



TEEN CHALLENGE HOUSE OF PROMISE

7750 6025 Road
P.O Box 784
Olathe, CO. 81425
970-323-6013

STUDENT APPLICATION

Induction Fee \$430.00:

Paid in full. Partial payment amount. _____ Check # _____ Cash _____

If no payment is received, what arrangements have been made? _____

~~~~~

### Personal Information:

Name (Last, First, Middle) \_\_\_\_\_ Age \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Marital status \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Referred by \_\_\_\_\_ Relationship \_\_\_\_\_

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

~~~~~

Emergency Notification:

In case of an emergency please notify:

Name _____ Relationship _____ Phone # _____

Address _____

City _____ State _____ Zip _____

~~~~~

## Legal Status:

Are you on probation?  Yes  No Are you on parole?  Yes  No

Probation/Parole Officer's name \_\_\_\_\_ Phone # \_\_\_\_\_

Public Defender/Attorney's name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any of the following pending?  Warrants  Court appearances  Sentencing  other.

If so, please explain... \_\_\_\_\_

---

---

---

Are you mandated to participate in a drug treatment program?  Yes  No

If yes, please explain: \_\_\_\_\_

---

---

Method of reporting:  Phone  Letter  In Person  Other: \_\_\_\_\_

Comments and/or instructions: \_\_\_\_\_

---

---

List all arrests and convictions:

| Date | Charge | Convicted | Sentence | Jail time | Drug/Alcohol involved |
|------|--------|-----------|----------|-----------|-----------------------|
|------|--------|-----------|----------|-----------|-----------------------|

---

---

---

---

Have you ever been in jail, correctional institution or prison?  Yes  No If so, please explain:

| Date | Institution |
|------|-------------|
|------|-------------|

---

---

---

Do you have any charges pending:  Yes  No State \_\_\_\_\_ County \_\_\_\_\_

Nature of charges \_\_\_\_\_

Lawyer's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any pending court dates?  Yes  No If so, when \_\_\_\_\_

**YOU MUST HAVE ALL COURT DATES COMPLETE BEFORE ENTERING  
TEEN CHALLENGE HOUSE OF PROMISE**

~~~~~

Marital Status:

Single Married Separated Divorced Remarried Widowed

Husband's name _____ Phone # _____

Address _____

If you are married, please describe your current relationship with your husband _____

Spouse/Ex-spouse full name _____

Phone # _____ Address _____

City _____ State _____ Zip _____

Date Married _____ Occupation _____

If divorced or separated, reason for breakup: _____

What is your relationship with your ex-spouse? _____

~~~~~

## Military History

Have you ever been in the Armed Forces?  Yes  No  U.S.  Other country

Branch of the Service \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Rank Attained \_\_\_\_\_ Type of Discharge \_\_\_\_\_

~~~~~

Family History:

Are you adopted? Yes No Age at adoption _____

Were you raised by someone other than your parents? Yes No

If yes, who? _____

Describe your relationship with your parents when you were a child. _____

Describe your relationship with your parents now. _____

Does your family have a history of drug or alcohol abuse? Yes No If yes, please explain. _____

~~~~~

## Parents:

Married to each other  Divorced  Separated  Mom deceased  Dad deceased

Mother's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Father's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

When did you last live with your parents? \_\_\_\_\_

When was the last time you saw your mother? \_\_\_\_\_

When was the last time you saw your father? \_\_\_\_\_

~~~~~

Children:

List the names and ages of your children:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Please explain living arrangements for your children not coming with you while you are in the program.

Please explain your current relationship with your children: _____

~~~~~

## Siblings:

List the names and ages of any brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Describe your present relationship with your siblings: \_\_\_\_\_

---

---

---

~~~~~

Health:

What is your blood type? _____

How would you describe your present state of health: Good Fair Poor

Are you presently receiving medical care? Yes No If yes, please explain and give doctor's name and phone #.

Also please explain any serious medical problems including ailments, injuries, handicaps or dental problems.

Are you on any medication including psychiatric? Yes No

If yes, please give the name of the medication, reason for prescription and dates used. _____

Do you have any special diet requirements? Yes No

If yes, please explain. _____

Do you have any allergies, including food allergies? Yes No

If yes, please explain. _____

List any medications you may have an adverse reaction to. _____

Do you wear prescription glasses? Yes No

When were your eyes last examined? _____ What were the results? _____

When were your teeth last examined? _____

Are you experiencing problems with your teeth? Yes No

If yes, please explain. _____

Have you ever received mental health treatment. Yes No

If yes, please give doctor's name and phone # and explain reason and extent of treatment:

If you enter our program what provisions would be made, if any, for the following expenses?

Medical _____

Dental _____

Vision _____

Insurance information:

Health policy # _____

Company _____

Address _____

Phone # _____

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 at Teen Challenge House of Promise? Yes No

If yes, please explain. _____

Have you had, or do you have any of the following:

Date of treatment

Hepatitis Yes No _____

Epilepsy or seizure Yes No _____

Tuberculosis Yes No _____

Diabetes Yes No _____

Ulcer Yes No _____

Abscess Yes No _____

Venereal Disease Yes No _____

Asthma Yes No _____

Arthritis Yes No _____

High Blood Pressure Yes No _____

Back Problems Yes No _____

Surgery Yes No _____

Broken bones Yes No _____

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. _____

Has a family member or someone close to you attempted or committed suicide? Yes No If yes, please explain. _____

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

Do you enjoy being around people? Yes No

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 House of Promise has a no smoking or tobacco use policy.

Are you willing to abide by this policy? Yes No

Drug use history:

Drug used	Still using Yes/ No	Age when first used	Frequency of use: Once, few times, several times, frequently, regularly.	I.V.	Orally	Smoke
Alcohol						
Amphetamines						
Barbiturates						
Cocaine						
Codeine						
Crack						
Ecstasy						
Hallucinogens						
Heroin						
Inhalants						
LSD						
Marijuana						
Methamphetamine						
Opium						
PCP						
Prescription Drugs						
Tobacco						
Other						

Are you pregnant? Yes No If yes, what is your due date? _____

Is there a possibility you are pregnant? Please explain _____

Are you under a doctor's care for this pregnancy? Yes No Doctor's name _____

Address _____ Phone # _____

Have you used drugs/alcohol/nicotine during this pregnancy? Yes No

Name what you have used and when. _____

Are there any health problems with this pregnancy? Yes No if yes, please explain. _____

Do you intend to keep your baby? Yes No

List number of pregnancies _____ Number full term _____ Number of miscarriages _____

When was your last pregnancy? _____

Have you had an abortion? Yes No If yes, when? _____

Have you been sexually abused? Yes No If yes, by whom? _____

How old were you? _____ How many times? _____

Have you ever had a homosexual/lesbian relationship? Yes No If yes, how long? _____ How recent? _____

Have you ever been involved in prostitution? Yes No How long? _____

Do you have normal menstrual cycles? Yes No If no, please explain. _____

Do you have bleeding between periods? Yes No If yes, please explain. _____

Have you experienced menopause (change of life) Yes No If yes, when? _____

Have you ever experienced an eating disorder? (anorexia, bulimia, etc) Yes No If yes, please explain.

Include treatment received for the problem. _____


~~~~~

### Academic History:

Highest grade level completed: High School \_\_\_\_\_ College \_\_\_\_\_

College or trade school                      Date of training (from-to)                      Completed ( yes or no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your educational/vocational training goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now have or have you ever had a learning disability?  Yes  No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in furthering your education?  Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~

Work Experiences:

Are you presently employed? Yes No

List your three most recent jobs:

Name of employer

Employment dates

Position

Reason for leaving

Describe your work experience and skill:

Explain your job goals and plans:

When was the last time you held a job?

What is your vocational trade or profession?

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

~~~~~

## Spiritual History:

Have you committed your life to Jesus Christ?  Yes  No If yes, when and where?

---

---

What were the circumstances that led to this commitment?

---

---

Denominational background

How often do you attend church? Where?

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

Do you believe in God?  Yes  No Do you want to?  Yes  No

Please explain your involvement with church, religion or occult practices.

---

---

Please describe your spiritual condition.

---

---

---

Do you or have you read other religious books other than the Bible.  Yes  No If yes, please list.

---

---

---

Have you been involved in the occult?  Yes  No If yes, please explain.

---

---

---

Have you been to any other programs (including Teen Challenge)?  Yes  No If yes, please list.

Name of program Reason for entrance Dates attended (from-to) Completed (yes/no) Reason for leaving

---

---

---

~~~~~

Financial Status:

Do you have any outstanding debts, including child support? Yes No If yes, please list.

Owed to whom Reason for debt Amount owed Payment amount

Do you have means to cover the payments while you are in the program? Yes No Please explain.

Are you receiving any of the following?

Welfare Disability payments Unemployment compensation S.S.I.

Workman's Compensation Other Please explain

~~~~~

## Significant Life Events:

Which of the following have you personally experienced?

Moves  Foster home placement  Institutionalized  Physical abuse/neglect  Losses  Other

Please explain all that apply \_\_\_\_\_

---

---

---

Check all the statements that are true in your life:

I have a problem with violence.

I am proud of my sexual activity.

I want to become sexually pure.

I am confused about my sexual orientation.

I am ashamed of my lifestyle.

I don't think it's wrong to be gay.

I was sexually abused as a child.

I don't need help with my problems.

I want to change my life at any cost.

I will cut or hurt myself if I go into a program.

I have been arrested for a sexual offence.

I need help with my problems.

I am suicidal.

I hate myself.

None of these statements apply to me.

~~~~~

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? _____

Do you believe you have a serious problem? Yes No Please explain. _____

Do you feel that other people (family, probation officer, friends, etc.) feel you have a serious problem?

Yes No Please explain _____

Have you ever been in a treatment center? Yes No Please explain _____

Are you presently or have you ever receive treatment for psychological problems? Yes No If yes, please explain _____

Have you ever been in a Teen Challenge program? Yes No If yes, please explain.

Where? _____ When? _____

Why did you leave? _____

Why do you want to be admitted to Teen Challenge House of Promise? _____

What are you expecting (believing) God to do for you through Teen Challenge House of Promise?

What would you like to do after completing the program? _____

Please give us any other information you think we might need to know. _____

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 staff overseeing the induction of the student.

Staff signature

Date

Would you as a student of our program, be willing to authorize doctors or agencies involved in previous treatments to release the above mentioned confidential information to Teen Challenge House of Promise?

Yes No

What age did you start using drugs? _____ What was the reason you started? _____

Which drugs caused you the most problems? _____

Do you have any feeling why you continued to use drugs? _____

Have you ever been drunk or high for several days? _____

How many of your present friends use drugs or alcohol? _____

Does any of your family have a drug or alcohol problem? _____

When using drugs/alcohol were you generally, alone _____ with friends _____ with family _____?

How many times have you stopped using? _____ Longest time clean _____

What was your motivation to stop? _____

Why did you return to using? _____

I depend on drugs because _____

Why do you want to enter the TEEN CHALLENGE HOUSE OF PROMISE program at this time? (Check all that apply)

Want to get right with God.

Want to get off drugs.

Want to avoid criminal activity.

Want to avoid arrest.

Want to improve physical health.

Want to improve mental health.

Want to get public assistance.

Forced by the courts.

Pressure by family and friends.

Could not stop my habit.

Get off alcohol.

Disgusted by my lifestyle.

Want to be self-supporting and not depend on family for support.

Other _____

If you stopped using drugs or alcohol, do you believe your life would be:

_____substantially improved. _____somewhat improved. _____unchanged. _____worsened.

What and when was the last time you used? _____

Child Information Form

Children must be 0-5 years of age to accompany their mother into the program.

Fill out one form for each child. Make additional copies if necessary.

Attach a birth certificate, immunization records and custody papers (if applicable) for each child.

Personal information.

Name (last, first)	Social Security #	Date of birth
--------------------	-------------------	---------------

Sex	Age	Hair color	Eye color
-----	-----	------------	-----------

Who does the child live with at this time? Name _____ Phone # _____

Address _____

What are the current custody arrangements? _____

Father's name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Is Child Protective Services involved in the care of this child? Yes No Please explain _____

CPS Case Worker _____ Phone # _____

Does the child have any medical problems? Yes No Please explain _____

Doctor's name _____ Phone # _____

List all allergies _____

List all current medications and why they are prescribed.

Medication	Why the child is taking the medicine
------------	--------------------------------------

Please provide any additional information important to the care of this child (History of abuse, trauma, behavioral problems, etc.) _____

Physical exam

Physicians Assistant, Nurse Practitioner, or Medical Doctor must complete everything on this page and sign at the bottom.

Name _____ Date of birth _____ Gender: Male or Female

Present illnesses/complaints/disabilities, if any: _____

Allergies _____

Medications currently prescribed and reason for use _____

Has client been exposed to any communicable disease: [] Yes [] No If yes, specify. _____

Past history of chronic or major illness _____

Operations _____

Hospitalizations _____

Resperations _____

General appearance and development (including signs of drug abuse)

Nutrition _____

Head _____

Ears _____ Hearing R _____ Hearing L _____

Eyes _____ Vision w/o glasses R _____ L _____

Vision with glasses R _____ L _____

Nose _____ Throat _____ Mouth/teeth _____

Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Muscular/Skeletal _____ Neurologic _____

Skin _____

Required Lab Work

Hepatitis Panel _____

V.D.R.I. _____ Urinalysis _____

HIV _____

Pregnancy _____

T.B. Skin Test _____ Chest X-ray (if T.B. positive) _____

General comments, assessments or recommendations on above. _____

Physical Exam (continued)

Doctor's name _____ Doctor's signature _____

Address _____

Phone # _____ FAX # _____ Date of exam _____

APPLICANT'S PHYSICAL AND HEALTH EXAM: Passed or Failed.

(Examining Medical Personnel circle one)

SPONSORSHIP FORM

Name and addresses of prospective sponsors that sponsorship letters were given to:

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to student _____

Address _____ City _____ State _____ Zip _____



TEEN CHALLENGE HOUSE OF PROMISE

7750 6025 Road
P.O Box 784
Olathe. Co 81425
970-323-6013

Potential Sponsor

RE: _____
(applicant's name)

The above named individual has applied for entry into Teen Challenge House of Promise, a residential program for individuals with life controlling problems such as drug and/or alcohol addiction and abuse. You will find more information on Teen Challenge on the internet at www.teenchallengeusa.com.

Teen Challenge is an international, non-profit, interdenominational, church related program ministering to people with life controlling problems. Teen Challenge of the Rocky Mountains is a nationally accredited program which is financially an entity of its own and governed by a local board of directors. It is not underwritten by any organization or agency.

Each student is asked to acquire sponsors. This shows her interest and desire in seeking rehabilitation. This is also our way of underwriting the operational costs of the program. Sponsors can be family, friends, churches, businesses or other concerned individuals. Since it costs approximately \$2,000.00 per month to maintain a student and her child(ren) in the program, we must depend on student sponsorship.

Each student and her family are asked to assist us in securing sponsors; however, if deserving student has attempted and is unable to secure all of her support she will not be turned away.

If you are interested in being a sponsor, please indicate on the sponsorship form below your commitment to Teen Challenge and return it with your check to:-

Teen Challenge House of Promise

P.O. Box 784

Olathe, CO 81425

All sponsorship donations are tax deductible. If you have any questions you may contact us at 970-323-6013.

Name _____ Date _____

Address _____

City, State, Zip _____ Phone _____

To the best of my ability I will give \$ _____ monthly to Teen Challenge House of Promise in support of _____ while she is in the program.