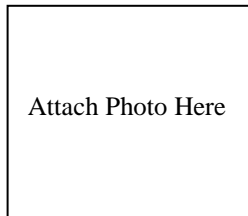


Mail Application to:

Home of Hope  
P.O. Box 10985  
Casa Grande, AZ 85230  
520/836-5030  
520/836-5042 FAX



# HOME OF HOPE STUDENT APPLICATION

*Applications distributed and received by Home of Hope only*

TEEN CHALLENGE OF ARIZONA

**HOME OF HOPE**  
**STUDENT APPLICATION**

<b>GENERAL INFORMATION</b>	<b>2</b>
<b>STATEMENT OF FAITH</b>	<b>3</b>
<b>SECTION 1 - REGARDING: COST OF THE PROGRAM</b>	<b>4</b>
<b>SECTION 2 - ENTRANCE REQUIREMENTS</b>	<b>5</b>
<b>SECTION 3 - NECESSARY ITEMS TO BRING</b>	<b>5</b>
<b>SECTION 4 - GENERAL</b>	<b>6</b>
<b>SECTION 5 - ENTRY REPORT</b>	<b>7</b>
<b>SECTION 5 - ENTRY REPORT (continue)</b>	<b>8</b>
<b>SECTION 6 - Child Information Card</b>	<b>9</b>
<b>SECTION 7 - POLICIES</b>	<b>10</b>
<b>SECTION 7 - POLICIES (continue)</b>	<b>11</b>
<b>SECTION 7 - POLICIES (continue)</b>	<b>12</b>
<b>PERSONAL INFORMATION</b>	<b>13</b>
<b>PHYSICAL EXAM</b>	<b>14</b>
<b>RESIDENTIAL PROGRAM APPLICANT'S HEALTH HISTORY</b>	<b>15</b>
<b>MEDICAL RELEASE AUTHORIZATION</b>	<b>16</b>
<b>CONFIDENTIAL RELEASE</b>	<b>17</b>

GENERAL INFORMATION

Teen Challenge is an international, non-profit, interdenominational, faith-based program ministering to people with life-controlling problems. Teen Challenge of Arizona, Inc. is a nationally accredited program which is financially an entity of its own and governed by a local board of directors.

*The Mission of Teen Challenge is to evangelize people who have life-controlling problems and initiate the discipleship process to the point where the student can function as a Christian in society applying spiritually motivated biblical principles to relationships in the family, local church, chosen vocation, and the community. Teen Challenge endeavors to help people become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive.*

We suggest that the prospective student should have tried some type of professional counseling (pastor, psychologist, etc.), getting help from a local church and/or local drug or alcohol clinic or program before considering committing themselves to Teen Challenge's year long residential program.

**Note: Teen Challenge of Arizona, Inc. reserves the right to accept or deny program applications.**

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**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, which relate to deeper issues and causes. Zeroing in on spiritual needs begins the real healing process. Faith in God gives hope and brings the "running" to a stop.

**Mentally** - Rebuilding an abused mind is of key importance. Consistent study of the Bible enhances mental healing and growth and serves as the foundation for the restructuring of broken down thought patterns, creating new and more stable ways of living.

**Physically** - Teen Challenge cares for such needs on a long-term basis. Assistance is given for shelter, food, clothing and recreation.

**Socially** - Through the benefits of a group living situation students are helped to work on relationship problems and to more successfully relate to family and peers once they complete the program. Such interaction promotes strong character of moral fiber and right attitudes.

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**TEEN CHALLENGE HAS FIVE PHASES:**

**Phase I**            **Evangelism:** Evangelism outreach is provided directly to the people through outreach services, jail & prison services, help-line substance abuse prevention programs, drop-in counseling, literature distribution and more.

**Phase II & III**    **Preparation and Induction:** This is the beginning of the residential program. Students and children live in a home-like atmosphere where everyone shares in the work assignments. Individualized study is a major part of daily life, partnered with one-on-one and group counseling. This is a period of adjustment and spiritual response.

**Phase IV**            **Christian Growth:** Bible studies and counseling continue. Academics, vocational training, and other life skills are added.

**Phase V**            **Re-entry:** The purpose of this phase is to re-establish the person in society through learning to cope successfully with everyday stress and challenges. Each individual is assisted in job placement, budgeting money, establishing personal goals, paying room and board, finding new friends, establishing church fellowship and is challenged to disciple oneself as well as others.

**STATEMENT OF FAITH**

*TEEN CHALLENGE OF ARIZONA, INC. IS A MISSIONS DEPARTMENT OF  
THE ARIZONA DISTRICT OF THE ASSEMBLIES OF GOD,  
THEREFORE, WE FULLY EMBRACE THEIR DOCTRINAL VALUES AND TEACHING.  
FULL ACCEPTANCE OF THIS STATEMENT IS NOT REQUIRED FOR ACCEPTANCE  
INTO OR GRADUATION FROM THE TEEN CHALLENGE PROGRAM.*



**WE BELIEVE....**

- **THE BIBLE IS THE INSPIRED WORD OF GOD** (II TIMOTHY 3:16-17; I THESS. 2:13, II PETER 1:21)
- **IN ONE TRUE GOD (REVEALED AS TRINITY OF PERSONS IN RELATIONSHIP AND ASSOCIATION, FATHER, SON AND HOLY GHOST)** (DEUT. 6:4; IS 43:10; MATT. 28:19; LUKE 3:22)
- **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)
- **IN THE FALL OF MAN** (GEN. 1:26; 2:17; 3:6; ROMANS 5:12-19)
- **IN THE SALVATION OF MAN** (LUKE 24:47; JOHN 3:3; ROMANS 10:13-15; EPH. 2:8; TITUS 2:11-12; 3:5-7; ROMANS 8:16; EPH.4:24)
- **ORDINANCES OF THE CHURCH:**
  - ❖ **BAPTISM IN WATER** (MATT. 28:19; MARK 16:16; ACTS 10:47,48; ROMANS 6:4)
  - ❖ **HOLY COMMUNION** (MATT. 26:14-30; MARK 14:17-26; LUKE 22:14-30; I COR. 11:23-34)
  - ❖ **THE BAPTISM IN THE HOLY SPIRIT** (MATT. 3:11; MARK 1:7,8; LUKE 3:16; JOHN 1:26; ACTS 1:4-8)
  - ❖ **THE EVIDENCE OF THE BAPTISM OF THE HOLY SPIRIT** (ACTS 2:4; 10:44-46; 11:15-17; 15:7-9; 19:6)
  - ❖ **SANCTIFICATION** (ROMANS 12:1,2; I THESS. 5:23; HEB. 12:14; I PETER 1:15,16)
- **THE CHURCH AND ITS MISSION:**
  - ❖ **AGENCY FOR EVANGELIZING THE WORLD** (MATT. 28:19,20; MARK 16:15; ACTS 1:8; EPH. 3:10)
  - ❖ **CORPORATE BODY FOR WORSHIPPING GOD** (JOHN 4:23,24; I COR. 12:13)
  - ❖ **CHANNEL FOR EDIFYING THE SAINTS** (I COR. 12:28; 14:12; EPH. 4:11-16)
  - ❖ **THE MINISTRY** (MARK 16:15-20; EPH. 4:11-16; I TIM. 3:1-7; TITUS 1:5-9)
  - ❖ **DIVINE HEALING** (ISAIAH 52:4,5; MATT. 8:16,17; JAMES 5:14-16)
  - ❖ **THE BLESSED HOPE** (ROMANS 8:23; I COR. 15:51,52; I THESS. 4:16,17; TITUS 2:13)
  - ❖ **THE MILLENNIAL REIGN OF CHRIST** (ZECH. 14:5; MATT. 24:27, 30; REV. 19:11-14; 20:1-6)
  - ❖ **THE FINAL JUDGMENT** (MATT. 25:46; MARK 9:43-48; REV. 19:20; 20:11-15; 21:8)
  - ❖ **THE NEW HEAVEN AND THE NEW EARTH** (II PETER 3:13; REV. 21:22)

**SECTION 1 - REGARDING: COST OF THE PROGRAM**

The cost of the Teen Challenge, Home of Hope program is listed below. Teen Challenge of Arizona does not want lack of finances to keep anyone from receiving the help they need. Please discuss your financial situation with the Intake Coordinator during your interview.

- You must pay an Application Fee before entering the program. The fee is \$100 for those applying from within the state of Arizona and \$200 for out of state applicants. This fee is nonrefundable.
- The program cost is \$1500.00 per month. The first payment is to be paid at intake, the day you arrive.
- \$100 per month is added for each child coming into the program with the student.
- All checks and/or money orders are to be made payable to Teen Challenge-Home of Hope.
- Student's personal funds kept on account shall not exceed \$30 per individual. Please make checks payable to Teen Challenge-Home of Hope.
- You must apply for assistance with the Department of Economic Security after entering the program and agree to give Teen Challenge of Arizona, Inc. Power of Attorney over all D.E.S. benefits that come in your or your child's name and the use of the ATM card and PIN#, as applicable, while in the program.
- If you qualify for Social Security Disability, you must agree to contribute a portion of your benefits equal to the amount of General Assistance from DES.
- You must participate in fundraising events and activities as outlined by the director. These activities are usually limited to approximately 20 hours per week.
- Students with small children in the program must agree to apply for WIC assistance from the County Health Department.

We require that you do your best to help in these ways. The whole program, including assisting with the cost of your care, will require you to put forth a full effort.

Sincerely,  
REV. SNOW PEABODY  
Executive Director

I, \_\_\_\_\_, certify that I have read this "Cost of the Program" letter and fully agree to help to the best of my ability. I also agree to inform those that may contribute toward these fees of the guidelines mentioned above.

**Terms for Refund**

Request for refunds of the **Intake Fee** will be considered if:

- **The student leaves the program within five days of entering.**
- **The request for refund is made within three business days of the date the student leaves the program.**

If it is determined that a refund will be made the terms will be as follows:

- **Please allow for at least five business days for refund.**
- **Refunds will be less \$50 per day, (plus \$25/day for each child) for however many days the student was in the program.**
- **Refunds will be less the cost to repair any damaged property.**
- **Refunds will be less a refund processing charge of \$50.**

*All fees must be paid in cash or certified funds*

**SECTION 2 - ENTRANCE REQUIREMENTS**

**THE FOLLOWING REQUIREMENTS MUST BE MET OR COMPLETED PRIOR TO ENTERING THE PROGRAM. ALL EXCEPTIONS MUST BE APPROVED BY THE INTAKE COORDINATOR**

1. Women must be 18 years old or older. Children birth to six years of age may accompany their mother into the program.
2. Pregnant women must be stable in the pregnancy. Home of Hope does not have the ability to care for high-risk pregnancies.
3. Complete and notarized student application.
4. Payment of \$100 application fee (\$200 for out of state applicants) *application fee is non-refundable.*
5. Payment of intake fee - \$1,500 (plus an additional \$100 for each child).
6. Check or money orders to cover return bus or plane fare if coming from out of the immediate area.
7. Health screening information: physical, Hepatitis panel, HIV, RPR, pregnancy test, TB skin test - results acceptable within 90 days.
8. Current immunizations and birth certificate for each child entering the program with the student.
9. Custody papers as applicable for each child entering the program with the student.
10. Actual social security card or proof of application for duplicate card.
11. Valid picture identification card.
12. All legal problems must be made known to the intake coordinator prior to acceptance.
13. All legal obligations including court appearances, jail time, court-mandated classes, etc. must be completed prior to entering.
14. Applicants with a felony conviction of a sexual nature such as molestation may not be eligible for the program. Each case will be reviewed on an individual basis.
15. Among your regular clothing you must have a uniform outfit consisting of a white blouse, black skirt and black dress shoes.

***NOTE: FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF STUDENT APPLICATION***

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**SECTION 3 - NECESSARY ITEMS TO BRING**

Linens - twin size sheets, pillow cases and blankets  
Towels and washcloths  
Personal items – hairbrush, toothbrush, toiletries, etc.  
Panties (no thongs)  
Bras  
Socks  
Work clothes – closed-toe comfortable shoes, loose comfortable clothes  
Casual clothes – long shorts, capris, long pants, pullover shirts, etc.  
Dress clothes –business suits, blouses, dress pants, church dress  
Shoes - work, casual, dress, shower

Black skirt  
White blouse, Long Black Tank Top  
Black dress shoes  
Pajamas  
Bible (no other books allowed)  
Pictures of immediate family only  
Notebook, paper, pen & pencil  
vinyl mattress cover-twin  
alarm clock without radio  
laundry basket w/soap & dryer sheets

***CLOSET SPACE IS LIMITED SO PLEASE JUST BRING ENOUGH CLOTHING FOR ONE WEEK-LAUNDRY IS DONE ONCE PER WEEK-PLEASE MARK ALL CLOTHING***

**SECTION 4 - GENERAL**

**APPEARANCE**

- Hair must be kept clean and neat. Unacceptable hairstyles must be changed.
- Piercing jewelry, except for pierced earrings, are not allowed.
- Appropriate clothing is required for each activity - standards may vary between centers.

**BEHAVIOR**

- Students who arrive “high” will not be admitted.
- Use of tobacco, alcohol, and illegal drugs is not allowed.
- Listening to or playing secular music is not allowed.
- Playing cards and gambling is not allowed.
- Profane language and boasting about past lifestyles is not allowed.
- Astrology, witchcraft, and discussion or practice of the occult is not allowed.
- Arguing with staff, interns, and other students is not allowed.
- Proper care of all Teen Challenge property is expected at all times.

**MAIL**

- Mail, in or out, is limited to family, pastors, and probation officers - sorry, no boyfriends.
- Mail, in or out, will be opened and possibly reviewed by the Teen Challenge staff.

**PHONE CALLS**

- Calls, in or out, are limited to family, pastors, and probation officers - sorry, no boyfriends.
- Calls, in or out, may be monitored by Teen Challenge staff.
- All calls must be approved prior to being made or received.
- All long distance calls must be made collect or with a phone card.

**VISITATION**

- Visits will begin after two weeks in the program.
- Visitation is limited to family, pastors, and probation officers - sorry, no boyfriends.
- Teen Challenge staff must approve all visits.

**PERSONAL BELONGINGS**

- All student money will be kept on account. Students may have a maximum of \$30 on account.
- Teen Challenge will not store personal belongings. Please limit yourself to necessary items.
- Teen Challenge will not be responsible for the storage or replacement of stolen valuables.
- All bags will be checked coming in & going out--2 suitcases or one trunk per student.
- No pets allowed.
- Students who leave the program or are dismissed must take all personal belongings with them at the time they leave. Teen Challenge will not be responsible for items left.

**OTHER**

- Students who leave the program or are dismissed cannot re-enter for a period of 30 days.
- Teen Challenge will not tolerate physical threats, intimidation, or violence.
- Teen Challenge will not tolerate any sexually deviant behavior.

I \_\_\_\_\_ certify that I have read and understand the Teen Challenge general rules and agree to obey them, as well as the rules found in the student handbook at each center, while in the program.

---

Program Applicant's Signature

---

Date



**SECTION 5 - ENTRY REPORT (continued)**

PLEASE CIRCLE THE INFORMATION THAT DESCRIBES YOUR DRUG HISTORY

Drug	Severity	Using now?	Drug	Severity	Using now?
Alcohol	1 -----5----- 10	Y / N	Amphetamines	1 -----5----- 10	Y / N
Marijuana	1 -----5----- 10	Y / N	Heroin/Opiates	1 -----5----- 10	Y / N
Glue/Paint	1 -----5----- 10	Y / N	Hallucinogens	1 -----5----- 10	Y / N
Cocaine	1 -----5----- 10	Y / N	Barbiturates	1 -----5----- 10	Y / N
Inhalants	1 -----5----- 10	Y / N	Other	1 -----5----- 10	Y / N
Crystal	1 -----5----- 10	Y / N	Specify: _____		

**ADDITIONAL INFORMATION**

Were you raised in church? YES NO CHURCH NAME \_\_\_\_\_

Have you ever been involved with a cult? YES NO EXPLAIN \_\_\_\_\_

CIRCLE THE STATEMENTS THAT ARE TRUE IN YOUR LIFE RIGHT NOW - *you can circle as many as you like*

- |   |   |   |
|---|---|---|
| I have a problem with violence              | I was sexually abused as a child          | I am proud of my sexual activity        |
| I am confused about my sexual orientation   | I sometimes or frequently cut/hurt myself | I am ashamed of my lifestyle            |
| I don't think it's wrong that I'm a lesbian | I want to become sexually pure            | I have been arrested for sexual actions |
| I am suicidal                               | I consider myself to be homosexual        | I don't need help with my problems      |
| I hate myself                               | I love my family                          | I want to change my life at any cost    |
| I yell at my kids                           | I lose control when I am angry            | I need help raising my kids             |

Have you ever been convicted of a sex offense? YES NO EXPLAIN \_\_\_\_\_

Are you registered in any state as a sex offender? YES NO DEGREE 1 2 3

EXPLAIN \_\_\_\_\_

Have you been in a Teen Challenge program before? YES NO EXPLAIN \_\_\_\_\_

Please give a testimony of your salvation experience \_\_\_\_\_

Did program applicant complete this application personally? YES NO EXPLAIN \_\_\_\_\_

**Remember: Falsification of information may result in denial of application.**

**SECTION 6 - Child Information Card**



*Children must be 0-6 years of age to accompany their mother into the program.*

*Fill out one card for each child. Make additional copies as needed.*

*Attach a birth certificate, immunization records and custody papers for each child.*

**PERSONAL INFORMATION**

Name (Last Name First) \_\_\_\_\_ Social Security No \_\_\_\_\_ DOB \_\_\_\_\_

sex \_\_\_\_\_ age \_\_\_\_\_ grade in school \_\_\_\_\_ hair color \_\_\_\_\_ eye color \_\_\_\_\_

Who does child live with at this time? Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

What are the current custody arrangements? \_\_\_\_\_

Father's name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Is Child Protective Services involved in the care of this child? YES/NO Explain \_\_\_\_\_

CPS Case Worker \_\_\_\_\_ Phone No. \_\_\_\_\_

Does the child have any medical problems? YES/NO Explain \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

LIST ANY ALLERGIES \_\_\_\_\_

**LIST ALL CURRENT MEDICATIONS AND WHY THEY WERE PRESCRIBED**

Medication \_\_\_\_\_ Why is the child taking the medicine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information important to the care of this child (i.e. history of abuse, trauma, and behavioral problems). \_\_\_\_\_

**SECTION 7 - POLICIES**

**OFFICIAL AIDS POLICY**

Teen Challenge does not discriminate against those who are HIV positive in its admission procedures. Because a large number of IV drug users have been exposed to the HIV virus at any time there may be one or more students in the program who are HIV positive. This center does not require students who are HIV positive to notify other students in the program of their HIV status.

Teen Challenge is not a medical care facility and is unable to provide 24-hour on-site medical care supervision. Therefore, all students entering the program must be in good health and be able to participate in all activities in the program. If a student's health deteriorates to the point where he/she is no longer able to participate in daily activities of the program, or medical condition requires 24 hour supervision, that person should leave the Teen Challenge program after securing alternative living arrangements.

Initials \_\_\_\_\_

**"COLD TURKEY" POLICY**

Teen Challenge's method of drug, alcohol, and tobacco withdrawal is totally and absolutely without substitute medications. Our "cold turkey" policy must be agreed upon for acceptance into the program. Applicants must indicate their need for medical detoxification. Periodic urine drug testing will be made to check for drugs, including nicotine.

Initials \_\_\_\_\_

**STUDENT RIGHTS**

STUDENTS HAVE THE FOLLOWING RIGHTS:

- The right to give informed consent, or to refuse treatment or medication, and to be advised of the consequences of such a decision.
- The right to a grievance procedure.
- The right to a humane and safe environment, free from abuse, neglect, and exploitation.
- The right to dignity and personal privacy.
- The right to know about the cost and third-party coverage of treatment, including any limitations on the duration of treatment.
- The right to receive a complete explanation of student rights in clear, non-technical terms in a language the student understands.
- The right not to be detained against the legal consenters' will.
- The right to medical or psychological/psychiatric care either through referral or direct service delivery.
- The right to be informed of the financial responsibility for these services.

Initials \_\_\_\_\_

**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

I authorize Teen Challenge of Arizona to disclose to: (enter 3-4 names of family members, sponsors, pastors who can receive information. NO BOYFRIENDS)

NAME	TYPE OF INFORMATION GIVEN	PURPOSE FOR GIVING INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information disclosed is from records protected by Federal Confidentiality Rules (42CFR,part 2) and state regulations (Arizona Administrative Code R9-20-201, and Arizona Revised Statute 12-2294(F) and 36-664) The federal and state rules prohibit the recipient of the information from making any further disclosure of this information, unless further disclosure is expressly permitted by the patient's written consent, or as otherwise permitted by state and federal regulations. A general authorization for release of medical or other information is NOT sufficient consent for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**A photocopy of this consent is as valid as the original.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Staff) Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**SECTION 7 - POLICIES (continued)**

**REVOCATION OF CONSENT**

(Do not complete unless revocation of consent has been requested.)

I, \_\_\_\_\_, hereby revoke or cancel this consent effective \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Staff) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Per Federal Regulations:** No disclosure may be made on a form, which does not conform to federal regulations and contain the above data. Further, if document appears false or altered, information will not be disclosed.

**RELEASE OF ALL RIGHTS IN PERSONAL STORY**

I do hereby irrevocably authorize Teen Challenge and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my personal story, which I have related to Teen Challenge, in whole or in part, including any photographs of myself or my children.

I hereby waive any rights that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Teen Challenge, it's successors and assigns, and all persons acting under its permission or authority, from any liability by virtue of misprints, error, or distortion that may occur; unless it can be shown that they and the publications thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard, and further that all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release prior to its execution, and that I am fully familiar with the contents thereof.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONFIDENTIALITY OF TEEN CHALLENGE RECORDS - *In accordance with 42 CFR part 2.1 (10/1/91 Ed.)***

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by federal law and regulations. Federally, the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life controlling problem, especially alcohol, or drug abuse unless: 1) the student consents in writing; 2) the disclosure is allowed by a court order; or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I warrant that I have read the above notice prior to its execution, and that I am fully familiar with the contents thereof.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF RESPONSIBILITY**

- I understand that Teen Challenge will not be held responsible for any personal property left, lost or stolen, while in the program. When leaving the program, I will take all personal property with me.
- I release the right to Teen Challenge to search my belongings and my person.
- I understand that if an application fee was paid by me or on my behalf, it is not refundable and that intake fees are refundable under terms outlined in the student application.
- I will submit to periodical blood or urinalysis drug screening while in the program.



**PERSONAL INFORMATION**

Name (Last Name First) Phone No. Social Security No. DOB

Address City State Zip

Referred by Phone No.

How do you rate your need to enter the Teen Challenge program? (Circle one)

EMERGENCY                      WHENEVER THERE IS AN OPENING                      I DO NOT NEED THE PROGRAM

**EMERGENCY NOTIFICATION**

Name Phone No.

Address Relationship

**LEGAL STATUS**

Charges pending: Yes    No    Nature of charges \_\_\_\_\_

Probation/Parole Officer Phone No.

Public Defender/Attorney Phone No.

\*\*\*\*\*

**OFFICE USE ONLY**

Actual date of entry \_\_\_\_\_ Processed by \_\_\_\_\_

Transfer from/to \_\_\_\_\_ Date \_\_\_\_\_

Date completed \_\_\_\_\_ Left \_\_\_\_\_ Dismissed \_\_\_\_\_

Health results – Check when received, attach copy for file:

Student: TB or CXR \_\_\_\_\_ RPR \_\_\_\_\_ Hepatitis Panel \_\_\_\_\_ HIV \_\_\_\_\_ Physical \_\_\_\_\_  
Pregnancy Test \_\_\_\_\_ UA \_\_\_\_\_ VDRL \_\_\_\_\_

Child(ren): Birth Certificate \_\_\_\_\_ Immunization record \_\_\_\_\_



**Physician's Assistant, Nurse Practitioner or Medical Doctor must complete everything on this page and sign at the bottom.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present illness/complaint/disabilities if any: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication currently prescribed and reasons for use: \_\_\_\_\_

Has client been exposed to any communicable disease:  Yes  No If "yes" specify: \_\_\_\_\_

Past History of chronic or major illness: \_\_\_\_\_

Operations: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Respirations: \_\_\_\_\_

General Appearance and Development (include signs of drug abuse)

**Skin:** \_\_\_\_\_

**Nutrition:** \_\_\_\_\_

**Head:** \_\_\_\_\_

<b>Ears</b> L____ R____	<b>Hearing</b> L____ R____	<b>Eyes</b> L____ R____	<b>Vision w/o glasses</b> L____ R____	<b>Vision w/glasses</b> L____ R____
<b>Nose</b>	<b>Neck/Thyroid</b>	<b>Throat</b>	<b>Mouth/Teeth</b>	<b>Cardiac</b>
<b>Abdomen</b>	<b>Breast</b>	<b>Genitalia</b>	<b>Hernia</b>	<b>Musculo/Skeletal</b>

*Required Lab Work*

**Hepatitis Panel:** \_\_\_\_\_

**V.D.R.L:** \_\_\_\_\_ **Urinalysis:** \_\_\_\_\_

**HIV:** \_\_\_\_\_

**Pregnancy:** \_\_\_\_\_

**T.B. Skin Test:** \_\_\_\_\_ **Chest X-Ray (if T.B. positive)** \_\_\_\_\_

**Doctors Name:** \_\_\_\_\_ **Doctors Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Exam Date** \_\_\_\_\_

**APPLICANTS PHYSICAL AND HEALTH EXAM: Passed OR Failed**  
*(Examining Medical Personnel circle one)*



TO BE COMPLETED BY APPLICANT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current medication prescribed and reason for use: \_\_\_\_\_

\_\_\_\_\_

IMMUNIZATIONS: When was your last Tetanus immunization? \_\_\_\_\_

Did you have these childhood immunizations:

- Polio
- Mumps
- Measles
- Rubella
- Chicken Pox
- Other \_\_\_\_\_

Health History:

- |                          |                          |  |                          |                          |                                     |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Head, Spinal or Other Serious Injury             | <input type="checkbox"/> | <input type="checkbox"/> | Seizures, Convulsions or Fainting   |
| <input type="checkbox"/> | <input type="checkbox"/> | Extensive Confinement by Illness/Injury          | <input type="checkbox"/> | <input type="checkbox"/> | Cardiovascular Disease              |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                                     | <input type="checkbox"/> | <input type="checkbox"/> | Syphilis or Gonorrhea or Other V.D. |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes   | <input type="checkbox"/> | <input type="checkbox"/> | Asthma                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer or Tumor                                  | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal Ulcer              |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous Stomach                                  | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular Disease                                 | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric Disorder                |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Other Nervous Disorder                       | <input type="checkbox"/> | <input type="checkbox"/> | Other:                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent Defect From Illness, Disease or Injury |                          |                          |                                     |

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL AUTHORIZATION RELEASE**

I, \_\_\_\_\_, hereby authorize TEEN CHALLENGE to make arrangements for any emergency medical assistance that may be required due to illness or injury on my behalf.

\_\_\_\_\_  
Program Applicant's Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL RELEASE**

I, \_\_\_\_\_, hereby grant a full release of medical information to TEEN CHALLENGE and its agents. I further grant TEEN CHALLENGE or its agents the right to have conferences, including telephone conferences, with your agency or affiliates for purposes of discussing said information for purposes of effecting satisfaction of the needs and purposes of TEEN CHALLENGE.

\_\_\_\_\_  
Program Applicant's Signature

\_\_\_\_\_  
Date