



**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? \_\_\_\_\_

Have you ever had an eating disorder?  Yes  No

Any history of cutting?  Yes  No

**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 \_\_\_\_\_

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 Adult and 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 an Adult and 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 Adult and 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: \_\_\_\_\_

General Program Rules Agreement

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

I understand:

- Adult and 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 Adult and 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 Adult and 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 \_\_\_\_\_

**DENTAL, MEDICAL, DRUG WITHDRAWAL POLICY**

Due to the fact that Adult and 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 \_\_\_\_\_



AUTHORIZATION TO RELEASE INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I, \_\_\_\_\_, request and authorize Adult and 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 Adult and Teen Challenge program. This release shall extend to the development and revision of my treatment plan while enrolled at Adult and Teen Challenge.

Name	Title/Relationship	Phone/Fax/Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: Adult and 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: \_\_\_\_\_

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 \_\_\_\_\_  
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EMAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_



FINANCIAL AGREEMENT

Adult and Teen Challenge has expenses that are incurred as a result of providing for the resident in a 12-14 month long term Adult and 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 Adult and 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 Adult and 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 Adult and Teen Challenge and will not be refunded. I understand that Adult and 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. Adult and Teen Challenge requires an **\$850 intake fee**. This is to be paid up front before admission. Then, if you continue in Adult and 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 Adult and Teen Challenge.

By signing below I do hereby agree with the statements made above and I release Adult and 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 \_\_\_\_\_

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)**

- |                                   |           |
|-----------------------------------|-----------|
| • Shampoo & conditioner           | 1         |
| • Hair brush, comb                | 1         |
| • Soap(& travel holder)/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                             | 3  |
| • Socks                            | 10 |
| • Pajamas/pants sleep outfit       | 2  |
| • Long bath robe                   | 1  |

**WORK/CASUAL**

- |                          |    |
|--------------------------|----|
| • Work pants             | 2  |
| • Jeans(with no holes)   | 5  |
| • Work shirts            | 2  |
| • Casual shirts          | 10 |
| • 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
- 3 ring binder
- Zipper pencil pouch for binder
- Optional: 25ct or 50ct unopened, sealed bottle of Motrin/Ibuprofen (to be donated to Adult and 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