



TEEN CHALLENGE OF THE UPPER CUMBERLAND

200 Freedom Ln., Livingston, TN 38570

1-888-688-0470 - FAX 1-888-221-4764 - www.TeenChallengeUC.org

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 (age)	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 (circle 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? _____

What other life-controlling issues have you dealt with? _____

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 _____ City _____ ST _____ Zip _____



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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 _____ City _____ ST _____ Zip _____

Have you ever been in prison? yes no When? _____ Where? _____

Name of Lawyer _____ Phone: _____

Address: _____ City _____ ST _____ Zip _____

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

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? *Circle all that apply.*

welfare \$_____ per month disability/ssi \$_____ per month unemployment \$_____ per month

alimony/child support \$_____ per month food stamps \$_____ 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. _____



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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? Circle one: excellent good fair poor

Height: _____ Weight: _____

Do you have any communicable diseases? Circle all that apply None HIV/AIDS Hepatitis TB Herpes

Do you have any of the following? Seizures/Epilepsy Diabetes High Blood Pressure

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, when and 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: _____



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General Program Rules Agreement

The following are some of the basic rules of Teen Challenge of the Upper Cumberland. You will be provided with a complete list of rules upon admittance.

I understand:

- Teen Challenge is a Christian Growth Center and I agree to be subject to Biblical teaching and Christian forms of behavior.
- My main purpose for being in the program is to learn a new way of life, not just to get off drugs.
- My main purpose is to complete a long-term Teen Challenge program for 12-15 months.

I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior and a bad attitude will be confronted and may be disciplined if necessary. I will agree to do the disciplinary action or project with an improved attitude.

I will not:

- possess or use drugs at any time, including psychiatric medication.
- smoke or have cigarettes in my possession.
- curse or use off-color expressions or bodily gestures.
- talk about street life, drugs, or reminisce about past wrong doings.
- horseplay or engage in any other inappropriate body contact.
- become part of a clique.
- call other people names.
- go outside of the house without staff permission.
- bring a musical instrument, books, knives, or lighters, etc.
- bring a radio or anything concerning music such as CD or MP3 player, IPOD or other music playing device
- bring any electronic devices such as cell phones, computer/laptop or schedulers.
- sing, whistle, or hum secular songs while in the program.

I agree:

- to the staff screening and reading my mail.
- to write only two 2 page letters per week to approved members of my immediate family only - no writing to boyfriend/fiancé.
- to not use anyone or any means to communicate with a boy friend or fiancé.

I agree:

- to participate in all scheduled activities including class, chapel, church, work, and recreation. I will do what I am required to do in each of these activities.
- to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.

I understand:

- that I am expected to be responsible, prepared, in place, and on time for all my scheduled activities 24 hours a day and if not, may result in disciplinary action.
- that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean.
- I may be drug tested and my belongings searched at any time.
- there will be a dress and grooming code. I allow Teen Challenge to withhold any of my belongings that are not allowed.
- that disciplinary action may include: extra duty, loss of privileges, suspension, or dismissal
-

I have read these Rules and my signature indicates that I have a good understanding of them and that I am willing to commit myself to these agreements and to the more detailed agreements I will receive upon Intake.

Applicant Signature _____

Date _____



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WHAT TO BRING

****Allowed 1 suitcase and 1 carry on size luggage only.** Plastic totes, boxes, and plastic bags are not permitted.

Bring only clothes that are in season.

TOILETRIES(unopened & sealed)	Max Allowed
• Shampoo & conditioner	1
• Hair brush, comb	1
• Soap or Body wash	1
• Toothbrush,cover, & toothpaste	1
• Razors	1
• Sanitary napkins(no tampons)	1 package
• Deodorant	1
• Lotion	1

UNDERCLOTHES	
• Long tank top for under clothing	7
• Underwear(no thongs)	10
• Bras	4
• Pantyhose	2
• Socks	10
• Pajamas/pants sleep outfit	2
• Slip	2

WORK/CASUAL	
• Work pants	2
• Jeans(with no holes)	5
• Work shirts	2
• Casual shirts	14
• Loose exercise clothes	1
• Shorts(knee length)	4

LINENS	
• White Bath towels	2
• White Wash cloths	3
• White Hand towel	1
• White twin sheet set	1
• Standard Size pillow	1
• Twin blanket(no comforters)	1

SHOES(must have a back)	
• Dress shoes	2
• Tennis shoes	2
• Winter boots	1
• Work shoes	1
• Houseshoes/slippers	1
• Flipflops(for showering)	1

DRESS CLOTHES	
• Dresses/skirts - below the knee	2
• Blouses	3
• Dress slacks(1 black pair)	2

JEWELRY	
• Earrings	3
• Bracelets	3
• Necklaces	3
• Rings	3

MISCELLANEOUS

- Winter coat and gloves
- Bible(one must be NKJV, second can be NLT or ESV)
- Envelopes and stamps
- Paper, Notebook, Pens, Highlighters
- Backpack or very large book bag
- Index notecards(100 count pack)
- White mesh hang up laundry bag(not pop up hamper)
- A watch
- Ear buds/Headphones for computer/Ipod
- 24 ounce refillable, plastic water bottle
- Optional: 25ct or 50ct unopened, sealed bottle of Tylenol or Motrin(to be donated to Teen Challenge upon entry)
- Optional: foam ear plugs

ENTRY REQUIREMENTS

- Entry fee(non-refundable)
- Photo ID or Driver's License
- Social Sec Card or Birth Certificate

THINGS NOT TO BRING

- Purse
- Baby Oil
- Anything that contains alcohol
- Aerosol can(no hairspray or mousse)
- Nail polish, Nail polish remover
- Photos of anyone other than immediate family
- Alarm clock
- Opened medications of any kind

***Laundry is done one day each week. You will be living in a dormitory, so you may want to mark your clothes.

DRESS CODE:

Clothes and appearance must be clean, neat, and modest; cannot be tight-fitting.

Shoes are worn at all times

Undergarments must be worn

Nor more than 1 earring per earlobe. No other piercings.

No sleeveless or tank tops, unless worn under another shirt

Low cut shirts and shirts that do not cover the mid-drift are not allowed

Shorts and skirts must come to bottom of the knee cap

Makeup and clothing can not be worn in gothic, punk, or extreme style

Must dress appropriate to your physical gender



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DENTAL, MEDICAL, DRUG WITHDRAWAL POLICY

Due to the fact that Teen Challenge is NOT a medical facility, the following policies are in place:

DENTAL:

It is strongly advised that students get a dental check up prior to entering the program. Students enrolled in our program will not have access to a dentist. In the event of an emergency, the student's family/sponsor will be responsible for any dental costs. If a student in the program requires ongoing dental treatment that cannot be taken care of while on pass, they will be required to take a leave of absence. Once the work is complete and we receive verification, the student may be able to return to the program.

I have read and fully understand the above policy.

Date of last dental check up _____ Applicant signature _____

MEDICAL:

Students will only have access to medical care in case of emergencies. Students that have a pre-existing condition or a condition that develops while enrolled in the program which requires on-going medical treatment will be required to take a leave of absence. We must receive medical release/verification before they can return to the program.

I have read and fully understand the above policy.

Applicant signature _____

DRUG/ALCOHOL WITHDRAWAL:

Due to the fact that some withdrawal symptoms are unpleasant while some can be fatal or life-threatening, severe alcoholics and those taking certain medications require a physician's statement that the student has gone through a "detox" process or that the student has been weaned off the medication under medical supervision. If you enter the program but are unable to participate due to withdrawal symptoms for more than 1-2 days, you will be required to take a leave of absence and go through a medically supervised detox. To return to the program you would need to provide medical verification that you have done so.

I have read and fully understand the above policy.

Applicant signature _____



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AUTHORIZATION TO RELEASE INFORMATION

Name: _____ Date of Birth: _____ Social Security #: _____

I, _____, request and authorize Teen Challenge of the Upper Cumberland and the people and entities listed below to share and communicate personal information concerning me for the purposes of determining eligibility for and/or entry into the Teen Challenge program. This release shall extend to the development and revision of my treatment plan while enrolled at Teen Challenge.

Table with 3 columns: Name, Title/Relationship, Phone/Fax/Email. Contains 5 rows of blank lines for contact information.

This request and authorization applies to:

Yes No Legal information relating to the following: _____

Yes No Healthcare information relating to the following treatment, condition, or dates(including Sexually Transmitted Diseases): _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, from the person(s)/organization listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment from the person(s)/organization listed above.

Yes No I authorize the release of any records regarding legal matters from the person(s) or organization listed above.

Yes No Other: _____

Release information of the person named above to:
Name: Teen Challenge of the Upper Cumberland
Fax: 888-221-4764 OR Email: _____
Phone: 888-688-0470
Address: 200 Freedom Ln
Livingston, TN 38570

Resident Signature: _____ Date Signed: _____



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CONTACT LIST/MAILING LIST (family you want to get mail and/or visits from)

***EMERGENCY CONTACT NAME** _____

RELATIONSHIP TO YOU _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____

NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____

NAME _____

RELATIONSHIP TO YOU _____

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HOME PHONE NUMBER _____ CELL NUMBER _____

EMAIL ADDRESS _____



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FINANCIAL AGREEMENT

Teen Challenge has expenses that are incurred as a result of providing for the resident in a 12-14 month long term Teen Challenge program and we do ask the resident to help financially with these costs. I agree that any money found on my person or in my belongings at admission may be applied toward these costs.

Upon signing this form, I understand that all money given to Teen Challenge in my name for the above listed items is non-refundable if I choose to leave the program early. I am fully aware that in the event I resign or am dismissed from Teen Challenge for any reason, at any time, even if the resignation or dismissal occurs within minutes following my initial enrollment, all of these monies will become the property of Teen Challenge and will not be refunded. I understand that Teen Challenge will not accept a request from me or anyone else for a refund of these monies or discuss the matter with me.

There is a Biblical expectation (1 Tim. 5:8) that a family provide for the needs of its own. As a Christian program, we try to model Biblical teaching. Many cannot afford 100% support, but you are expected to provide at least some of the monthly tuition support while in the program. Teen Challenge requires an **\$850 intake fee**. This is to paid up front before admission. Then, if you continue in Teen Challenge long-term program, **\$300 a month** is required.

Applicant's Financial commitment: I, _____, give a **one-time** support amount of \$ _____. I promise to give **monthly** support amount \$ _____, with auto withdrawals starting ____/____/____ and ending on ____/____/____ or upon my request.

I will fulfill this financial commitment for Teen Challenge.

By signing below I do hereby agree with the statements made above and I release Teen Challenge from any and all claims associated with the monies.

Applicant Signature _____ Date _____

Sponsor Signature _____ Date _____

DEBIT/CREDIT CARD AUTHORIZATION:

Visa/MCard/Discover/AmEx Card Number: _____

Exp Date ____/____ CVV on back _____

PRINT name as it appears on the card _____

Billing Street Address _____

City, ST Zip _____, _____ Cardholder Ph. Number _____

Cardholder Email Address _____

Cardholder Signature _____