: _____

Phone number: (____) _____ - _____ Extension: _____

Person who assisted you with filling out this packet: _____

CONFIDENTIAL MATERIAL

CURRENT CONTACT WITH OTHER AGENCIES

Please list all agencies you are currently in contact with (i.e.: DET, CWT, Voc-Rehab, PATH and etc.)

Agency	Location	Contact person
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY HISTORY

Dates of Military Service: From: _____ To: _____

Branch of Military Service: _____

Service number while on Active duty: _____

Location while on Active duty:

Date	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A copy of your DD214 is required to substantiate the information supplied in this section.

CONFIDENTIAL MATERIAL

HEALTH FORM

In order to be accepted into the DDC, you must fill out this health form. If you need assistance filling out this form, please see a physician, or consult with your counselor or someone at the center. The information that is provided here is confidential, and will only be reviewed by a duly authorized agent of the Veterans Assistance Office, Inc. Falsification of any information provided by you to the DDC may result in immediate dismissal from any or all programs provided by the DDC. While you are at the DDC, if medical assistance is needed, this form will be supplied to the attending physician. If you have further questions about this form, please contact the DDC at (802)-775-6772.

Personal Data:

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ / _____ / _____

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

Personal Physician:

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

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MEDICAL HISTORY

List Allergies (Medications, Food, Environmental): _____

List Medications (Including non-prescription that you take): _____

List Hospitalizations or Surgery (Please include dates and reasons): _____

Use the back of this form if you need more space

Personal Health History:

Have your activities been restricted because of health problems? Yes _____ No _____

If yes please explain: _____

Do **you** have or ever had any of the following?

Please put a date beside those that apply:

Depression

Prosthesis

Seizure

Diabetes

Asthma

Kidney problems

Bulimia

Fainting

Bleeding disorder

Blood transfusion

Cancer

Hepatitis

Chest pain or pressure

Positive HIV test

Mercer

Rheumatic fever

Migraine headaches

Artificial Joint

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FINANCIAL STATEMENT

Current monthly income:

Amount

Source

Current assets:

Amount

Source

Have you ever applied for financial assistance or services?

(i.e.: SSI, Disability, General Assistance, etc.) Yes _____ No _____

REFERENCES

Please list three *individuals* who you have known for at least three years:

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

How do you know this person? _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

How do you know this person? _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

How do you know this person? _____

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EMPLOYMENT HISTORY

Please list below all positions of employment or volunteer service you have had for the last three years starting with the most recent:

Employer: _____ Dates: _____ To: _____

Address: _____

City, State, Zip: _____

Type of work: _____ Hourly wage: _____

Reason for termination: _____

Employer: _____ Dates: _____ To: _____

Address: _____

City, State, Zip: _____

Type of work: _____ Hourly wage: _____

Reason for termination: _____

Employer: _____ Dates: _____ To: _____

Address: _____

City, State, Zip: _____

Type of work: _____ Hourly wage: _____

Reason for termination: _____

EDUCATIONAL BACKGROUND

Highest grade level completed:

Elementary: _____

High School/Vocational: _____

College/Technical School: _____

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AUTHORIZATION OF RELEASE

I authorize a duly authorized agent of the Veterans Assistance Office, Inc. to contact any of my references, previous employer(s) and landlord to obtain information from them, and to further investigate the truthfulness of the information presented in this application.

I understand further, that any false statements, answers, or misleading omissions made by me on this application in connection with the mentioned investigation can be sufficient grounds for my rejection as a candidate for the Dodge Development Center.

If information should surface during the early stages of this investigation which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified accordingly.

Furthermore, I _____, having applied to the Dodge Development Center, hereby authorize and request any and every police department, physician, school official, and other person, firm, officer, corporation, association, organization, or institute having control of any documents, records, or other information pertaining to me to permit the Veterans Assistance Office, Inc. or any of its authorized representatives, to inspect and make copies of any such documents, records, and other information.

I hereby authorize all such persons and entities as set out above to answer inquires, questions, or interrogatories concerning me which may be submitted to them by a duly authorized representatives of the Veterans Assistance Office, Inc.

I hereby release and hold harmless any and every police department, physician, school official, and other person, firm, officer, corporation, association, organization, or institute who or which complies with the authorization and request made herein from any and all liability or every nature and kind arising out of or in any way pertaining to the furnishing or disclosure of such documents, record, and other information to the Veterans Assistance Office, Inc. or any of its representatives.

Applicant: _____

Print

Signature

Witness: _____

Print Name

Signature

Witness: _____

Print

Signature

Date: _____

Completed Authorization of Release may be copied

CONFIDENTIAL MATERIAL

STATEMENT OF ASSURANCE AND **RELEASE**

The statements on this form are true. I have checked the answers; I have given on this form and the Health form and believe that, to the best of my recollection, all information is correct.

Signature of Applicant: _____

Applicant's name (printed): _____

Date: _____

The Veterans Assistance Office reserves the right to share this information with others in order to design and implement a program for the benefit of the applicant whose signature appears above.

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DDC Resident Rules

- The resident must be employed as specified in the **DDC ENTRANCE CRITERIA**. If a resident **QUITS** or is **FIRE**D from a job without an appropriate reason as determined by the DDC Director, and has no other employment in line, he/she will be asked to leave at a time determined by the DDC Director and the resident.
- **The use of alcohol or drugs (other than prescription medication in the prescribed dosage) is reason for IMMEDIATE DISMISSAL from the DDC. ZERO TOLERANCE.**
- The resident is required to keep prescription and non-prescription medications locked in his/her room.
- The resident will observe a 10PM curfew at the DDC unless work related.
- The resident must obtain **Prior Approval** from the DDC Director for overnight stays at other locations.
- **The resident must obtain prior approval for visitors from the DDC Director.** Please respect the privacy of others. **Under no circumstances are visitors allowed upstairs.**
- The resident must be clean and properly attired at all times.
- The resident's room must be kept clean – bed made, trash emptied, clothes put away and floors cleared. Unannounced inspections may be made by the DDC Director.
- The resident will be assigned daily chores at the discretion of the DDC Director.
- The resident may use the house washer and dryer, following the posted directions and should leave the area clean after use.
- The entire residence is a designated non-smoking area. The resident may smoke only in back of the DDC. Please put butts in a fire-safe container, **NOT ON THE GROUND NOR IN A NON FIRE RETARDANT RECEPTACLE.**
- The resident **MUST** have a valid driver's license, current vehicle registration and automobile insurance in order to park his/her vehicle at the DDC. Parking for DDC residents is available in the back of the residence to the left of the garage.
- The resident has access to a house phone, which must stay downstairs. A phone card should be obtained and used for long distance calls. Internet service is provided for the residents.
- When you leave the Dodge House you will have fourteen days to remove belongings from the property. After fourteen days we will dispose of the property. If there is a cost associated with The Dodge House disposing of your belongings we may send you a bill.

AUTHORIZATION FOR RELEASE OF
MEDICAL INFORMATION AND RECORDS

TO: The Dodge Development Center/Veterans Assistance Office, Inc.

FROM:

In the event of an emergency, if I cannot communicate myself, I hereby authorize The Dodge Development Center, a project of the Veterans Assistance Office, Inc., to release any and all medical records and information in its possession or control to emergency personnel.

A photocopy of this release shall be as effective as a signed original.

Date: _____

Name:

Date of Birth: _____