Date _____

Name _____ Age _____
Last First Middle

Gender at Birth_____ Height _____ Weight _____ Eye Color_____

Social Security #_____ Birth Date _____

Permanent Address: _____
Street Number, Name and Apartment/Lot Number

City _____ State_____ Zip _____

Email:_____ Cell Phone (____) _____-_____

Education:
□ Bachelor's Degree
□ Associate's Degree
□ 1+Yrs of Trade School
□ H.S Diploma
□ GED
□ Dropped out of H.S
□ Still Attending H.S
□ Current Grade ____

Housing Situation:
□ Live with Spouse
□ Live with Parents
□ Live with Relatives
□ Live with Friends
□ Incarcerated
□ Homeless
□ Live Alone
□ Other

Marital Status:
□ Single
□ Married
□ Divorced
□ Engaged
□ Separated
□ Widowed
□ Other _____

Citizenship:
□ United States
□ Other _____

English Skills:
□ I Read English
□ I Write English
□ I Speak English

Race:
□ White
□ Black
□ Hispanic
□ American Indian
□ Asian
□ Middle Eastern
□ Other_____

Religion:
□ Protestant
□ Catholic
□ Other

Denominational Preference:
□ Assemblies of God
□ Baptist
□ Church of God
□ Evangelical Covenant
□ Evangelical Free
□ Lutheran
□ Inter-Denominational
□ Methodist
□ Missionary Alliance
□ Non-Denominational
□ Presbyterian
□ Other _____

I Need Help With the Following: (Check all that apply):

□ Alcohol Addiction
□ Drug Addiction
□ Tobacco Addiction
□ Gambling
□ Pornography
□ Homosexuality
□ Anxiety
□ Anger
□ Depression
□ Grief
□ Fear
□ Guilt
□ Aggression
□ Abandonment
□ Eating Disorders
□ Forgiveness
□ Emotional Stress
□ Self Esteem
□ Self Mutilation
□ Terminal Illness
□ Suicidal Thoughts
□ Death of a Loved One
□ Family Relationships
□ Parenting

Referred by: _____ Phone Number: _____

Medical Information:

Medical History: (Check all that apply to your current or past conditions)

□ ADD	□ Diabetes	□ High Blood Pressure	□ Rape
□ ADHD	□ Drug Abuse	□ HIV Virus	□ Respiratory Problems
□ Alcohol Abuse	□ Eating Disorder	□ Homicidal Tendency	□ Schizophrenia
□ Anorexia	□ Flashbacks	□ Homicidal Thoughts	□ Seizures
□ Asthma	□ Hallucinations	□ Insomnia	□ Sexual Abuse
□ Back Problems	□ Head Trauma	□ Mental Illness	□ Suicide Attempts
□ Bi-Polar	□ Hearing Voices	□ Multiple Personalities	□ Suicide Contemplate
□ Bulimia	□ Heart Condition	□ Nervous Condition	□ Suicide Thoughts
□ Depression	□ Hepatitis	□ Paranoia	□ Tuberculosis
		□ Physical Abuse	□ Venereal Disease

Substance Abuse: (Check all that you have used)

□ Alcohol	□ Crack	□ Huffing/Sniffing	□ Mushrooms
□ Amphetamines	□ Ecstasy	□ LSD	□ PCP
□ Barbiturates	□ GHB/MDMA	□ Marijuana	□ Over the Counter Drugs
□ Cocaine	□ Heroin	□ Meth	□ Prescription Drugs
			□ Other _____

What was the date you last used **any** of the above substances? _____

Drug of Choice: _____ Method of Use: □ Inject □ Snort □Smoke □Oral □ Other

Do you use tobacco? □ Yes □ No If yes, check all that apply: □ Cigarettes/Cigars □ Chew/Snuff

Treatment History:

Have you ever been in a residential treatment facility?	□ Yes	□ No	How many?_____
Have you ever been treated for mental disorders?	□ Yes	□ No	
Have you ever been treated sleep disorders?	□ Yes	□ No	
Has a psychiatrist ever treated you?	□ Yes	□ No	Last Visit: ____/____/_____
Has a psychologist ever treated you?	□ Yes	□ No	Last Visit: ____/____/_____

Medications:

List all current medications: _____

_____

ALL MEDICATIONS MUST BE IN A LABELED PRESCRIPTION BOTTLE AT THE TIME OF ENTRANCE. IF YOUR DOCTOR GIVES YOU SAMPLES, ASK YOUR PHARMASIST IF THEY WILL ASSIST YOU IN THIS MATTER.

Medical Information Continued:

List any additional medications you have taken in the past 2 year's _____

_____

Special Needs:

Do you have any type of disability? □Yes □No Type: _____

Do you require a special diet? □Yes □No Type: _____

Do you have any medical restrictions? □Yes □No Type: _____

Do you have any allergies? □Yes □No Type: _____

Do you have any chronic conditions? □Yes □No Type: _____

Do you have any other type of special needs? □Yes □No Type: _____

If you have any medical restrictions or disabilities, you must supply us with documentation from your physician at the time of entrance into the program. We reserve the right to require this documentation prior to acceptance.

Primary Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Secondary Emergency Contact:

Name:_____

Relationship:_____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Insurance Provider: **ID Number**:_____

Name: _____

City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

Primary Doctor Information:

Name: _____

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

Phone: _____ Fax: _____

Dates of Treatment: _____/_____/_____ to _____/_____/_____

Name of Psychiatrist/Psychologist: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/_____ to _____/_____/_____

Reason for Treatment: _____

Prior Treatment Facilities:

Name of Facility: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/_____ to _____/_____/_____

Reason for Treatment: _____

Have you previously been in a Teen Challenge Program? □Yes □No

If yes, where? _____ When? _____

Did you complete the program? □Yes □No If not, why? _____

Employment History: Please list your last 5 places of employment:

Employer	**Duties**	**Dates Employed**	**Reason for Leaving**

Legal Information:

Current Legal Status:

Are your currently on probation?	□Yes	□No	Type: _____
Are you currently on parole?	□Yes	□No	Type: _____
Do you currently have any court cases pending?	□Yes	□No	Type: _____
Are you currently under investigation for anything?	□Yes	□No	Type: _____
Do you currently have any outstanding warrants?	□Yes	□No	Type: _____
Are you currently involved in any type of lawsuit?	□Yes	□No	Type: _____
Do you currently have any unpaid fines?	□Yes	□No	Amt: _____
Are you currently required to pay any restitution?	□Yes	□No	Amt: _____
Are you currently ordered to do any community service?	□Yes	□No	Hours: _____
Are you currently required to pay child support?	□Yes	□No	Amt: _____
Are you currently behind in child support payments?	□Yes	□No	Amt: _____
Do you receive any Social Security Income?	□Yes	□No	Amt: _____
Do you receive any Disability Income?	□Yes	□No	Amt: _____
Do you receive any Unemployment Income?	□Yes	□No	Amt: _____
Do you receive any retirement income benefits?	□Yes	□No	Amt: _____
Do you have any other source of income?	□Yes	□No	Type: _____

Past Legal Status:

Have you ever been arrested?	□Yes	□No	# of times:_____
Have you ever been in a juvenile detention center?	□Yes	□No	Age:_____
Have you ever been sentenced to jail?	□Yes	□No	Reason: _____
Have you ever been in prison?	□Yes	□No	Reason: _____
Have you ever been on probation?	□Yes	□No	Reason: _____

Criminal Activity: (Check all that you have been involved with)

- ☐ Aiding & Abetting
- ☐ Armed Robbery
- ☐ Arson
- ☐ Assault
- ☐ Attempted Assault
- ☐ Attempted Burglary
- ☐ Attempted Rape
- ☐ Attempted Robbery
- ☐ Attempted Murder
- ☐ Attempted Theft
- ☐ Battery
- ☐ Burglary
- ☐ Car Jacking
- ☐ Child Abuse/Neglect
- ☐ Child Molestation
- ☐ Child Endangerment
- ☐ Child Pornography
- ☐ Concealed Weapon
- ☐ Criminal Sexual Conduct
- ☐ Disorderly Conduct
- ☐ Domestic Violence
- ☐ Driving without a License
- ☐ Drug Manufacturing
- ☐ Drug Possession
- ☐ DUI
- ☐ DWI
- ☐ Embezzlement
- ☐ Escape from Custody
- ☐ Felony Conviction
- ☐ Fleeing or Eluding Police
- ☐ Fraud
- ☐ Harassment
- ☐ Incest
- ☐ Kidnapping
- ☐ Larceny
- ☐ Leaving Scene of Accident
- ☐ Manslaughter
- ☐ Murder
- ☐ No Contact Order
- ☐ Order of Protection
- ☐ Parole Violation
- ☐ Possession of Stolen Property
- ☐ Probation Violation
- ☐ Prostitution
- ☐ Rape
- ☐ Restraining Order
- ☐ Robbery
- ☐ Sex with a Minor
- ☐ Shoplifting
- ☐ Solicitation of Prostitution
- ☐ Stalking
- ☐ Terroristic Threats
- ☐ Theft
- ☐ Truancy
- ☐ Underage Drinking
- ☐ Use of Firearm in a crime
- ☐ Vandalism
- ☐ Vehicular Homicide
- ☐ Violation of No Contact Order
- ☐ Violation of Order of Protection
- ☐ Violation of Restraining Order
- ☐ Other: _____
- ☐ Other: _____

Parole/Probation Officer Information:

Name: _____

Address: _____

City: _____ State_____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Do you have any court dates pending? _____ If yes, give dates _____

What are the charges? _____

Name of Defense Attorney: _____

Name of Prosecuting Attorney: _____

Adult & Teen Challenge is not to be a part of your sentencing or a condition of your court order without prior approval from the Induction Coordinator. To you enter the program while on probation or parole, we must receive advanced approval from your probation/parole officer.

Spiritual Information:

Occult Activity: (Please check all that you have been involved with)

□ Animal Sacrifices	□ Fortune Tellers	□ Psychics	□ Witchcraft
□ Astrology	□ Ouija Boards	□ Satan Worship	□ Voodoo
□ Black Magic	□ Palm Reading	□ Seances	□ Other_____

Church Activity:

How often do you attend church?	□ Often	□ Occasionally	□ Seldom	□ Never
How often do you read the Bible?	□ Often	□ Occasionally	□ Seldom	□ Never
How often do you pray?	□ Often	□ Occasionally	□ Seldom	□ Never

Have you ever accepted Jesus Christ as your personal Lord and Savior? □Yes □No Date: _____
Have you been baptized in water? □Yes □No Date: _____
Have you ever experience being filled with the Holy Spirit? □Yes □No Date: _____

If you attend church, please provide as much of the following information as possible:

Name of Pastor: _____

Name of the Church: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List any church activities you have participated in: _____

_____

What do you believe about God? _____

_____

What do you believe about life after death? _____

_____

What is sin? _____

_____

What purpose does the Bible and prayer have in your life? _____

_____

_____

What are some characteristics in your life that you would like to change?

In your own words, what do you think we can do to help you with your problems?

What words best describe how you feel about yourself? _____

What are your goals in life? _____

Describe your relationship with your family members: _____

What else would you like us to know about you? _____

Family Information: Please provide complete information

Spouse:

Name: _____ Age: _____

Address: _____ City: _____ State_____ Zip: _____

Email: _____ Cell Phone: _____

Date Married: _____

Is she supportive of your being here? _____

Children:

Name: _____ Gender_____ Age_____ Living with_____

Name: _____ Gender_____ Age_____ Living with_____

Name: _____ Gender_____ Age_____ Living with_____

Name: _____ Gender_____ Age_____ Living with_____

Mother's Information:

Name: _____

Address: _____ City: _____ State_____ Zip: _____

Email: _____ Cell Phone: _____

Father's Information

Name: _____

Address: _____ City: _____ State_____ Zip: _____

Email: _____ Cell Phone: _____

Additional Correspondence:

Please list the names and addresses of people you expect to correspond with while in the program. All mail is read/censored by staff.

Name: _____ Relationship: _____

Address: _____
Street Number/Name City State Zip

Phone: _____ Email:_____

Name: _____ Relationship: _____

Address: _____
Street Number/Name City State Zip

Phone: _____ Email:_____

Name: _____ Relationship: _____

Address: _____
Street Number/Name City State Zip

Phone: _____ Email:_____

Name: _____ Relationship: _____

Address: _____
Street Number/Name City State Zip

Phone: _____ Email:_____

Name: _____ Relationship: _____

Address: _____
Street Number/Name City State Zip

Phone: _____ Email:_____

Please list additional family/friends on a separate page.

Admission Agreement:

1. Adult & Teen Challenge of Arkansas is a residential Christian discipleship program. It consists of at least 10 months of instruction. Applicants must commit to complete the entire program in order to be approved for admission.

2. Possession and/or use of drugs, alcohol and tobacco are prohibited while enrolled in our program. Students may be given drug and/or alcohol tests at any time without prior notice. Students who test positive for drug and/or alcohol use while in our program will face disciplinary action and possible expulsion from the program.

3. Students may not lend, buy or sell personal property to or from other students. Adult & Teen Challenge will not be responsible for any personal property that becomes lost, stolen or damaged while on our premises.

4. Students, their rooms, and their personal property may be searched at any time without prior notice.

5. Students do hereby declare that any authorized staff member of Adult & Teen Challenge of Arkansas may open any incoming or outgoing mail.

6. Students taking prescription medication must come in with at least a 30 day supply. A letter from your doctor stating he/she will continue to supply you with prescriptions while in the program is required prior to entrance. Documentation of the diagnosis for the medication must be brought at the time of admission.

7. I will not hold Adult & Teen Challenge responsible for any action taken, concerning myself, while I am participating in the program. I will not file any legal charges or take any legal action, at any time, against Adult & Teen Challenge of Arkansas, or any authorized staff member. I release Adult & Teen Challenge of Arkansas from all financial and legal responsibilities in case of accident, injury, illness or other misfortune.

8. If I leave voluntarily or if I am dismissed prior to completion of the program, I will forfeit any and all money in my student account.

9. Upon leaving Adult & Teen Challenge of Arkansas, I will take my personal belongings with me. I will not expect Adult & Teen Challenge to be responsible for my possessions or to forward them to me.

10. If I fail to complete the Adult & Teen Challenge program, I will not contact students in the program, their families, or any person I have met as a result of my participation in the program. If I fail to complete the Adult & Teen Challenge program, I agree to leave Garland County, Arkansas and not return for at least a 12 month period.

11. Because of the high risk group, I understand that I may be housed with someone who is HIV positive. For this reason, I will practice good daily hygiene.

12. I understand that Adult & Teen Challenge of Arkansas will correspond with my family members and friends listed on previous pages in regards to fundraising opportunities.

Applicant's Signature: _____ Date: _____

Admission Requirements:

A. No applicant will be admitted without picture identification, social security card and a completed application.

B. Applicants requiring detoxification must do so prior to entry.

C. Applicants must be in good health, free of any infections at the time of entry.

D. Medical documentation of any disabilities or medical conditions requiring medication is required to accompany application.

E. Upon entry applicants will be tested for the HIV Virus, Tuberculosis, Venereal Disease and Hepatitis.

F. Applicants who are approved to enter the program as part of their probation, parole or in lieu of sentencing must supply us with documentation from said entities stating their approval and notification requirements. If the program is a condition of probation or in lieu of sentencing, documentation must state you are required to complete the entire program.

G. Upon entry applicants will be required to pay an induction fee of $650.00.

H. If applicant is receiving a monthly income from disability, Social Security, retirement or unemployment, they will be required to contribute 35% of that income monthly to the program.

I. Applicants are required to have read and become familiar with the following (initial each one):

1. Student Guidelines _____
2. Medical Polices _____
3. Student Discipline Policies _____
4. Student Grievance Procedure _____

By my initial, I acknowledge that I have reviewed each segment of the Induction Packet.

Applicant's Signature _____ Date: _____