



APPLICATION FOR ADMISSION

I. GENERAL

TODAY'S DATE _____ / _____ / _____

- Name: _____
First Middle Last
- Present Address: _____
Street City State Zip
Phone: _____
- Referred to Teen Challenge by: _____
Name Phone

Address City State Zip
Relationship (Friend, Relative, etc.) _____

II. PERSONAL

- Birthdate: _____ / _____ / _____ Age: _____ Sex: M F Weight: _____ Height: _____
- Race: White Black Asian or Pacific Islander Hispanic American Indian Other _____
- Are you an American Citizen? Yes No
- Are you living on your own? Yes No
Reason for leaving home: _____
- What kind of problems did you have while living at home? _____
- Last grade completed: _____ GED? Yes No
- Have you served in any branch of the military? Yes No Which Branch? _____
Type of discharge: _____
- Do you have any Reserve or military obligation at this time? Yes No
If yes, explain: _____
- What is your sexual preference? Homosexual Bisexual Transsexual Heterosexual
- Have you ever engaged in homosexual activities? Yes No How recently? _____
- What are your present living conditions? With Whom? _____ Where? _____
How are you supported? _____
- What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.) _____
- What is your email address? _____ What is your My Space address? _____
What is your Facebook address? _____

III. MARITAL STATUS

1. Single Married Separated Divorced Common Law Widowed Remarried
2. Spouse or Ex-Spouse's Full Name: _____ Phone: _____

Address City State Zip
3. If separated or divorced, please give date: _____
 Reason for breakup: _____
 What is the relationship like now? _____
4. Do you have a boyfriend/girlfriend/finance'? Yes No
 If yes, what is the relationship like? _____
5. Do you have dependents? Yes No

Dependent's Name	Birthdate	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

IV. DRUG HISTORY

1. Have you ever experimented with drugs or alcohol? Yes No
2. Why did you experiment with or become involved with drugs?

Drugs used:	Usage		How Often Used?			
	1 st Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue						
Tobacco						
Marijuana						
Other (Specify)						

3. Do you consider yourself addicted? Yes No
 Explain: _____

4. I depend on drugs (Check which one(s) apply to you) To cope with life To be "in" with crowd
 For pleasure To escape reality Other _____
5. Longest period clean? _____ When was that? _____

V. LEGAL STATUS

1. Have you ever been arrested? Yes No How many times? _____

Date	Charges	Convicted? (Yes or No)	Sentence	Time Served

2. Are there pending charges? Yes No If yes, when is court date? _____

3. Have you ever been on probation? Yes No Are you now on probation? Yes No
 How long have you been on probation? _____ Time remaining? _____
 How do you report? In person By Mail How often do you report? _____

Name of Probation Officer: _____ Phone: _____
 Address: _____

Are you on parole? Yes No
 How do you report? In person By Mail How often do you report? _____

Name of Parole Officer: _____ Phone: _____
 Address: _____

4. Have you ever been in prison? Yes No When? _____ Where? _____

5. Name of Lawyer: _____ Phone: _____
 Address: _____

VI. SPIRITUAL STATUS

1. Do you believe in God? Yes No Uncertain

2. Have you ever committed your life to God? Yes No
 If so, Where? _____ Date: _____
 a. What were the circumstances that led to your decision? _____

b. How many times have you turned from God? _____

3. How often do you attend church? Never Sometimes Regularly
 Denominational preference: _____

4. Are you a member of any church or religion? Yes No
 If yes, which one? _____

5. What recent changes have you had in your religious life (if any)? _____

6. Have you ever been involved in the occult? Yes No

7. Explain your need of God, what your standing with Him is now (ie: good or bad relationship, no relationship at all, etc)

VII. FINANCIAL STATUS

1. Are you receiving welfare, unemployment compensation, disability payments, workman’s compensation, alimony, or other income? Yes No

Explain: _____

2. Do you have any outstanding debts or fines? Yes No

Explain: _____

Owed to	Amount	Address	Phone	Payments

VIII. THE PRESENTING PROBLEM

1. What is the main problem in your life, as you see it? (Why are you wanting to come here?)

2. What have you done about it?

3. What are your greatest needs, in order of priority?

4. Have you ever been involved in a Teen Challenge program before? Yes No Can’t Remember
 If yes, When? _____ Where? _____

5. Have you ever been in any other type of program before? Yes No How many? _____
 Religious Non-Religious

Program Name	Dates	City & State	Reason for Leaving

6. Why do you wish to be admitted to Teen Challenge of Chattanooga?

7. What are you expecting (believing) God to do in your life while you are at TC?

8. Are you expecting God to do it all (“zap” you) or do you believe it will take commitment and sacrifice on your part? Describe what you’re willing to do, or what you think is required of you?

IX. HEALTH STATUS

- 1. Range your general health: Excellent Good Fair Poor
- 2. Do you have any communicable diseases? Yes No If so, what? _____
Do you have epilepsy, seizures, diabetes? Yes No If so, what? _____
- 3. List any medical problems or handicaps:

- 4. Are you presently receiving medical care? Yes No If so, where? _____
- 5. Are you currently taking medication? Yes No If so, please list:

- 6. Do you have any physical problems due to drugs/alcohol? Yes No
- 7. Have you been hospitalized within the past 12 months? Yes No If so, please explain:

- 8. List all medications to which you are allergic or sensitive:

- 9. List all allergies (including food, latex, insects, etc.)

- 10. Have you ever had psychiatric care? Yes No If so, please explain:

- 11. Have you ever attempted suicide? Yes No If so, How? _____
Was it drug or alcohol related? Yes No If so, explain: _____
- 12. What is the condition of your teeth? _____
(**Must** provide a copy of dental exam and **must** have all the necessary dental work completed **before** coming into Teen Challenge; otherwise must wait until Reentry and you will be responsible for all expenses incurred. Unless something arises of an emergency nature, you will not be taken to a dentist while in Teen Challenge.)

For Women Only:

- 1. Are you pregnant? Yes No Maybe Why do you think so? _____
- 2. Menopause? (Change of Life) Yes No If so, when? _____
- 3. Have you ever had an abortion? Yes No If so, how many times?
Please explain the circumstances of each time:

Release of Information Instructions

VERY IMPORTANT: This release of Information document informs us of any person that you want informed of your intent to enter the program, or who may be involved in your intake process. The information exchanged with these people may be utilized to determine your eligibility for the program, and develop or revise a treatment plan once enrolled. Because of Federal confidentiality laws, you must list, **EVERY** person, even immediate family members, that are to be informed of your intent or may be involved in the intake process. In short, **if a person's name is not on the list, we will not be allowed to communicate with them or even acknowledge the receipt of an application, regardless of who they are or their relationship to you.** The ONLY exception to this will be in accordance with Federal guidelines.

- Please print your full name on the top line.
- List the names of those you want involved or notified and their title or relationship.
- You and a witness sign and date the form.

Release of Information Form

I, _____ do hereby give Teen Challenge of the Mid-South Inc. and the following people and entities:

Name of Probation Officer (please print)

Name of Attorney (please print)

1. _____ / _____
Name (please print) Title/Relationship
2. _____ / _____
Name (please print) Title/Relationship
3. _____ / _____
Name (please print) Title/Relationship
4. _____ / _____
Name (please print) Title/Relationship
5. _____ / _____
Name (please print) Title/Relationship
6. _____ / _____
Name (please print) Title/Relationship

Permission to share and communicate personal information concerning me for the purposes of determining eligibility for and or facilitating entry into the Teen Challenge residential program located in Chattanooga, Tennessee. This release shall also extend to the development and revision of my treatment plan while enrolled in the program as well as making the transition back to normal life after the program.

Student Signature _____ Date _____

Witness Signature _____ Date _____

*This consent is subject to revocation in writing by the student at any time except to the extent that the ministry or person who is to make the disclosure has already acted on it.

This consent automatically expires one year and six months from the date it is signed.

STUDENT AGREEMENT

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC staff that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ and that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning. (Note: This is not done routinely, but only at times of definite cause.)
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
9. I understand that I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary. Any items not specifically listed under "Forbidden Items" in the rules will be held for me until my departure.
11. I understand that upon arrival I must deposit with Teen Challenge the cost of a return bus ticket to be held for me in case I am dismissed or decide to leave the Teen Challenge program prematurely.
12. I agree to submit to the authority of all staff members.

THIS FORM MUST BE NOTARIZED BEFORE YOUR APPLICATION CAN BE PROCESSED!

Date

Applicant's Signature

Date

Witness Signature

Date

Notary's Signature
(My Commission expires: _____)

CHECKLIST: Make Check marks on the line as you **complete** each step.

- Fill out Application Completely**
- Sign and Witness Release of Information Form**
- Sign and Witness Student Agreement**
- Sign General Program Rules Agreement**
- Fill out Financial Responsibilities Form**

Note: *Every step must be completed and checked off BEFORE your application will be considered.*

We reserve the right to dismiss any student who knowingly does not disclose pertinent medical information.