



TEEN CHALLENGE OF THE UPPER CUMBERLAND

P.O. Box 49291, Cookeville, TN 38506

1-888-688-0470 - FAX 1-888-221-4764 – www.teenchallengeuc.org

APPLICATION FOR ADMISSION

DATE ____/____/____

I. GENERAL

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____

REFERRED TO TEEN CHALLENGE BY: _____
NAME PHONE

CONTACT PERSON _____ PHONE: _____

II. PERSONAL

BIRTHDATE ____/____/____ AGE: _____ SEX: M F HEIGHT: _____ WEIGHT: _____

RACE: _____

DO YOU HAVE A DRIVER'S LICENSE OF PHOTO ID? YES NO

LAST GRADE OF SCHOOL YOU COMPLETED: _____ DO YOU HAVE A GED? YES NO

HAVE YOU SERVED IN ANY BRANCH OF THE MILITARY? YES NO WHICH BRANCH? _____

TYPE OF MILITARY DISCHARGE? _____

DO YOU HAVE ANY RESERVE OR MILITARY OBLIGATION AT THIS TIME? YES NO

IF SO, EXPLAIN _____

WHAT IS YOUR SEXUAL PREFERENCE? HETEROSEXUAL HOMOSEXUAL BISEXUAL TRANSSEXUAL

HAVE YOU EVER ENGAGED IN HOMOSEXUAL ACITIVITY? YES NO WHEN WAS IT? _____

WHERE DO YOU LIVE RIGHT NOW? _____ WITH WHOM? _____

HOW ARE YOU SUPPORTED? _____

WHAT SIGNIFICANT CHANGES HAVE OCCURRED IN YOUR LIFE RECENTLY? (BEHAVIOR, EMPLOYMENT, ACTIVITIES)

III. MARITAL STATUS

CIRCLE: SINGLE MARRIED SEPARATED DIVORCED COMMON-LAW WIDOWED REMARRIED

SPOUSE OR EX-SPOUSE'S NAME: _____ PHONE: _____

DO YOU HAVE A BOYFRIEND/GIRLFRIEND/FIANCEE? YES NO IF YES, WHAT IS THE RELATIONSHIP LIKE? _____

DO YOU HAVE CHILDREN/DEPENDENTS? YES NO

CHILD'S NAME	AGE	OTHER PARENT'S NAME	CHILD SUPPORT?	WHO HAS CUSTODY?	
				ME	OTHER
				ME	OTHER
				ME	OTHER
				ME	OTHER
				ME	OTHER

IV. HISTORY

HAVE YOU EVER EXPERIMENTED WITH DRUGS OR ALCOHOL? YES NO

WHY DID YOU FIRST EXPERIMENT OR BEGIN USING DRUGS? _____

DRUGS USED:	USAGE DATES		HOW OFTEN USED? CHECK ONE			
	FIRST TIME	LAST USE- MONTH/YEAR	ONCE	SEVERAL	OFTEN	REGULARLY
ALCOHOL						
BARBITURATES (DOWNERS)						
AMPHETAMINES (UPPERS)						
HEROIN						
COCAINE						
HALLUCINOGENS						
OPIATES/PAIN KILLERS						
BENZODIAZEPINES						
TOBACCO						
MARIJUANA						
OTHER:						

DO YOU CONSIDER YOURSELF ADDICTED? YES NO EXPLAIN _____

I DEPEND ON DRUGS (CHECK ALL THAT APPLY):
 TO COPE WITH LIFE TO BE "IN" WITH THE CROWD
 TO ESCAPE REALITY FOR PLEASURE
 OTHER _____

LONGEST PERIOD CLEAN: _____ WHEN WAS IT? _____

V. LEGAL STATUS

HAVE YOU EVER BEEN ARRESTED? YES NO HOW MANY TIMES? _____

DATE	CHARGES	CONVICTED?		SENTENCE	TIME SERVED
		YES	NO		
		YES	NO		
		YES	NO		
		YES	NO		
		YES	NO		

DO YOU HAVE PENDING LEGAL CHARGES? YES NO WHEN IS THE COURT DATE? ____/____/____

WHICH COUNTY/STATE ARE THE CHARGES IN? _____

HAVE YOU EVER BEEN ON PROBATION? YES NO ARE YOU ON PROBATION NOW? YES NO

HOW LONG HAVE YOU BEEN ON PROBATION? _____ TIME REMAINING? _____

HOW DO YOU REPORT? IN PERSON BY MAIL BY PHONE HOW OFTEN DO YOU REPORT? _____

NAME OF PROBATION OFFICER: _____ **PHONE:** _____
ADDRESS _____

ARE YOU ON PAROLE? YES NO
HOW DO YOU REPORT? IN PERSON BY MAIL BY PHONE HOW OFTEN DO YOU REPORT? _____

NAME OF PAROLE OFFICER: _____ **PHONE:** _____
ADDRESS _____

HAVE YOU EVER BEEN IN PRISON? YES NO WHEN? _____ WHERE? _____

NAME OF LAWYER _____ **PHONE:** _____
ADDRESS: _____

VI. SPIRITUAL STATUS

DO YOU BELIEVE IN JESUS? YES NO UNCERTAIN
HAVE YOU EVER COMMITTED YOUR LIFE TO GOD? YES NO
IF SO, WHERE? _____ DATE: _____
WHAT LED YOU TO COMMIT YOUR LIFE TO GOD? _____

HOW MANY TIMES HAVE YOU TURNED FROM GOD? _____
HOW OFTEN DO YOU ATTEND CHURCH? NEVER SOMETIMES REGULARLY
WHAT DENOMINATION DO YOU PREFER? _____
ARE YOU A MEMBER OF ANY CHURCH OR RELIGION? YES NO WHICH ONE? _____
HAVE YOU HAD ANY RECENT CHANGES IN YOUR RELIGIOUS LIFE? EXPLAIN _____

HAVE YOU EVER BEEN INVOLVED IN ANY WORSHIP OTHER THAN TO JESUS? THE OCCULT OR DEVIL WORSHIP? YES NO
EXPLAIN YOUR NEED OF GOD, WHAT YOUR STANDING IS WITH HIM NOW _____

VII. FINANCIAL STATUS

ARE YOU RECEIVING ANY INCOME FROM ANY OF THE FOLLOWING? *CHECK ALL THAT APPLY.*

- WELFARE \$ _____ PER MONTH
- UNEMPLOYMENT \$ _____ PER MONTH
- FOOD STAMPS \$ _____ PER MONTH
- DISABILITY/SSI \$ _____ PER MONTH
- ALIMONY/CHILD SUPPORT \$ _____ PER MONTH
- OTHER \$ _____ PER MONTH

DO YOU HAVE ANY OUTSTANDING DEBTS OR FINES? YES NO EXPLAIN: _____

OWED TO	AMOUNT	ADDRESS	PHONE	PAYMENTS

VIII. THE PRESENTING PROBLEM

WHAT IS THE MAIN PROBLEM IN YOUR LIFE AS YOU SEE IT? WHY DO YOU WANT TO COME TO TEEN CHALLENGE?

WHAT HAVE YOU DONE ABOUT IT IN THE PAST?

WHAT ARE YOUR GREATEST NEEDS, IN ORDER OF PRIORITY? 1. _____

2. _____ 3. _____

HAVE YOU EVER BEEN INVOLVED IN A TEEN CHALLENGE PROGRAM BEFORE? YES NO

IF YES, WHEN? _____ WHERE? _____

HAVE YOU BEEN TO ANY OTHER PROGRAMS? YES NO * PLEASE LIST BELOW.

HOW DID YOU PAY FOR THOSE PROGRAMS? _____

*PROGRAM NAME	DATES	CITY & STATE	REASON FOR LEAVING

WHAT ARE YOU EXPECTING GOD TO DO IN YOUR LIFE WHILE YOU ARE AT TEEN CHALLENGE?

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 ARE WILLING TO DO OR WHAT YOU THINK IS REQUIRED OF YOU.

IX. HEALTH STATUS

DO YOU HAVE HEALTH INSURANCE? YES NO NAME OF INSURANCE _____

WHAT IS YOUR GENERAL HEALTH? EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY COMMUNICABLE DISEASES? NONE HIV/AIDS HEPATITIS TB HERPES

DO YOU HAVE ANY OF THE FOLLOWING? SEIZURES/EPILEPSY DIABETES

LIST ANY OTHER MEDICAL PROBLEMS OR LIMITATIONS: _____

ARE YOU CURRENTLY RECEIVING MEDICAL CARE? YES NO WHERE? _____

ARE YOU CURRENTLY TAKING MEDICATION? YES NO PLEASE LIST: _____

DO YOU HAVE ANY PHYSICAL PROBLEMS DUE TO DRUGS OR ALCOHOL? YES NO EXPLAIN: _____

LIST ALL ALLERGIES (INCLUDING MEDICATIONS, FOODS, LATEX, INSECTS): _____

HAVE YOU EVER HAD PSYCHIATRIC CARE? YES NO EXPLAIN: _____

HAVE YOU EVER ATTEMPTED SUICIDE? YES NO IF SO, HOW? _____

WAS IT DRUG OR ALCOHOL RELATED? YES NO EXPLAIN: _____

WHAT IS THE CONDITION OF YOUR TEETH? GOOD FAIR POOR EXPLAIN: _____

FOR WOMEN ONLY

ARE YOU PREGNANT? YES NO

MENOPAUSE? YES NO

HAVE YOU EVER HAD AN ABORTION? YES NO HOW MANY? _____

EXPLAIN THE CIRCUMSTANCES OF EACH ABORTION: _____

STUDENT AGREEMENT

I, _____,

- will dedicate myself to the discipleship program until it is recognized by the 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.
- release to Teen Challenge of the Upper Cumberland the right to search, read, and withhold my mail in the manner explained in the rules.
- release the right to Teen Challenge of the Upper Cumberland to do a room search and/or drug screen without warning. (Note: This is not done routinely, but only at times of definite cause.)
- release the right to Teen Challenge of the Upper Cumberland to make a thorough search of my person and belongings on the day of my admission.
- 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.)
- understand that Teen Challenge of the Upper Cumberland will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge of the Upper Cumberland program. When leaving Teen Challenge of the Upper Cumberland, I understand that all my personal property must be taken with me.
- release Teen Challenge of the Upper Cumberland from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
- understand that I will not receive payment for the work I do while in the Teen Challenge of the Upper Cumberland program. I also understand that the purpose of this work is to aid in my character development.
- release the right to Teen Challenge of the Upper Cumberland 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.
- agree to submit to the authority of all staff members.
- have read the rules and consent to abide by all of them, whether I agree with them or not.

Applicant’s Signature

Date