



**STUDENT APPLICATION
FOR PROGRAM ADMISSION**

**Phone: 1-855-934-HOPE (4673) | Fax: 844-269-7159
adult.admissions@teenchallenge.cc**

PERSONAL DATA AND INFORMATION

Last Name: _____ First Name: _____ MI: _____
Street Address: _____ City: _____ ST: _____ ZIP: _____
Phone: (____) _____ Email: _____
Gender at Birth: Male Female Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____
Social Security Number: _____ - _____ - _____ Birth Date: _____ Age: _____
Driver's License Number: _____ State: _____
Driver's License: Valid Expired Suspended Never Applied If Suspended, Explain: _____

EMERGENCY CONTACT

Full Name: _____ Relationship: _____
Street Address: _____ City: _____ ST: _____ ZIP: _____
Phone: (____) _____ Email: _____

WHO HAS REFERRED YOU TO TEEN CHALLENGE?

Full Name: _____ Relationship: _____
Street Address: _____ City: _____ ST: _____ ZIP: _____
Phone: (____) _____ Email: _____

RACE / ETHNIC BACKGROUND (Please check only one)

American Indian or Alaska Native Asian Black or African American Latino / Hispanic
 Native Hawaiian or Other Pacific Islander White Other _____
Are you a United States citizen? Yes Native Naturalized No Explain: _____

PERSONAL FAMILY HISTORY

List parents/parenting figures, spouse, girl/boyfriend, brothers and sisters (do not include your children)*:

Name	Relationship	Age	Residence	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use the back of this page if additional space is required.) *We will attempt to communicate with family members and those listed here.

Circle the number that best describes your relationship with your parents as a child and now:
(1 = poor, 10 = great)

CHILD	1	2	3	4	5	6	7	8	9	10
NOW	1	2	3	4	5	6	7	8	9	10

Are your parents still living? Father Yes No Mother Yes No

Are you adopted: Yes No Were you raised by anyone other than your parents? Yes No If yes, please explain: _____

When did you last see your parents? _____

When did you last live with your parents? Circle one:

0 - 6mo	6mo - 1yr	1 - 3yr	3 - 5yr	5+ years
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Father's Occupation: _____ Mother's Occupation: _____

Parent's marital status: Married Divorced Separated Remarried Living Together

If married, how long? _____ If other, how long? _____

How would you rate their marriage? Circle one:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Growing up, who did you feel closest to? Father Mother Other: _____

How would you rate your childhood? Circle One:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Why? _____

Check any of the following words that best describe you now:

- | | | | | | |
|-----------------------------------------|------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Persistent | <input type="checkbox"/> Nervous | <input type="checkbox"/> Hard-working |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Moody | <input type="checkbox"/> Often Blue | <input type="checkbox"/> Excitable | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Serious | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Shy | <input type="checkbox"/> Good-natured | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Likeable | <input type="checkbox"/> Leader | <input type="checkbox"/> Quiet | <input type="checkbox"/> Hard-boiled | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Lonely | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Follower | <input type="checkbox"/> Easily influenced | <input type="checkbox"/> Valuable |
| <input type="checkbox"/> Worthless | <input type="checkbox"/> Angry | <input type="checkbox"/> Bitter | <input type="checkbox"/> Disillusioned | <input type="checkbox"/> Happy | <input type="checkbox"/> Other |

Are you unsure which words best describe you? Yes No

Is it easy for you to express your feelings? Yes No Sometimes Explain: _____

Do you enjoy being with other people or would you rather be alone? Explain: _____

MARITAL / INTIMATE RELATIONSHIP HISTORY

Marital Status: Single Married Separated Divorced Remarried Widowed

List your present living arrangement: *(Please check all that apply)* Living alone With parents

With spouse With others (non-relatives) With others (relatives, including children) Homeless

Other: _____

Homeownership status: Rent Own Homeless

If you are, or have been married, please list: *(Start with your most recent marriage)*

Person Married To _____ Month/Year _____ Ended In (Divorce, Sep., Death) _____ Month/Year

Current Spouse's Full Name: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: (_____) _____ Work: (_____) _____

Describe your relationship with your spouse: _____

Do you have any children? Yes No If yes, please list:

Name Of Child _____ Age _____ Where Living _____

(Use the back of this page if additional space is required.)

How would you rate your relationship with your children? Circle one:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Explain: _____

How would you rate your relationship with your spouse? Circle one:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Explain:

Have you been sexually abused? Yes No When? _____ By who? _____

How old were you when your sexual abuse first occurred? _____

Were there multiple instances? Once Several times Ongoing

Do you still have contact with this person? Yes No _____

To your knowledge, has anyone in your family ever been sexually abused? Yes No

Who: _____ By who: _____

Sexual Lifestyle: *(Please check all that apply)*

Bisexual Heterosexual Homosexual Pornography Prostitution

Any recently active? Yes No

Have you ever or are you currently engaged in homosexual activities? Yes No

Explain: _____

MILITARY SERVICE HISTORY

Have you ever served in the US Armed Forces? Yes No If yes, describe: _____

Branch of Service: _____ Entry Date: _____ Discharge Date: _____

Military occupation standing (MOS): _____ Rank attained: _____

Discharge received: Honorable Less than Honorable Dishonorable _____

Eligible for VA medical benefits? Yes No Unknown _____

Have you been diagnosed with PTSD? Yes No

LEGAL HISTORY

Are you legally mandated to participate in a Teen Challenge type program? Yes No

If yes, by whom? Parole Board Court Other (explain): _____

If answer is "Court" please list county of origin: _____

Are you currently or will you be under legal supervision? Yes No

Method of reporting: Phone Letter In Person (explain): _____

How often do you report? _____ How long? _____ Time remaining: _____

Probation or Parole Officer's Name: _____

Agency: _____ Phone number: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Have you ever been arrested? Yes No

Number of times: _____

Have you ever been in a state prison? Yes No

Number of times: _____

Have you ever been in a federal prison? Yes No

Number of times: _____

List all arrests and convictions:

Date	Charges	Conviction (Y/N)	Sentence	Time in Jail	Drug Related? (Y/N)

Have you have been charged with any sexual offense? Yes No

****Any sexual offense against you whether pending or convicted disqualifies you from Teen Challenge Southeast, except in situations where charges were dismissed or you were acquitted.***

Are any of the following pending against you? *(Please check those that apply)*

Arrest warrant Court appearance Criminal charges Sentencing Other

If you have checked any of the above, please explain: _____

Date	Institution

FINANCIAL STATUS

If you enter our program, what provisions will be made for the following expenses?

Medical: _____

Dental: _____

Are you currently employed? Yes No

Are you eligible for and/or receiving the following:

State benefits SSI Unemployment compensation Workman's compensation Food stamps

Other income (explain): _____

Do you have any outstanding debts? Yes No Explain below:

Owed to	Amount	Address	Phone	Payment

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

Moves: _____

Losses (personal, financial): _____

Physical abuse/neglect: _____

Foster home placement or institutionalization: _____

Pregnancies: Yes No How many? _____

Results of pregnancies (check all that apply): Abortion Adoption Birthed Miscarried

Other (explain): _____

ACADEMIC HISTORY

Circle the highest grade that you have completed:

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

Highest level of completion:

High School Diploma GED/Equivalent Some college Associate's Degree Bachelor's Degree

Master's Degree Doctorate

Are you currently in an education program? Yes No If yes, name of school: _____

_____ City of school: _____

If you are no longer in an education program, please explain your reason for leaving school: _____

Are you receiving or have you received vocational training? Yes No If yes, list: _____

Type of Trade/Skills	Date of Training (MO/YR to MO/YR)	Certificate Issued (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can you read? Yes No Well Average Poor

Can you write? Yes No Well Average Poor

Describe your future educational goals and plans: _____

Describe your future vocational training goals and plans: _____

OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? _____

How many jobs have you held in the last two years? _____

List your present employment status:

- Unemployment (*Have not sought employment in the last 30 days*)
- Unemployment (*Have sought employment in the last 30 days*)
- Employed part-time (*Working less than 35 hours per week*)
- Employed full-time (*Working 35 hours or more per week*)

List your two most recent jobs: (*Start with your most recent job*)

Name of Employer	Position Held	Dates Employed (Mo/Yr to Mo/Yr)	Reason for Leaving

List your current average monthly income: _____

Describe your future occupational goals and plans: _____

Skills: _____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while you are enrolled in Teen Challenge? Yes No

If yes, explain: _____

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment? Yes No If yes, please list:

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome

(Use the back of this page if additional space is required.)

Has a family member or someone close to you ever attempted or committed suicide? Yes No

Have you ever thought about committing suicide? Yes No

Are you currently thinking about committing suicide? Yes No

Have you ever received psychiatric care? Yes No If yes, explain: _____

Will you, as a student of Teen Challenge, be willing to authorize doctors or agencies involved in previous treatments to release your medical records? Yes No

INSURANCE INFORMATION

List your health insurance type: (Please check) No health insurance Medicaid/Medicare Other private insurance Other public funds _____

Insurance policy number: _____

Company: _____ Phone: _____

PERSONAL / FAMILY MEDICAL HISTORY

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparent	Father	Mother	Spouse	Brother	Sister	Child
Drug Abuse							
Alcoholism							
Physical disabilities							
Mental health problems							

Describe any illness and/or developmental problem or concern you experienced as a child: _____

Describe any previous and current medical conditions: _____

List all medications you are currently taking: _____

Allergies? Yes No _____

Have you ever struggled with Anorexia Bulimia Abusing self (cutting) Abusing others Sex Pornography Gambling Over-eating Stealing Video Games Work-a-holic If yes, explain: _____

Do you feel that you are addicted to any kinds of foods? If yes, explain: _____

Amount you consume each day: _____cigarette packs smoked per day. _____coffee cups per day.

List how often you used the following drugs:

	Never	Once	Several Times	Regularly	Daily
Alcohol					
Amphetamines (Adderall, Ritalin, etc.)					
Benzos (Valium, Xanax, etc.)					
Cocaine (Crack)					
Cocaine (Powder)					
Cold Medication (DXM, Triple C, etc.)					
Flakka					
Hallucinogenic (Mushrooms, LSD, etc.)					
Heroin					
Kratom					
Lean/liquid codeine					
Marijuana					
MDMA (Ecstasy, Molly, etc.)					
Methadone, Suboxone, etc.					
Methamphetamine (Ice, Glass, Gravel, etc.)					
Opiate Painkillers (oxy, Roxy, Hydro, etc.)					
PCP (Sherm, Angel Dust, etc.)					
Synthetic Marijuana (Spice, K2, etc.)					
IV use of any drug (please specify):					
Others (please specify):					

Present physician's name: _____ Phone number _____
 Street Address: _____ City: _____ ST: _____ ZIP: _____

SPIRITUAL HISTORY

Are you born again? Yes No Date: _____ Place: _____

How would you rate your relationship with God? Circle one:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Denominational preference? _____

How often do you attend church? Never Occasionally Regularly

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

How often did you attend church as a child? Never Occasionally Regularly

What denomination was it? _____ How old were you when you stopped attending? _____

Why did you stop attending? _____

Do you believe in God? Yes No Uncertain Do you pray? Never Occasionally Regularly

Do you read books of other religions instead of the Bible? Never Occasionally Regularly

Which ones? _____

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

Have you ever been involved in cults, such as Christian Science, Jehovah's Witness, Mormonism, Scientology, TM, Eastern Religions, or others? Yes No Explain: _____

THE PROBLEM

What is your main problem, as you see it? _____

What have you done about it? _____

What are your greatest needs in order of priority? _____

Have you ever been in a program before? Yes No Was it: Faith-based Non Faith-based

How many programs have you been in before? Circle one:

1	2	3	4	5	6	7	8	9	10	10+
---	---	---	---	---	---	---	---	---	----	-----

How many programs have you completed? Circle one:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

List the programs:

Program Name

Dates

Reason for Leaving

(Use the back of this page if additional space is required.)

Have you ever been in a Teen Challenge program before? Yes No

When? _____ Where? _____

Why did you leave the program? Dismissed by staff Left on your own Completed the program

Graduated Other _____

Why do you wish to be admitted? _____

What are you expecting (believing) God to do in your life through the program? _____

Describe what you are willing to do, or what you think is required of you: _____

What would you like to do after you leave Teen Challenge? _____

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and that the applicant form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

Student Applicant Signature

Date

If the enclosed application form has been completed or filled out by anyone other than the student applicant, please provide the following:

1. Name of person completing and filling out application form: _____

2. Relationship to applicant: _____ Date: _____

3. Explain why student applicant was unable to complete or fill out the enclosed application form: _____