

Dear Applicant:

Greetings in Jesus' Name!

Enclosed you will find the information you have requested. Please read through the material carefully. If you decide you want to enter our program, please fill out the complete application. You may return the application by email, fax, mail or in person.

Receiving this information implies that prior communication has been made and an initial interview has taken place. Upon the return of this application, another interview will be conducted to review the information given and cover any other areas that may need to be addressed. PLEASE NOTE: There are circumstances when the Intake Coordinator may deem it necessary to waive the initial interview process, in which case, the post interview will still take place.

An application filled out and returned, plus an interview, DOES NOT constitute automatic acceptance into the Teen Challenge program.

In addition to the interview process, please keep the following in mind.

1. ALL pending legal matters such as court appearances or jail time should be taken care of prior to entering our program, as Teen Challenge is limited in its ability to help address outside issues.
2. If you are on probation or parole, the court having jurisdiction over you must give approval prior to your coming here.
3. Because Teen Challenge is NOT A MEDICAL FACILITY, any necessary detoxification must be done PRIOR to admittance. Also, if you are on any psychiatric or psychotropic medications, pain medications, methadone-- or any other prescribed medications of this type—please have your doctor sign a release form stating that he or she is taking you off of the medication(s) and that you are adequately fit to participate in our program without said medication(s).
4. There is no intake fee to enter the program. Besides the blood tests (see #5), Teen Challenge Adult Centers of Texas is now free for anyone wanting to change their lives.
5. The following blood tests will also be required upon entering the program. We ask prospective students to help with the cost of their blood work. Please DO NOT have the blood work done on your own until given approval by the Intake Coordinator.
 - a. Hepatitis A, B, and C tests (not the vaccines)
 - b. HIV test
 - c. RPR or blood STD test
 - d. TB test

God bless you as you take this step of faith.

In God's Service,
Intake Coordinator
Teen Challenge Adult Centers of Texas, Inc.
6901 S. County Rd. 1200
Midland, TX 79706

Applicant Signature

Date

Intake Coordinator

Date

STUDENT INFORMATION SHEET (Please print legibly)

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell/Work Phone: (_____) _____

Driver's License # _____ State Issued: _____

Date of Birth: _____ Age: _____ SS# _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Gender at Birth: _____

Identifying Marks (tattoos, scars, etc.): _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship to you: _____

Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell/Work Phone: (_____) _____

MARITAL INFORMATION

Marital Status (circle):

Single Married Separated Divorce

Spouse's Name: _____ Phone: (_____) _____

Address: _____
Street City State Zip

DO YOU HAVE ANY CHILDREN? (circle) Yes or No

Describe their present living situation below:

Name

Age

Presently living with:

PARENTS' INFORMATION

Parents' Present Relationship (circle):

Married Divorced

Separated

Mother Remarried

Father Remarried

Mother Deceased

Father Deceased

Mother's Name _____ Phone (_____) _____

Address: _____
Street City State Zip

Father's Name _____ Phone (_____) _____

Address: _____
Street City State Zip

SIBLING INFORMATION

Explain your present relationship with your siblings: _____

Name	Age	Phone	Drug/Alcohol History of Usage?
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MEDICAL INFORMATION

Are you currently taking prescribed medication? Yes _____ No _____

If yes, what? _____

Purpose of treatment? _____

Follow-up necessary? _____

Asthma	Back Problems	Dental Problems	Diabetes	Special Diet
Epilepsy	Eye Problems	Tuberculosis	Heart Problems	Hemophilia
Hepatitis		High Blood Pressure	Other	

Been involved in?	Yes or No	To what extent?
Ouija Boards		
Palm Reading		
Fortune Telling		
Séances		
Satanic Worship		
Spiritual Experiences		
Other		

Have you in the past, or recently engaged in prostitution? Yes or No

Date of Last Attempt: _____

[illegible]

Have you ever been in a drug/alcohol treatment program? Yes or No Please list below:
 Facility Dates Phone

(Use another sheet of paper if necessary)

LEGAL INFORMATION

Have you ever been arrested? Yes or No How many times? _____

DATE	CHARGES?	MISD/FEL	CONVICTED?	SENTENCE	TIME?	DRUGS?

Do you have any outstanding warrants? Yes or No Where? _____

Please explain: _____

(Use another sheet of paper if necessary)

Are you required to register as a sex offender? Yes or No

Have you ever been charged or convicted of any crimes against children? Yes or No

Are you on parole? Yes or No Are you on probation? Yes or No

OFFICER INFORMATION

Name: _____ Phone: (____) _____

Address: _____
 Street City State Zip

Method of Reporting: Phone Mail In Person Other

Please explain: _____

(Use another sheet of paper if necessary)

WHO REFERRED YOU TO TEEN CHALLENGE? Name: _____

Relationship to you: _____ Phone: (____) _____

Address: _____
 Street City State Zip

TEEN CHALLENGE STUDENT PARTICIPATION AGREEMENT

Read each of the following statements carefully. Your initials and signature indicate you have read and agree to each item on this form.

- _____ I have read and understand the Teen Challenge Student Handbook. I voluntarily choose to abide by said rules and policies and cooperate with the Teen Challenge staff for my betterment. I understand that if I do not cooperate with the rules and policies of Teen Challenge, I can be dismissed from the program.
- _____ I understand that Teen Challenge is a 12-15 month long program.
- _____ I understand that Teen Challenge cannot be held responsible for personal injury while I am in the program.
- _____ I understand that I will be held responsible for all medical expenses incurred while in the program.
- _____ I understand the General Work Experience Program is designed to develop desirable attitudes and promote understanding for job success through supervised, part-time work experience activity. I understand this work activity need not be related to any specific occupational goal that I may have. I understand that I am not entitled to wages for the time spent training.

Testimony Release

I do hereby irrevocably authorize Teen Challenge and those acting under its permission and authority, to use and publish for any lawful purpose whatsoever, my personal story which I have related to Teen Challenge in whole, or in part, including any photographs of myself.

I hereby waive any right that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Teen Challenge, its successors and assigns, and all persons acting under its permission or authority from any liability: by virtue of misprint, error, or distortion that may occur. Unless, it can be shown that they and the publication thereof, maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard. Further, all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Applicant's Signature

Date

CONFIDENTIALITY OF TEEN CHALLENGE RECORDS

Notice to Students in Accordance with 42 CFR § 2.1 (10-I-91 Ed.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry are protected by Federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program, nor may they disclose any information identifying a student with a life controlling problem, especially alcohol or drug abuse, UNLESS:

- 1.) The student consents in writing;
- 2.) The disclosure is allowed by a court order; or
- 3.) The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student, either at the program or against any person who works for the program, or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Applicant's Signature

Date

Intake Coordinator's Signature

Date

TEEN CHALLENGE CONSENT FORM

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to participate in the Teen Challenge program activities for improvement of my general health and spiritual growth. These may include counseling, work programs, exercise programs and biblical education classes. Teen Challenge trained personnel will be available to direct my activities, monitor my performance, and otherwise evaluate my effort. I agree to abide by the rules, regulations, and policies of Teen Challenge. I also understand that if I have a problem or question about any rule, regulation or policy that I should contact a staff on duty. I do hereby further declare myself to be physically sound and not suffering from any condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an work activity or in the use of exercise equipment and machinery, only if I answered "yes" to any of the questions in the Medical history form. If I am taking prescribed medications, I have already informed the staff and further agree to inform them promptly of any changes that my doctor or I have made with regard to use of these.

2. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information that is obtained in the Teen Challenge program will be treated as privileged and confidential and will consequently no be released or revealed to any person without my expressed written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same do not identify me or provide facts that could lead to my identification. Any other information obtained, however, will be used only by the program staff in the course for me and evaluating my progress in the program.

3. AGREEMENT AND CONSENT OF LIABILITY

In consideration of being allowed to participate in the activities and programs of Teen Challenge and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Teen Challenge Adult Centers of Texas and its directors, officers, agents, employees, representatives, successors and assignees, administrators, executors, and all others from any and all responsibilities or liability form injury or damages from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Teen Challenge or the use of any equipment at Teen Challenge Adult Centers of Texas.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read the same. I consent to the rendition of all services and procedures as explained herein by all program personnel.

Applicant's Signature

Date

Intake Coordinator's Signature

Date

TRAINING AND WORK THERAPY ACKNOWLEDGEMENT AGREEMENT

1. I understand that if I am admitted as a student, I will be required to participate in the Teen Challenge Work Therapy Program (work experience.)
2. I acknowledge that I have read and fully agree with Teen Challenge's description of its Work Therapy Program (work experience); which, addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and character of a responsible, upright individual.
3. I understand that if I am admitted to Teen Challenge as a student, I will be performing work assignments--not as an employee, but, solely, for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back in to the work place.
4. Accordingly, by signing this Agreement, I am not applying for a position of employment with Teen Challenge, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
5. I further understand that, if I fail to perform my assigned work related tasks, Teen Challenge may revoke my status and privileges as a student. Because, performance of work assignments are a consideration for receipt of such status and benefits as each student's participation in the Work Program (work experience), is a necessary and vital part of the recovery process.

RIGHTS ACKNOWLEDGEMENT/WAIVER

I _____, understand that Teen Challenge is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities, coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand that staff will regulate and monitor my communications while I am under their care. I voluntarily give my consent allowing the staff to exercise these procedures.

STUDENT FUNDS POLICY

Student funds will generally not be released to a student terminating the program prematurely. I, _____, agree that if I choose to leave before graduating or am dismissed from the program for any reason, requests for refund of student funds must be made in writing within 30 days of my departure. Check will be not be written to the prospective student but will be written to the family member mentioned below.

_____ Name of Family Member	_____ Phone Number
_____ Address	_____ City State Zip
_____ Signature of Student	_____ Signature of Staff Witness

AGREEMENT STATEMENT TO TEEN CHALLENGE GUIDELINES

Read each of the following statements carefully. Your initials indicate you have read and agree to each item on this form.

_____ I agree to conduct myself at all times, according to the guidelines and standards of the Teen Challenge program.

_____ I understand that all outside business, such as bills, child support payments, restitution, probation fees, income tax issues, etc. must be taken care of BEFORE entering the Teen Challenge program. (On any outstanding debt, we suggest you notify your creditors that you are being admitted into a long-term facility and will make restitution upon completion. They may contact our office for verification of this, with your permission.)

_____ I understand that any medical problems or issues that require frequent attention from a physician, must be dealt with BEFORE entering the Teen Challenge program, and that I am expected to be both physically and mentally able to participate in ALL areas of the program.

_____ I understand that contact with people outside of the Teen Challenge program is limited to my immediate family only. (Spouse, Parents, Siblings, Children—your Pastor is also included.)

_____ I understand that I can have no contact with previous girlfriends/boyfriends, fiancés, live-ins, common-law spouses, past friends, or other relationships during my stay at Teen Challenge.

_____ I understand that I will not be allowed any visitors of the opposite sex (except immediate family), nor will I be allowed to date while at Teen Challenge.

_____ I understand that all incoming and outgoing mail is screened by a staff member for unauthorized/inappropriate material and any other items that can harm the students, or the integrity of our program.

_____ I understand that there are no privileges for a specified period as explained by the Intake Coordinator, and after that, the privileges for telephone calls, letters, visits, passes, and commissary store will vary with both, my length of time in the program and my conduct. I

_____ agree to participate in all program activities, to include church services, classes, and outside activities.

_____ I agree to refrain from glorifying past sinful experiences with other students.

_____ I agree that if I decide to withdraw from the program (walk off the property), or am dismissed, that Teen Challenge will not be responsible to hold or ship any belongings that I may have left behind.

FOLLOW-UP POLICY

Teen Challenge requires students who graduate to check in monthly for the first 4-6 months after graduation. Graduates will report to the Program Director to follow up on church involvement, accountability, employment, etc. Teen Challenge needs to be aware if the student is applying what they were given the opportunity to learn.

PREGNANCY POLICY (FOR FEMALE APPLICANTS ONLY)

The Teen Challenge Women's Center of Teen Challenge Adult Centers of Texas is not a pregnancy center. If it is discovered that a student is pregnant, she will be dismissed immediately.

WORK SKILLS QUESTIONNAIRE

Student's Name

Fill in the blanks with any work skills you possess, which you think would be of benefit to our work program. These may include, for example: painting, auto mechanic, lawn care, plumbing, electrical, carpentry, roofing, woodworking, drywall, carpet or floor, tile work, small engine repair, cleaning, cooking, administrative and organizational skills, crafting, computer skills, etc. **Please include any musical abilities you may have, such as: singing and playing any musical instruments.

Please fill in one or more blanks for each statement:

I AM SKILLED AT:

1. _____
2. _____
3. _____

I AM SOMEWHAT SKILLED AT:

1. _____
2. _____
3. _____

I WOULD LIKE TO LEARN TO:

1. _____
2. _____
3. _____

I DO NOT LIKE TO:

1. _____
2. _____
3. _____

STATEMENT BY PERSON SEEKING COUNSELING

1. I, _____, state that I am seeking counseling at Teen Challenge Adult Centers of Texas.
2. I understand that the advisors, staff and volunteers of Teen Challenge are not professional counselors and are not licensed or certified by any State agency. These people are committed Christians who will share their honest opinions and advice based on principles of the Bible.
3. I understand that Teen Challenge Adult Centers of Texas has a policy of maintaining the confidentiality of all private communications between my advisor and me. Generally, such confidential communications will not be disclosed to third-persons outside Teen Challenge including my family members, unless required by law. This means that Teen Challenge has no duty to notify or inform any family members about any problems discussed in counseling. If my advisor or Teen Challenge does make such disclosures as they believe are in my best interest, I waive any objection to such disclosures.
4. In consideration for the opportunity to obtain this counseling, I agree not take any legal action in the future for anything said, done or omitted by my advisor, Teen Challenge, their agents or family members, during this Christian discipleship program. I agree to hold Teen Challenge, their agents and family members, harmless for any legal claims of negligence or damage of any sort, which a person could assert, related to the Teen Challenge counseling program.
5. I state that I am _____ years old, and am able to give my consent to this counseling program, including all sessions after the date at the end of this application.

AUTHORIZATION TO INVESTIGATE FACTS AND STATEMENTS IN APPLICATION

I, _____, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and information listed on this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Teen Challenge Adult Centers of Texas from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for acceptance into Teen Challenge for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

Applicant's Signature

Date

Staff Witness Signature

Date

S.N.A.P Benefits Program Disclosure

As you enter the program at Teen Challenge Adult Centers of Texas, you will be asked to sign up for the S.N.A. P. Benefits program. This program is in place to help this ministry offset the cost of feeding the students that are enrolled in the program. If you qualify for these benefits, you agree that representatives selected by Teen Challenge Adult Centers of Texas will be responsible for overseeing your account and will also be responsible for using your assigned card to purchase food. Once you reach the Re-Entry phase of the program your S.N.A.P. account will be terminated. Teen Challenge Adult Centers of Texas will also take responsibility of terminating your account if you choose to leave the program. At no time, will you be allowed to have said card in your possession, either while you are enrolled in the program, or after you have left.

Student Signature

Date

Witness Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

If you receive information, released with this form, the following regulations applies to you:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part II. A general authorization of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

Student Name: _____ Date of Birth _____

I, _____, hereby authorize **TeenChallenge Adult**

Centers of Texas, Inc to:

(1) provide information to ☐ ; or, (2) to receive information from: ☐

Name(s): _____

Address: _____

Information Requested:

Purpose the information received and/or sent shall be used to evaluate my program participation and progress, to plan for and coordinate services for me. Or, other purpose(s) as specified:

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date below, unless a different date, event or condition is listed here:

Date and/or condition for this release to expire: _____

Student Signature

Date of Signing

Witness Signature - Staff

Date of Signing