

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 TIME	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 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

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.

Date

Applicant's Signature

CLOTHING POLICY

All Clothing must be modest – Because of limited closet space, please bring only the clothing you know you will need which are seasonal and modest. Five (5) daily outfits, one (1) dress outfit and one (1) sleeping outfit are all you need.

DRESS CODE:

1. Clothes are to be clean and modest.
 2. Shoes must be worn at all times inside and outside.
 3. When going to church services, dress clothes (dress, slacks or skirt) must be worn. (no miniskirts)
 4. You can change into casual dress when you return from church.
 5. Please dress to glorify God when going off property such as for doctor appointments. Dress pants may be worn to the doctor appointments or court. Dresses, Slacks, Capri pants or Jeans (no holes or tears)
 6. Wear pajamas and undergarments (no thongs or lingerie)
 7. Hair must be neatly fixed.
 8. **The following items can NOT be worn at ANYTIME:**
Tank tops(unless under another top), short shirts that do not cover the stomach completely, body suits, spandex clothes or tight fitting clothes (must be able to pinch 2 inches of cloth without stretching the material), low cut shirts
Short shorts (shorts must come down to the knee).
Shirts with lettering or pictures that appear risqué may not be worn.
 9. Jewelry must be modest. No more than 1 earring per ear. Nose rings and body piercings are not allowed. (nothing valuable)
- If you are improperly dressed as determined by staff you will be asked to change.**

Additional items you are allowed to bring:

Hair Dryer
Toiletry Items (no alcohol based)
Sanitary Items (pads only)
Makeup / Creams / Cleansers (no alcohol based)
 Makeup cannot be worn in a gothic or punk style.
 Makeup must be modest
Photos (immediate family only)

**Do not worry if you do not have many clothes, we have a “Blessing Closet” with many nice things from which to choose.

Student Signature

____/____/____
Date



P.O. Box 49291
COOKEVILLE, TN 38506
1-888-688-0470
1-888-221-4764(fax)

Health Screening Form

TO BE COMPLETED BY PHYSICIANS ONLY

Today's Date: _____

1. Name _____ D.O.B. _____

2. Present Illness/Complaint/Disabilities, if any: _____

3. Allergies: _____

4. Medicine currently prescribed and reason: _____

5. Has client been exposed to any communicable diseases: Yes _____ No _____

If yes, please specify: _____

6. History of chronic or major illness: _____

7. Operations: _____

8. Hospitalizations: _____

9. Immunizations: Last Tetanus Toxoid _____ Polio _____ Measles _____ Mumps _____

Rubella _____ Other _____

Physical Examination

Code: Satisfactory = S

Unsatisfactory = U

Not Examined = O

Height _____

Weight _____

B/P _____

Pulse _____

Respirations _____

Temperature _____

Patient Name _____

General Appearance (including schemata of drug abuse)

Nutrition _____

Head: _____

Ears _____ Hearing: R _____ L _____

Eyes _____ Vision: (without glasses) R _____ L _____
(with glasses) R _____ L _____

Nose _____ Throat _____ Mouth/Teeth _____ Neck/Thyroid _____

Chest _____ Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Skin _____ Musculo Skeletal _____ Neurologic _____

Required Blood Tests:

S.T.D. _____

Hepatitis Panel:

(A, B, & C) _____

Hep B surface antibody _____

Hep B core antibody IGM _____

Required Tests:

*T.B. _____

Urinalysis _____

H.I.V. _____

Required Tests (Female):

Pregnancy _____

Pap Smear _____

Attach computer printout of all test results.

*T.B. Results: Must be within 30 days of entry

Optional Tests:

CBC _____ Liver Function _____

General comments, assessments, and recommendations on above:

Signature of examining Physician

Address: _____

City, State, Zip: _____

Phone: _____

DENTAL EXAM: Please Check

Needed work was done	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
No further work is needed at this time	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Further work is needed soon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Dentist Signature

Phone Number