STUDENT APPLICATION

(Please sign and fill in all blanks with black ink)

Dear Applicant,

Enclosed is the information you requested regarding the Teen Challenge of the Four States discipleship ministry. We hope this information is helpful in making the decision regarding Teen Challenge. The following steps must be completed before admission:

1. Please take the necessary time to carefully read over all the materials, completely fill out the application, and sign all forms.
2. Return the completed application and forms with all required signatures to Teen Challenge of the Four States either by fax or mail.
3. After the application is reviewed you will be contacted concerning your intake status.
4. All applicants using any prescribed psychiatric medication(s) must undergo a consultation before their admission application can be approved.
5. Admission costs for the Teen Challenge of the Four States program is a one-time fee of $1,285. This is due at admission, in the form of a money order, cashier's check, or cash. A break-down of the costs is given below:
    a. **$1,000** **Non-refundable** admission fee
    b. **$ 125** transportation
    c. **$ 60** medical
    d. **$ 100** minimum for student account

If you are currently incarcerated and have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf.

If you are on disability or any type of Social Security, you will be required to contribute twenty percent (20%) of your monthly disability check to cover boarding.

You will be required to enroll for public assistance (food stamps) to help cover boarding. One hundred percent (100%) of your monthly public assistance will be used to cover your board.

Your signature below verifies that you understand that the admission fee is non-refundable once your ride has left the premises.

_____ _____

Signature of Applicant Date

Sincerely,

Rev. Jeffrey A. Higgins
Executive Director

PERSONAL DATA AND INFORMATION

Full name: _____ **Date:** _____/_____/_____

Complete address: _____

Phone number: (_____) _____ **Social Security number:** _____-_____-_____

Driver's License: ___Valid ___Expired ___Suspended ___Never had one

Driver's License number: _____ **State License was issued:** _____

Birth place: _____ **Birth date:** _____ **Age:** _____

Are you a citizen of the United States: ___Yes ___NO **Date available to enter TC4S:** _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Name: _____

Relationship: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

Email: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

Email: _____

MARITAL HISTORY / FAMILY BACKGROUND

Marital Status: ___ Single ___ Married ___ Common Law ___ Separated ___ Divorced ___ Widowed ___ Remarried

Please list previous marriage(s), starting with the most recent marriage. List your former wife's name, month and year you were married, reason the marriage ended, month and year it ended, and number of children from that marriage.

_____

_____

Please list all your children and their age:

_____ (_____) _____ (_____)

_____ (_____) _____ (_____)

_____ (_____) _____ (_____)

Name of girlfriend or fiancé: _____ **Age:** _____

Have you ever engaged in homosexual activity: ___Yes ___No

If yes, to what extent: _____

Are you a registered sex offender: ___Yes ___No

If yes, what was the charge: _____

Father's name: _____ **Age:** _____

Mother's name: _____ **Age:** _____

EDUCATION

___4+ years of College ___1-3 years of College ___1+ years of Trade School ___H.S. Diploma
___GED ___Dropped out of H.S. ___Still attending H.S. Current grade: _____

Have you ever been diagnosed with a learning disability: ___Yes ___No

If yes, which one(s): _____

English skills: ___I read English ___I write English ___I speak English

****If you have learning restrictions or disabilities, you must supply us with documentation at the time of admission into the program. We reserve the right to require this documentation prior to acceptance.***

MEDICAL HISTORY

Have you been under a physician's care within the past year: ___Yes ___No

If yes, briefly describe: _____

Have you been diagnosed with any communicable disease: ___Yes ___No

If yes, please list them: _____

Have you had a physical exam within the past year: ___Yes ___No

If no, when was the last exam: _____

Do you need regular medical attention: ___Yes ___No

If yes, for what: _____

Check all that apply to your current or past conditions:

___ADD	___Diabetes	___High blood pressure	___Physical abuse
___ADHD	___Drug abuse	___HIV	___Rape
___Alcohol abuse	___Eating disorder	___Homicidal tendency	___Respiratory problems
___Anorexia	___Flashbacks	___Homicidal thoughts	___Schizophrenia
___Asthma	___Hallucinations	___Insomnia	___Seizures
___Back problems	___Head trauma	___Mental illness	___Sexual abuse
___Bi-polar	___Hearing voices	___Mult. Personality Dis.	___Suicide attemps
___Bulimia	___Heart condition	___Nervous condition	___Suicidal thoughts
___Depression	___Hepatitis	___Paranoia	___Tuberculosis
		___Autism	___Venereal disease

List all medications, dosages, and reasons for taking it:

Medication	*Dosage*	*Reason*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All medications must be in a labeled prescription bottle at the time of admission. If your doctor gives you samples, please ask your pharmacist if they will assist you in this matter. Only <u>ONE</u> vitamin allowed.

Do you have any current problems with your teeth: ___Yes ___No

If yes, explain: _____

Do you have health or dental insurance: ___Yes ___No

If yes, please give the name, address, phone number and policy number of Insurance provider:

_____

SPECIAL NEEDS

Do you have any type of disability: ___Yes ___No

If yes, please explain: _____

Do you have a special diet: ___Yes ___No

If yes, please explain: _____

Do you have any medical restrictions: ___Yes ___No

If yes, please explain: _____

Do you have any allergies: ___Yes ___No

If yes, please explain: _____

Do you have any chronic conditions: ___Yes ___No

If yes, please explain: _____

Do you have any other type of special need: ___Yes ___No

If yes, please explain: _____

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

TREATMENT HISTORY

Have you ever been in a residential treatment facility: ___Yes ___No **How many times:** _____

Have you ever been treated for a mental disorder: ___Yes ___No

Have you ever been treated for a sleep disorder: ___Yes ___No

Has a psychiatrist ever treated you: ___Yes ___No **Last visit:** _____/_____/_____

Has a psychologist ever treated you: ___Yes ___No **Last visit:** _____/_____/_____

DRUG HISTORY

Check all that you have used:

___Alcohol	___GHB/MDMA	___Mushrooms
___Amphetamines	___Heroin	___OTC drugs
___Barbiturates	___Huffing/Sniffing	___PCP
___Cocaine	___LSD	___Prescription drugs
___Crack	___Marijuana	___Other (_____)
___Ecstasy	___Meth	___Other (_____)

What date did you last use any of the above substances: _____

Drug of choice: _____ **Method of use:** _____

Do you use tobacco: ___Yes ___No **What form:** ___Cigarettes/Cigars ___Chew/Snuff

RELIGIOUS BACKGROUND

Occult history (check all that apply):

___Animal sacrifices ___Ouija board ___Seances

___Astrology ___Palm reading ___Voodoo

___Black magic ___Psychics ___Witchcraft

___Fortune tellers ___Satan worship ___Other (_____)

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 accepted Jesus Christ as your Lord and Savior: ___Yes ___No When: _____

Have you been baptized in water: ___Yes ___No **When:** _____

Have you been filled with the Holy Spirit by speaking in tongues: ___Yes ___No When: _____

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

Name of Pastor: _____ Phone: (_____) _____

Name of Church: _____

Street address: _____

City: _____ State: _____ Zip: _____

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: _____

_____

_____

What do you hope 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 relationships with your family members: _____

_____

_____

_____

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

_____

_____

TEEN CHALLENGE BACKGROUND

Have you ever been in a Teen Challenge program: ___Yes ___No

Location *Dates you were there* *Reason for leaving*

_____ _____ to _____ _____

Do you understand the purpose of the Teen Challenge program: ___Yes ___No

Do you have responsibilities that would hinder your being in T.C. for 14 months: ___Yes ___No

If yes, please explain: _____

_____

LEGAL RECORD

Are you currently on probation: ___Yes ___No If yes, what type: _____

Are you currently on parole: ___Yes ___No If yes, what type: _____

Parole/Probation Officer Information:

Name: _____ Email: _____

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

Phone: (_____) _____ Fax: (_____) _____

Are you currently under investigation for anything: ___Yes ___No

If yes, what for: _____

Do you currently have any outstanding warrants: ___Yes ___No

If yes, what type: _____

Are you currently involved in any type of law suit: ___Yes ___No

If yes, what type: _____

Do you currently have any unpaid fines: ___Yes ___No

If yes, how much: _____

Are you currently required to pay any restitution: ___Yes ___No

If yes, how much: _____

Are you currently ordered to do any community service: ___Yes ___No

If yes, how many hours: _____

Are you currently required to pay child support: ___Yes ___No

If yes, how much: _____

Are you currently behind in your child support payments: ___Yes ___No

If yes, how much: _____

Do you receive any Social Security income: ___Yes ___No

If yes, how much: _____

Do you receive any disability income: ___Yes ___No

If yes, how much: _____

Do you receive any unemployment income: ___Yes ___No

If yes, how much: _____

Do you receive any retirement income benefits: ___Yes ___No

If yes, how much: _____

Do you have any other source of income: ___Yes ___No

If yes, what type and how much: _____

Have you ever been arrested: ___Yes ___No

If yes, how many times: _____

Have you ever been in a juvenile detention center: ___Yes ___No

If yes, at what age: _____

Have you ever been sentenced to jail: ___Yes ___No

If yes, for what reasons: _____

Have you ever been in prison: ___Yes ___No

If yes, for what reasons: _____

Have you ever been on probation: ___Yes ___No

If yes, for what reasons: _____

Do you have any cases pending or upcoming court dates: ___Yes ___No

Date	*Time*	*Reason/Charge*
_____/_____/_____	_____	_____
_____/_____/_____	_____	_____

Attorney's Information:

Name: _____ Email: _____

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

Phone: (_____) _____ Fax: (_____) _____

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 w/out license
___Drug manufacturing
___Drug possession
___DUI
___DWI
___Embezzlement
___Escape from custody
___Felony conviction
___Fleeing/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 firearms in a crime
___Vandalism
___Vehicular homicide
___Violation of no contact order
___Violation of order of protection
___Violation of restraining order
___Other (_____)

List below all arrests and institutions to which you were committed or admitted:

Name of Institution: _____ Location of Institution: _____

Date: _____/_____/_____ to _____/_____/_____ Reason for confinement: _____

Name of Institution: _____ Location of Institution: _____

Date: _____/_____/_____ to _____/_____/_____ Reason for confinement: _____

Name of Institution: _____ Location of Institution: _____

Date: _____/_____/_____ to _____/_____/_____ Reason for confinement: _____

Teen Challenge of the Four States

Admission Requirements

1. No applicant will be admitted without photo identification, social security card, and a completed application.
2. Applicants requiring detoxification must do so prior to entry.
3. Applicants must be in good health, free of any infections at the time of entry.
4. Medical documentation of any disabilities or medical conditions requiring medication is required to accompany application.
5. Upon entry, applicants will be tested for the Human Immunodeficiency Virus (HIV), Tuberculosis, Syphilis, and Hepatitis.
6. Upon entry applicants will be required to pay an induction fee of $1,285.
7. Applicants are required to have read and become familiar with the Student Handbook.

By my printed name and signature at the bottom of this page, I understand that upon admission into the Teen Challenge of the Four States program:

a) I place myself under the authority of the staff of Teen Challenge of the Four States.

b) I do hereby acknowledge that I understand the rules and guidelines in the Student Handbook of Teen Challenge of the Four States.

c) I understand that I will receive disciplinary action, up to and including dismissal from the program, for not following the rules and guidelines of the Student Handbook.

_____ _____ _____/_____/_____

Printed Name Signature Date

Fax to: 417-451-2207
Attention: Intake Director

OR

Mail to: Teen Challenge of the Four States
P.O. Box 1084
Neosho, MO 64850