

Alabama Teen Challenge, Inc.

APPLICATION FOR ADMISSION

I. GENERAL:

Today's date _____

1. Name: _____
 First Middle Last

2. Present Address: _____
 Street City State Zip

Phone: () _____ SS Number _____

3. Referred to Teen Challenge by: _____
 Name Phone

_____ Address City State Zip

Relationship (Friend, Relative, etc.) _____

II. PERSONAL:

1. Birth Date ____/____/____ Age ____ Sex ____ Weight ____ Height ____

2. Are you an American citizen? Yes No

3. Do you have a valid driver's license? Yes No Issuing State _____
If no, explain: Expired Suspended Revoked

4. Are you living on your own? Yes No
Reason for leaving home _____

5. What kind of problems did you have while living at home? _____

6. Last grade completed? _____ GED? Yes No

7. Served in any branch of the military? Yes No
Type of discharge _____

8. Do you have any Reserve or military obligations at this time? Yes No
If yes, explain: _____

9. What is your sexual preference?
 Homosexual Bisexual Transsexual Heterosexual Uncertain

10. Have you ever engaged in homosexual activities? Yes No
 How recently? _____

11. What are your present living conditions?

 With whom? _____ Where? _____
 How are you supported? _____

12. What significant changes have occurred in your life recently?
 (Behavior, employment, activities, etc.) _____

III. MARITAL STATUS:

1. Single Married Separated Divorced Common law Widowed
 Remarried Uncertain

2. Spouse or Ex's (full name) _____
 Phone _____

 Address City State Zip

3. If separated or divorced, please give date _____
 Reason for breakup _____
 What is relationship like now? _____

4. Do you have a boyfriend/girlfriend/fiancée? Yes No
 If yes, what is the relationship like? _____

5. Do you have any dependents? Yes No

Dependent's Name	Birth Date	Age	Other Parent's Name	Child Support	Custody	
					Me	Other

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? _____

FILL OUT CHART

Drugs Used:	Usage		How often Used			
	Age 1st Time	Age Last Time	Once	Sometimes	Regularly	Excessively
Tobacco						
Alcohol						
Marijuana						
Hallucinogens						
Cocaine						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Opiates (pain meds)						
Inhalants						
Other (Specify)						

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

4. I depend on drugs (Check which one(s) apply to you)

<input type="checkbox"/> To cope with life	<input type="checkbox"/> To be "in" with the crowd
<input type="checkbox"/> For pleasure	<input type="checkbox"/> Other _____
<input type="checkbox"/> To escape reality	<input type="checkbox"/> 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. What charges are pending? _____
When is your court date? _____

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

Name of probation officer: _____
Address: _____
Phone: () _____ - _____ Phone: () _____ - _____ Fax: () _____ - _____

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

Name of parole officer: _____
Address: _____
Phone: () _____ - _____ Phone: () _____ - _____ Fax: () _____ - _____

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

5. Name of lawyer: _____
Address: _____
Phone: () _____ - _____ Phone: () _____ - _____ Fax: () _____ - _____

VI. SPIRITUAL:

1. Do you believe in God? Yes No Uncertain

2. Have you ever committed your life to God? Yes No Uncertain
Date _____ Place _____

a. What were the circumstances that led to this? _____

- b. How many times have you turned your back on 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
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 now is (i.e.; good or bad relationship, no relationship at all, etc.):

VII. FINANCIAL STATUS:

1. Are you receiving: welfare, unemployment compensation (unemployment must be terminated prior to program acceptance, as active seeking of employment is a requirement to receive benefits and employment is not part of our residential program.), disability payments, workman's compensation, alimony, or other income?
 Yes No
Explain: _____

- If yes, you will be required to remit 25% of your income, not to exceed \$1000 per month, while at Alabama Teen Challenge, Inc.? Agree?
 Yes No
Explain: _____

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

Please list outstanding debts and fines below.

Debt Holder	Amount	Address	Phone	Payments

VIII. THE PRESENTING PROBLEM:

1. What is the main problem in your life, as you see it? (Why do you want 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 Uncertain

When? _____ Where? _____

5. Have you ever been in any other type of program before?

Yes No How many _____

(Circle) Religious / Non-religious

Program Name	Date	City & State	Reason For Leaving

6. Why do you wish to be admitted to this Teen Challenge program? _____

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. Rate your general health: Excellent Good Fair Poor
2. Do you have any communicable diseases? Yes No
Do you have epilepsy, seizures, diabetes? Yes No What? _____
3. List any medical problems or handicaps. _____
How would this inhibit work and play? _____
4. Are you presently receiving medical care? _____ Where? _____

5. Are you currently taking any medications? Yes No
If yes, please list: _____
6. Do you have any physical problems due to drugs/alcohol? Yes No
If yes, explain: _____
7. Have you been hospitalized within the past 12 months? Yes No
If yes, explain: _____
8. List all allergies. _____
9. List medications to which you are allergic or sensitive. _____
10. Have you ever had psychiatric care? Yes No
Explain. _____
11. Have you attempted suicide? Yes No
If yes, explain: _____ Drug related? Yes No
12. Have you ever had an eating disorder? Yes No
Explain. _____
13. Have you ever self-injured (Carving, Scratching, Marking, Picking, Burning, Cutting, Biting, Bruising, Excessive Tattooing/Body Piercing)? Yes No
Explain. _____

For Women Only:

1. Are you pregnant? Yes No Uncertain If yes, explain: _____

2. Menopause (Change of life). Yes No When? _____
3. Have you ever had an abortion? Yes No
If yes, explain each time: _____

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 information.

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.
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 until I leave Teen Challenge.
12. I agree to submit to the authority of all staff members.

Applicant's Signature & Date

Staff Signature & Date

Alabama Teen Challenge, Inc.

General Program Rules Agreement

The following are just some of the basic rules of Alabama Teen Challenge. You will be provided with a complete list of rules upon admittance.

Christian Growth Center:

1. I understand that Teen Challenge is a Christian Growth Center, and I agree to be subject to Biblical teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior and a bad attitude will be confronted and may be disciplined if necessary. I will agree to do the disciplinary action or project with an improved attitude.
3. I understand that my main purpose for being in the program is to learn a new way of life, not just to get off drugs.

Personal:

1. I will not possess or use drugs at any time, including psychiatric medication.
2. I will not smoke or have tobacco products in my possession.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, or reminisce about past wrong doings.
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a clique.
7. I will not call other people names.
8. I will not go outside of the house without staff permission.
9. I will not bring a radio, tape recorder, musical instrument, books, knives, lighters, etc.
10. I will not grow a beard (men) while in the program.
11. I will not sing, whistle, or hum secular songs while in the program.

Family:

1. I will agree to the staff screening and reading my mail.
2. I agree to write only members of my immediate family - no letter writing to girl/boy friends.
3. I agree to make (or receive) only two phone calls per week, after a 14-day waiting period.
4. I agree not to have any visits from my immediate family until after 60 days.

Group:

1. I agree to participate in all scheduled activities including class, chapel, church, work, and recreation. I will do what I'm required to do in each of these activities.
2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
3. I understand the length of the Teen Challenge Program is a minimum of 12 months. I agree to commit to complete the entire Teen Challenge Program.

Discipline:

1. I understand that I'm expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day. I also understand that any tardiness and other forms of carelessness will result in disciplinary action.
2. I understand that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean and in shape for inspection.
3. I understand there will be a dress code.
4. I understand there will be a grooming code: shave before breakfast (men), hair combed (also before breakfast and throughout the day), and shower once a day, etc.
5. I understand that disciplinary action may include: extra duty, loss of privileges, suspension, or dismissal.

I have read these Rules and my signature indicates that I have a good understanding of them and that I'm willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Applicant's Signature & Date

Staff Signature & Date

Alabama Teen Challenge, Inc.

Health Screening Form

TO BE COMPLETED BY PHYSICIANS ONLY

Today's Date _____

1. Name _____ D.O.B. _____

2. Present Illness/Complaint/Disabilities, if any:

3. Allergies:

4. Medicine currently prescribed and reason:

5. Has client been exposed to any communicable diseases: Yes No

If yes, please specify:

6. History of chronic or major illness:

7. Operations:

8. Hospitalizations:

9. Immunizations: Last Tetanus Toxoid _____ Polio _____ Measles _____
Mumps _____ Rubella _____ Other _____

Physical Examination

Code: Satisfactory = S Unsatisfactory = U Not Examined = O

Height _____ Weight _____ B/P _____

Pulse _____ Respirations _____ Temperature _____

General Appearance (including schemata of drug abuse)

Nutrition

Head _____

Ears _____

Hearing: R _____ L _____

Eyes _____

Vision: (without glasses) R _____ L _____

(with glasses) R _____ L _____

Nose _____ Throat _____ Mouth/Teeth _____ Neck/Thyroid _____

Chest _____ Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Skin _____ Musculo-Skeletal _____ Neurological _____

Required Blood Tests:

- R.P.R (S.T.D.)
- Hepatitis: B, & C
- H.I.V.

Required Tests:

- T.B.

Required Tests (Female):

- Pregnancy
- Pap Smear

Note: Attach computer printouts of all test results before mailing application.

Optional Tests:

- CBC
- Liver Function

General comments, assessments, and recommendations on above:

Signature of examining Physician: _____

(Address)

(Phone Number)

Alabama Teen Challenge, Inc.

Applicant's Financial Responsibilities:

1. Physical examination, including blood tests, before entrance into Alabama Teen Challenge. (Required)
2. \$700 entrance fee. (Non-refundable cash, money order or cashiers check)(Required)
3. Return bus fare from Alabama Teen Challenge to your hometown is required upon entrance. (Cash, money order or cashiers check) (Required)
4. Provide student account money: \$10-\$20 per month. (Checks are to be made payable to the student, not Alabama Teen Challenge). (Requested; not refunded if program is not completed)
5. Accept responsibility for payment of any of the following (If necessary) (Required)
 - * Medical and dental bills.
 - * Eye examination, glasses, and clothing.
 - * Psychological testing with professional consultant, if indicated.
 - * Drug tests.
 - * Long distance phone calls.
6. The student will be required to pay \$.585 per mile for any personal transportation using Alabama Teen Challenge vehicles.
7. The cost for secular drug rehabilitation programs often exceeds \$10,000 monthly, whereas the cost per student per month at Alabama Teen Challenge is approximately \$1400. At the time of intake, a minimum of two pledges of support totaling at least 10% of monthly cost, from you, your family, friends or your church, to help offset this cost is required. We are funded voluntarily by individuals, churches, corporations, and foundations. This defrays only a small portion of the student's monthly cost. Many cannot afford 100% support, but any amount you are able to provide, to defray at least some of the monthly support for the student while in the program, is of enormous benefit. Sponsorship forms are located elsewhere in this packet. Please, feel free to make copies and gather as many sponsors as you can.

(Applicant's Signature & Date)

(Staff Signature & Date)

Alabama Teen Challenge, Inc.

Sponsorship Form

PLEASE PRINT

Your name (As shown on your account): _____

Address: _____ City: _____

State: ____ Zip: ____

Bank Name _____ Account # _____

Type of Account Checking Savings

I authorize Manage Payment Systems, Inc. to draft the above account in the amount of \$_____ per month as my pledge to Alabama Teen Challenge. The draft is to begin on _____, 200__ and on the 5th day of each month afterward.

This draft may be canceled with a 30 day written notice to the address below.

(Sponsor Signature & Date)

(Staff Signature & Date)

PLEASE ATTACH A VOIDED CHECK HERE OR MAIL MONTHLY SUPPORT TO:

State Headquarters
P.O. Box 3447
Oxford, Al 36203

Alabama Teen Challenge, Inc.

Sponsorship Form

PLEASE PRINT

Your name (As shown on your account): _____

Address: _____ City: _____ State: ____ Zip: _____

Bank Name _____ Account # _____

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(Sponsor Signature & Date)

(Staff Signature & Date)

PLEASE ATTACH A VOIDED CHECK HERE OR MAIL MONTHLY SUPPORT TO:

State Headquarters
P.O. Box 3447
Oxford, Al 36203

Alabama Teen Challenge, Inc.

You will need to bring the following with you:

1. At least one dress outfit, dress shoes, dress pants/skirt, shirt with collar.
2. Enough personal hygiene products to last for 60 days. This includes personal toilet paper and laundry detergent. We do not make shopping trips unless it is an emergency, so please plan ahead. This includes any approved medications.
3. Enough towels and wash clothes for one week. Shower sandals.
4. Enough casual clothes for one week.
5. Enough work clothes for one week.
6. Sheets to fit a twin bed. Pillow and blanket.
7. NIV or King James Bible (Men) NLT Bible (Women) However, any version of the Bible is fine, but these are the ones we use most often.
8. Individually wrapped, hard candy.
9. Envelopes, stationary, and stamps.
10. Writing utensils, paper/3 ring binder, notebooks, etc.
11. Addresses and phone numbers of immediate family members. (Only those approved by your case manager may contact you.) This also includes address of probation or parole officer.
12. A list of projected court dates, if you have any. We require families to transport students to court. Please plan ahead.
13. \$700.00 entrance fee (cash, money order or cashiers check - nonrefundable)
14. Health Screening Form filled out by a physician including the computer printouts of all blood and skin tests (TB, HIV, Hepatitis B, Hepatitis C and RPR). (Pregnancy test and Pap smear)
15. Return bus fare from Alabama Teen Challenge to your home. (cash, money order or cashiers check)
16. Phone card
17. Completed sponsorship forms.
18. Student Account Funds (non-refundable if program is not completed).

Forbidden items:

Please do not bring t-shirts or items that have cigarette ads, alcohol ads, sexually explicit pictures, gang related emblems, non-Christian music or reading material. Please do not bring any substance that can be huffed or consumed (I.e., mouthwash with alcohol, rubbing alcohol, aerosol cans, etc.) Anything kept back as contraband must be returned to your home within 30 days or it will be destroyed. All tobacco products, lighters, illegal drugs, drug paraphernalia, gum and/or unwrapped candy will be destroyed upon entrance. You and your personal belongings will be searched upon entrance into Alabama Teen Challenge.