



Dear Prospective Student,

We are pleased that you are considering 180 Ministries of Teen Challenge to begin your recovery from addiction.

180 Ministries of Teen Challenge is one of the most successful faith-based recovery support programs in the world; we contribute our success to our foundation in faith. We believe that true change comes from what God can do on the inside of us. If you are interested in faith-based recovery, Teen Challenge is the place for you. All of our classes, counsel, and environment are rooted in a belief in God and values found in the Bible. We are serious about faith-based recovery because it has provided the most successful care available for overcoming addiction and beginning a new life.

180 Ministries of Teen Challenge is a “Culture of Responsibility.” Our basic premise is that one must assume responsibility for his own life. You must own the responsibility for your thoughts, choices, and life patterns. Difficult experiences can contribute to life controlling addiction but cannot be an excuse for remaining in addiction. At 180 Ministries of Teen Challenge you will take a responsible look at your life so healing can occur and important lessons can be learned. Your negative experiences do not need to dictate your future.

Coming into 180 Ministries of Teen Challenge can be difficult at first. When drugs and alcohol wear off, and you find yourself away from all that’s familiar, a variety of emotions can be experienced. Feelings of anger, pain, guilt, homesickness, or even being trapped, can creep in on you. As badly as you know you need to begin this journey, this “internal war” can be most difficult. Experience tells us that once an individual passes through this initial struggle they will adjust to the program.

You have probably had moments where you wanted things to be different, but were unable to break the cycles of addiction. We are determined to help you get your life back. No one can lead your life but you. We want to help you become that responsible leader!

A Message to Families

Families will need to be strong. We must shut the door on every excuse to leave the program prematurely. As brave as the student may appear, fears of facing the challenge of changing their life is real. The family’s natural instinct is to relieve pain, but there’s no growth without it. We need families to stand strong as we help the student take a hard look at their life. 180 Ministries of Teen Challenge must have the family’s support throughout the process of change. Whenever they communicate pain, encourage them to stay the course and refuse to support a departure from the program.

Sincerely, the 180 Ministries Staff

STEPS REQUIRED FOR INDUCTION

COMPLETE ALL OF THE FOLLOWING STEPS:

- ☐ 1. Read all the enclosed information thoroughly
- ☐ 2. Complete and sign Teen Challenge application and all enclosed forms
- ☐ 3. Medical tests: Have a HIV, TB, Hepatitis B and C screening test. Results must be in writing. We do not need the results before entry. We will need them after.
- ☐ 4. Mail the application and the application fee of \$25.00 (check or Money order) to Teen Challenge. This is a mandatory fee for all applications.
- ☐ 5. Deliver copies of the sponsorship letter to individuals who might be willing to support the program for the year you are here. Provide a complete list of these individuals using the "Sponsorship" sheet.
- ☐ 6. Gather the following items to bring to 180/Teen Challenge.
 - A. \$600 Entry Fee and first month support in cash or on a credit card
 - B. Entry fees and first month support are non-refundable
 - C. Social Security card
 - D. Picture ID
 - E. "Sponsorship" Form – raising \$2200 per month in monthly support (check/card)
 - F. Return Bus Fare: A check or money order equal to the amount of return bus fare home in the event the student leaves or is dismissed from the program. If a student chooses to leave the program or if he is expelled, he is not allowed to remain on the premises. In such instances, our procedure is to take students to the bus station, regardless of whether they have bus fare on deposit with Teen Challenge. **YOU MUST GO TO GREY HOUND.COM AND PRINT OFF THE EXACT QUOTE OF THE ONE WAY BUS TICKET HOME AND MAIL A CHECK IN THAT AMOUNT TO US. ALL LUGGAGE IS SUBJECT TO A \$25 FEE FROM GREY HOUND. WE WILL NOT PAY ANY BUS FARE FEES.**

The following matters must be resolved to be considered for admission.

Medical: 180/Teen Challenge does not provide medical care for students in the program.

All current medical conditions must be addressed prior to entrance into the program. If you require medical attention while you are in the program you must provide your own insurance.

Legal: All legal situations must be made known to the staff prior to acceptance. You will not be considered for admission if you have outstanding warrants. Pending hearings, trials, probation, or other obligations requiring your personal appearance deemed in conflict with the program may result in disqualification for admission.

Level		Privileges
1	Weeks 1-2	Friday night movie and TV
2	Weeks 3-4	Friday night movie and TV Letter writing – approved immediate family and pastor
3	Months 2 thru 4 * must complete 14 induction studies.	1 - 30 minute phone call per week – approved immediate family Friday night movie and TV Letter writing – approved immediate family and pastor Saturday outing (with accountability) Games 6 Visits (bi-weekly)
4	Month 5 and 6	1 - 30 minute phone call per week – approved immediate family Friday night movie and TV Letter writing – as approved Saturday outing (with accountability) Games and Weights Immediate Family may attend Tuesday night service 4 Visits (bi-weekly) 1 day pass per month (with approved accountability)
5	Month 7 thru 8	1 - 30 minute phone call per week – as approved Friday night movie and TV Letter writing – as approved Saturday outing (with accountability) Games and weight Immediate Family may attend Tuesday night service 4 – visits (bi-weekly) 2 – Weekend passes (with approved accountability) A pass replaces a visit
6	Months 9 thru 10	2 – 30 Minute phone calls per week – as approved TV and Friday night movie Letter writing – as approved Saturday outing (with accountability) Games and weights Immediate Family may attend Tuesday night service 4 – Visits (bi-weekly) 2 – Weekend passes (with approved accountability)
7	Months 11 and 12	2 – 30 minute phone calls per week TV and Friday night movie Letter writing – as approved Saturday outing Games and weights Family may attend Tuesday night service 1 – 7 day pass (with approved accountability) 2 – Individual day passes

IMPORTANT INFORMATION

WHAT IS THE 180 MINISTRIES/TEEN CHALLENGE PROGRAM?

The TEEN CHALLENGE program is Christian based program designed to help young men find a meaningful answer to the problems, habits and conflicts that control them.

WHO DOES THE DENVER 180 MINISTRIES/ TEEN CHALLENGE PROGRAM HELP?

1. Any male 18 years of age or older who has a life-controlling problem:
 - **Drug or Alcohol habit:** consistent use and abuse
 - **Emotional problems:** problems that stem from drug or alcohol abuse. Others will be considered on an individual basis.
 - **Behavioral problems:** problems due to lack of taking responsibility, lack of self-discipline, lack of motivation, lack of self-esteem or laziness.
2. Men who are willing to enter the program voluntarily and are willing to change their present life-style.
3. Men willing to accept a structured Christian environment in order to overcome their problems.

We suggest that the prospective student seek help from professional counseling, a pastor or local church and/or drug or alcohol clinics or program **before** considering TEEN CHALLENGE's year long residential program.

WE ARE UNABLE TO ACCEPT INDIVIDUALS WHO:

- Are on **ANY** mood altering medications
- Have exhibited signs of psychotic behavior or dangerous tendencies
- Have been convicted of a crime that is sexual in nature
- Have a warrant for their arrest
- Have court ordered probation reporting requirements or classes that interfere with the structure or influence of the program.
- Have a known communicable disease
- Have medical conditions that exceed our ability provide adequate attention.

HOW DOES THE PROGRAM WORK?

The 180 Ministries/TEEN CHALLENGE men's program consists of a 7-step program. The program is one year long. Graduation is based on completion of the academic requirements for each step, compliance with rules and policies and personal growth will be evaluated by the staff. It is our desire to provide opportunity for each student to thoroughly deal with all addiction related behavior and thinking.

KEY ELEMENTS INCLUDE:

- Counseling/Mentoring (individual and group)
- Biblically based studies
- Chapel and church services
- Prayer and devotion times
- Work therapy {1-5 days a week}
- Recreation
- Firm discipline

WHAT DOES THE TEEN CHALLENGE PROGRAM OFFER?

TEEN CHALLENGE is concerned with the "total person". The program structure is aware of each person's spiritual, mental, physical, social and educational needs.

- SPIRITUALLY:** TEEN CHALLENGE deals with the person's problems as symptoms that relate to deeper problems and conflicts. A focus on an individual's spiritual need is where healing begins. Through faith in Christ, individuals find the changing power that gives the ability to cope with problems and live a more effective life.
- MENTALLY:** The rebuilding of the used and abused mind is vital. Consistent Bible study, along with a Bible-based life skills curriculum are the tools used to enhance mental growth. These tools serve as the foundation for restructuring broken down thought patterns; creating new stable ideas and principles.
- PHYSICALLY:** TEEN CHALLENGE provides an environment that includes shelter, food, and basic needs as well as work, rest, and recreation. As students begin to function in a drug free environment, physical health usually begins to improve greatly.
- SOCIALLY:** Through the benefits of a group living environment, students learn the biblical perspective of relationships and conflict management. As a result, graduates achieve greater success in relating to family, peers and authority.

WHAT DOES A DAILY SCHEDULE AT DENVER TEEN CHALLENGE INCLUDE?

- Group class/ G.E.D class/Basic Computer skills
- Individualized studies
- Chores
- Devotion time
- Prayer time
- Chapel
- Work time {1-3 days}
- Meals
- Free time

A graduation celebration service is held to honor the students who complete the program. This is a time to celebrate Jesus' power and healing in the student's life.



TAKE SPECIAL NOTE:

WITHDRAWAL FROM DRUGS AND ALCOHOL IS DANGEROUS WITHOUT MEDICATION AND WE HIGHLY RECOMMEND THAT YOU GO THROUGH A DETOXIFICATION CENTER BEFORE ENTERING THE PROGRAM.

EVEN IF YOU FEEL YOU WOULD FIT INTO THE PROGRAM, WE RESERVE THE RIGHT TO DENY YOUR APPLICATION. NON-COMPLIANCE WITH ALL STEPS OR DECEPTIVE INFORMATION CONSTITUTES GROUNDS FOR DENIAL OF AN APPLICATION.



180 MINISTRIES

Dear Prospective Student/Families:

RE: Cost of the program

180 Ministries/Teen Challenge is a faith-based, 501c3 non-profit organization helping people with life-controlling problems. 180/TC operates under the accreditation of Teen Challenge International, and has a proven record of success. 180/TC is independently governed by a local Board of Directors and is not underwritten by any organization or agency.

It costs approximately \$2200 per month to maintain each student in the program. We realize that this is a substantial amount of money, and most students entering the program need sponsors (usually family and friends) to support them. If you are unable to raise the full sponsorship, you must make a satisfactory arrangement with the Intake Coordinator. No one is turned away from Teen Challenge who has legitimate financial need, but we require each student to make an honest effort in raising support for their recovery program.

Please read the attached ***Sponsor Letter*** thoroughly. Make as many copies of the ***Sponsor Letter*** as you need to present to friends, family, churches, businesses, or other concerned individuals who you think would be willing to sponsor you.

**Teen Challenge of the Rocky Mountains
2634 S. Broadway Denver, CO 80210**

I, _____,

certify that I have read this "Cost of Program" letter and understand my responsibility.

SPONSORSHIP FORM

NAMES AND ADDRESSES OF PROSPECTIVE SPONSORS THAT SPONSORSHIP LETTERS WERE GIVEN TO:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:
MONTHLY SUPPORT AMOUNT:			



Sponsor signature

The rules listed are not the complete set of rules that you will be required to abide by but rather are a sampling to give you a basic understanding of the requirements. You can find a complete set of rules of our web site.

Teen Challenge reserves the right to conduct a drug, alcohol, or nicotine test at any time.

Appearance

1. Hair must be kept neat and clean. The sides must be no longer than the middle of the earlobe and the back must be off the top of the collar.
2. No outrageous hairstyles. All unacceptable hairstyles must be changed.
3. Mustaches are allowed if kept neat and trimmed short. No beards.
4. Personal Hygiene must be maintained in a neat and clean manner.

Behavior

1. No drugs, alcohol or tobacco in any form is allowed.
2. Secular music, gambling and card playing are not allowed. The program director will approve music and reading material.
3. Profanity and bragging about past life of sin is not allowed.
4. **Anyone threatening anyone in any way will be dismissed immediately.**
5. Occult practices of any form are not allowed.
6. Disrespect or arguing with staff members will not be tolerated.
7. Proper care of Teen Challenge property is required. Students are financially responsible for any malicious damage.

All privileges are based on your progress on the program, and increase with your progress.

Mail

1. Students are allowed to write and to receive mail from family and pastors.
2. Incoming and outgoing mail will be screened.
3. Students will not be allowed to correspond with girlfriends. No exceptions!

Phone Calls

1. Students are allowed to make phone calls after 30 days in the program, with a maximum of one 30-minute phone call per week. Calls may be made to immediate family and a pastor. **Parents are strongly encouraged to call and talk with staff about the progress of their family member in the program during the 30-day period. Please call us and ask questions.**
2. Students will be assigned a weekly designated phone call night. Phone calls will not be made during business hours.
3. All students must bring a phone card into the program that will be used for all long distance calls.
4. Twice a year we would like to have phone conferences with the student, staff and family to make sure the student is progressing properly.

Visitation

1. Visitors are limited to immediate family and pastors. Girlfriends and common-law marriages are not immediate family.
2. Visitation times are Sunday from 1-5 pm and must not conflict with the Teen Challenge schedule.
3. All visits must be approved by the staff at least 3 days prior to the visit. Teen Challenge reserves the right to deny a visit.
4. The dorm rooms are off limits to visitors.

Personal Belongings

1. All student money will be kept in the office in an account.
2. Students are not allowed to have pets or personal vehicles of any kind.
3. Students shall not bring valuables to Teen Challenge.
4. Each student is allowed a maximum of 2 suitcases. Suitcases and clothing is subject to search when entering or leaving the program.
5. All students who are dismissed or who voluntarily leave the program must take all of his personal belongings with him at the time he leaves. Teen Challenge will not be responsible for any belongings left at the center.
6. Students who leave the program prematurely will have a 30-day waiting period before they will be considered for re-enrollment. A \$600 Or more re-entry fee may apply.

I _____ **certify that I have read and understand these Teen Challenge rules.**

I realize that these are only a sampling of the rules and that they are subject to change at any time.

I agree to abide by all of the Teen Challenge rules.

Student signature

date

witness signature

date



180 MINISTRIES

Teen Challenge of the Rocky Mountains – Release of Responsibility

Read each statement and initial. Your initial and signature at the bottom of this page indicate you have read and agree to accept these policies. Also have a witness signature

_____ I understand that Teen Challenge cannot and will not be responsible for any of my personal property that is left, lost or stolen while in the Teen Challenge program. When leaving Teen Challenge I will take all of my personal property with me.

_____ I also understand that I release to Teen Challenge the right to make searches of personal belonging and conduct a personal frisk if need be.

_____ ***Teen Challenge reserves the right to search your belongings and person at anytime.***

_____ ***I also understand that I may be required to conduct a drug and/or nicotine urine test at any time during the program.***

_____ I release Teen Challenge from all responsibility, both physical and financial in case of accident, injury, or illness, or other imponderable misfortune.

_____ I give Teen Challenge permission to open and check both incoming and outgoing mail for drugs and contraband. I understand that all phone calls made or received by me will be screened and monitored.

_____ I understand that a TB and Hepatitis C screening test will be required and that a HIV test is requested.

_____ Teen Challenge of the Rocky Mountains is a ministry for men with life-controlling problems including drug dependency. Applicants are advised that many persons enrolled in the program have been involved in high-risk behavior that may have exposed them to the AIDS virus in the past. You are advised that there is a possibility that some of those enrolled in the program could be AIDS carriers. However, we believe the risk of exposure to the AIDS virus in the Teen Challenge program is low.

_____ I have read the "Student Rules and Policies" manual and agree to comply with these standards and procedures.

Signature

date

Witness

date

Student Acknowledgement and Agreement Regarding Work Assignments

Confidential

Statement of Student Applicant

- I understand that if I am admitted as a student, that I will be required to participate in Teen Challenge Work Experience Program.
- I acknowledge that I have read and fully agree with Teen Challenge's description of its Work Experience Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
- I understand that if I am admitted to Teen Challenge as a student I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.
- Accordingly, by signing this **Agreement**, I am not applying for a position of employment with Teen Challenge, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
- I further understand that if I fail to perform my work assignments, Teen Challenge may revoke my status and privileges as a student. Because, performance of work assignments are a consideration for the receipt of such status and benefits, each student's participation in the Work Experience Program is a necessary and vital part of the restoration process.

I warrant and attest that I have read, understand, and accept the above statement for students entering Teen Challenge of the Rocky Mountains.

Dated this _____ day of _____ 20____

(Student Printed Name)

(Student Signature)

(Staff Signature)

Statement of Faith

We believe...

1. The Bible is the inspired Word of God (2 Timothy 3:16-17; 1 Thess. 2:13, 2 Peter 1:21)
2. In one true God (revealed as Trinity of Persons in relationship & association, Father, Son, and Holy Ghost) (Deut. 6:4; Isaiah 43:10; Matt. 28:19; Luke 3:22)
3. In the Deity of the Lord Jesus Christ (Matt. 1:23; Luke 1:35; Acts 2:32; Romans 1:4; Phil. 2:9-11; Hebrews 1:3)
4. In the fall of man (Genesis 1:26; 2:17; 3:6; Romans 5:12-19)
5. In the Salvation of man (Luke 24:47; John 3:3; Romans 10:13-15; Eph. 2:8; 4:24; Titus 2:11-12; 3:5-7; Romans 8:16)
6. Ordinances of the church:
 - a. Baptism in water (Matt. 28:19; Mark 16:16; Acts 10:47-48; Romans 6:4)
 - b. Holy Communion (Matt. 26:14-30; Mark 14:17-26; Luke 22:14-30; 1 Cor. 11:23-24)
7. The Baptism of the Holy Spirit (Matt. 3:11; Mark 1:7-8; Luke 3:16; John 1:26; Acts 1:4-8)
8. The evidence of the Baptism of the Holy Spirit (Acts 2:4; 10:44-46; 11:15-17; 15:7-9; 19:6)
9. Sanctification (Romans 12:1-2; 1 Thess. 5:23; Hebrews 12:14; 1 Peter 1; 15-16)
10. The Church and its mission:
 - a. Agency for evangelizing the world (Matt. 28; 19-20; Mark 16:15; Acts 1:8; Eph. 3:10)
 - b. Corporate body for worshipping God (John 4:23,24; 1 Cor. 12:13)
 - c. Channel for edifying the saints (1 Cor. 12:28; 14:12; Eph. 4:11-16)
11. The ministry (Mark 15:15-20; Eph 4:11-16; 1 Tim 3:1-7; Titus 1:5-9)
12. Divine Healing (Isaiah 52:4-5; Matt. 8:16,17; James 5:14-16)
13. The Blessed Hope (Romans 8:23; 1 Cor. 15:51,52; 1 Thess. 4:16-17; Titus 2:13)
14. The Millennial Reign of Christ (Zech 14:5; Matt 24:27,30; Rev. 19:11-14; 20:1-6)
15. The Final Judgment (Matt 25:46; Mark 9:43-48; Rev 19:20; 20:11-15; 21:8)
16. The new Heaven and the new Earth (2 Peter 3:13; Rev. 21; 22)

[illegible]

ITEMS TO BRING

- | | | |
|---|--|---|
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Shorts | <input type="checkbox"/> Set of twin sheets |
| <input type="checkbox"/> Socks: sport & dress | <input type="checkbox"/> Jacket and Coat | <input type="checkbox"/> Razor |
| <input type="checkbox"/> Work shirts & pants | <input type="checkbox"/> Pajamas & hangers | <input type="checkbox"/> Shampoo |
| <input type="checkbox"/> Dress shirts & pants | <input type="checkbox"/> Towel & washcloths | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Sport shirts | <input type="checkbox"/> Bible (no other books) <input type="checkbox"/> | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Pictures of immediate family | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Dress | <input type="checkbox"/> Phone Card/stamps | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Casual | | <input type="checkbox"/> Shaving cream |
| <input type="checkbox"/> Athletic | | |

Do not bring the following items:
Credit or ATM Cards/ gift cards/checks
Cell Phones
Pictures of friends/girlfriends
Any Music or portable music devices
Jewelry (wedding band and wrist watch only)

**180 MINISTRIES**

Attach Picture Here
*Please use a recent photo,
your application may be
denied if you do not attach.*

STUDENT APPLICATION**PERSONAL INFORMATION**

Name (last, first, middle)				Age	
Date of application		Date of Birth		Race	
Address (street)			City	State	Zip
Social Security #		Drivers License # and state			
Daytime phone #			Evening phone #		

Referred by (person or organization)		Relation:
Address		Telephone #

EMERGENCY NOTIFICATION In case of emergency please notify:

Name	Relationship	Telephone #	
Address	City	State	Zip

LEGAL STATUS Are you on probation? ☐ Yes ☐ No Are you on parole? ☐ Yes ☐ No

Probation/Parole officer – Name		Telephone #:
Public Defender/Attorney – Name		Telephone #:
Do you have any of the following that are pending: <input type="checkbox"/> Warrants <input type="checkbox"/> Court appearances <input type="checkbox"/> Sentencing <input type="checkbox"/> Other If so, explain. _____ _____		
Are you legally mandated to participate in a drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ _____		
Method of reporting: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____		

Comments/Instructions:

MILITARY HISTORY Have you ever served in the US Armed Forces? ☐yes ☐no

Branch of service:	Date of entry:	Date of discharge:
Rank attained:	Type of discharge:	

PARENTS: ☐ married ☐ divorced ☐ mom deceased ☐ dad deceased

Mother's Name:	Mother's Occupation:	Phone #:
Address		
Father's Name:	Father's Occupation:	Phone #:
Address		

FAMILY HISTORY

Are You Adopted? <input type="checkbox"/> yes <input type="checkbox"/> no	Age at adoption?	Were you raised by someone other than your parents? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, who?
Describe your relationship with your parents when you were a child.			
Describe your relationship with your parents now.			
What is your mom, dad, or legal guardian's occupation?			

SIBLINGS: List the names and ages of any brothers or sisters.

Name/Age	Occupation	Name/Age	Occupation
Name/Age	Occupation	Name/Age	Occupation
Name/Age	Occupation	Name/Age	Occupation
Do you own a car, motorcycle, computer, or anything of value			

MARITAL STATUS: ☐ single ☐ married ☐ separated ☐ divorced ☐ remarried ☐ widowed

Wife's Name:	Wife's Occupation:	Phone #:
Address		
If you are married, describe your current relationship with your wife.		
<hr/>		
<hr/>		

CHILDREN: List the names and ages of your children

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age
Explain living arrangements of your children while you are in the program:			
<hr/>			
<hr/>			
Explain your current relationship with your children.			
<hr/>			
<hr/>			

HEALTH: How would you rate your present state of health: ☐ good ☐ fair ☐ poor

Are you presently receiving medical care? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain. Also explain any serious medical problems including ailments, injuries, handicaps or dental problems.
<hr/>
<hr/>
Are You on any prescribed medication including psychiatric? <input type="checkbox"/> yes <input type="checkbox"/> no If yes give name of medication and reason for prescription.
<hr/>
<hr/>
Do you have any special diet requirements? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain.
<hr/>
<hr/>

Have you ever received mental health treatment? ☐ yes ☐ no
 If yes, explain reason and extent of treatment.

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual, work related tasks while enrolled in Teen Challenge? ☐ yes ☐ no
 If yes, explain.

Have you ever thought about suicide?.....☐ yes ☐ no
 Are you currently thinking about suicide?.....☐ yes ☐ no
 Have you ever attempted suicide?.....☐ yes ☐ no Date of most recent attempt: _____

Do you smoke or use tobacco in any form? ☐ yes ☐ no ☐ I did but I stopped _____ months ago

Age at which you first started smoking/using: _____

Amount you are currently smoking/using per day: _____

Teen Challenge has a no smoking or tobacco use policy. Are you willing to abide by this policy? ☐ yes ☐ no

DRUG USE HISTORY: Fill in information and circle the names of drugs that were your primary drugs of choice.

Type of Drugs used	Currently Using?		Age when first used	Frequency of use (once; few times; several times; frequently; regularly)	How was it administered? (iv, smoked, etc.)	If applicable give specific name of drug
	Yes √	No √				
Alcohol						
Marijuana						
Cocaine						
Crack						
Methamphetamine						
Heroin						
Opium						
LSD						
PCP						
Ecstasy						
Prescription Drugs						
Inhalants						
Other:						

ARRESTS AND CONVICTIONS

Date	Charges	Conviction Yes/No	Sentence	Time in Jail	Were Alcohol or Drugs involved

Explain any circumstances you think important.

FINANCIAL STATUS: Do you have any outstanding debts, including child support? ☐yes ☐no If yes, list.

Owed to whom	For	Amount Owed	Payment amount

Do you have a means to cover payments while you are in the program? ☐yes ☐no Explain.

Are you receiving any of the following: ☐welfare ☐disability payments ☐unemployment compensation ☐workman's compensation ☐other: _____

SPIRITUAL HISTORY Are you a Christian? ☐yes ☐no ☐I'm not sure

Explain your involvement with church and/or other religions or occult practices.	Denominational preference:
<hr/> <hr/> <hr/>	
Describe Your Current Spiritual Condition <hr/>	
<hr/> <hr/>	

Have you been in any other programs (including Teen Challenge)? ☐yes ☐no If yes, List programs.

Name of program city/state	Reason for entrance	Dates attended: from/to	Completed? yes/no	Reason for leaving

SIGNIFICANT LIFE EVENTS

Which of the following have you personally experienced:

☐ Moves ☐ Foster home placement ☐ Institutionalized ☐ Physical abuse/neglect ☐ Losses

☐ Other (specify): _____

Explain those that you have experienced _____

Sexual Lifestyle: Check all that apply.

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Pornography ☐ Prostitution ☐ Transgender/TS

How recently and to what extent: _____

CHECK ALL OF THE STATEMENTS THAT ARE TRUE IN YOUR LIFE.

☐ I have a problem with violence ☐ I am proud of my sexual activity ☐ I am suicidal

☐ I want to become sexually pure ☐ I am confused about my sexual orientation ☐ I hate myself

- | | |
|--|---|
| <input type="checkbox"/> I am ashamed of my lifestyle | <input type="checkbox"/> I don't think it's wrong to be gay |
| <input type="checkbox"/> I was sexually abused as a child | <input type="checkbox"/> I don't need help with my problems |
| <input type="checkbox"/> I want to change my life at any cost | <input type="checkbox"/> I will cut or hurt myself if I go into a program |
| <input type="checkbox"/> I have been arrested for a sexual offence | <input type="checkbox"/> I need help with my problems |
| <input type="checkbox"/> None of these statements apply to me | |

THE PROBLEM

What is your main problem as you see it? _____

Why do you want to be admitted? _____

What do you hope to get of this program? _____

I, _____ fully acknowledge that the information provided herein is accurate and true to the best of my knowledge, and that this application has been filled out by me. I understand that falsification of information is grounds for denial of my application or may result in my termination from the program if the falsification is determined after entry.

student applicant signature

date

To be reviewed and signed by the staff overseeing the induction of the student.

staff signature

date