WABASH VALLEY TEEN CHALLENGE

STUDENT APPLICATION FOR PROGRAM ENTR Y

ENTRANCE REQUIREMENTS

- Requirements are listed in the WVTC Entrance Requirements document. It must be read and signed prior to the phone interview, intake and must be turned in upon arrival.
- Please call during office hours 9am-5pm M-F if you have any questions about the application process or any of the requirements. We are happy to serve you and your family!

PERSONAL DATA AND INFORMATION

Date: _____

Name: _____

(Last) (First) (Middle Initial)

Address: _____

(Street) (City) (State) (Zip)

Home Phone: (____)_____ Work: (____)_____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____-_____-_____ Birth Date: _____ Age: _____

Sex assigned at birth: □Male □Female. Drivers License Number: _____

State: _____ Drivers License: □Valid □Expired □Suspended □Never applied

If suspended, why? _____

In case of an emergency, contact: _____

Address: _____

(Street) (City) (State) (Zip)

Home Phone: (_____)_____ Work: (_____)_____

Relationship: _____

WHO HAS REFERRED YOU TO TEEN CHALLENGE:

Name: _____

Address: _____

(Street) (City) (State) (Zip)

Phone number: (____)_____ Relationship: _____

RACE/ETHNIC BACKGROUND (Please check only one)

□Caucasian □Japanese □Haitian □Puerto Rican □Cuban □Filipino

□African American □Chinese □Asian □American Indian □Other

Are you an American Citizen? □Yes □Native □Naturalized □No

Explain:_____

_____

PERSONALITY INFORMATION:

Is it easy for you to express your feelings? □Yes □No □Sometimes

Explain:_____

_____

_____

Do you enjoy being with other people, or would you rather be alone?

Explain:_____

_____

_____

_____

PERSONAL FAMILY HISTORY

List parent/parenting figures, spouse, girlfriend, brothers & sisters (do not include your children)

NAME	RELATIONSHIP	AGE	RESIDENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use the back of this page if additional space is required.)

Check the word that best describes your relationship with your parents as a child and now:

	Child	Now
Very Good	□	□
Good	□	□
Average	□	□
Fair	□	□
Poor	□	□

Are your parents still living? Father: □Yes □No Mother: □Yes □No

Are you adopted? □Yes □No

Were you raised by anyone other than your biological parents? □Yes □No

if yes, please explain:

_____

When did you last see your parents? _____

When did you last live at home? _____

Occupation- Father: _____ Mother: _____

Parent's marital status: □Married □Divorced □Separated □Remarried □Living together

If married, how long? _____ If other, how long? _____

How would you rate their marriage? □Very happy □Happy □Average □Unhappy

How would you rate your childhood? □Good □Fair □Poor Why? _____

_____

Growing up, whom did you feel closest to? □Father □Mother □Other _____

_____

MARITAL/INTIMATE RELATIONSHIP HISTORY

Marital status: □Single □Married □Separated □Divorced □Remarried □Widowed

List you present living arrangement: *(Please check all that apply)*

□Living alone □With Parents □With Spouse □With others (non-relatives)

□With others (relatives, including children) □Other: _____

If you are, or have been married, please list: (Start with your most recent marriage.)

PERSON MARRIED TO	MONTH/YEAR	ENDED IN (Divorce, Separation, Death)	MONTH/YEAR

Current spouse (full name) _____

Address: _____

(Street) (City) (State) (Zip)

Home Phone: (_____)_____ Work: (_____)_____

Do you have any children? □Yes □No If yes, please list:

NAME OF CHILD	AGE	WHERE LIVING

(Use back of this page if additional space is required.)

Describe any positive or negative aspects of your relationship with your children:

_____

_____

_____

Describe any problems or concerns related to your relationship with your spouse or girl/boyfriend:

_____

_____

_____

Have you been physically abused? □Yes □No

Have you been emotionally abused? □Yes □No

Have you been sexually abused? □Yes □No

To your knowledge, has anyone in your family ever been sexually abused? □Yes □No

When: _____ Who: _____

When: _____ Who: _____

Sexual Lifestyle: *(Please check all that apply)* □Bisexual □Heterosexual □Homosexual
□Pornography □Prostitution
Any recently involved? _____
Have you ever engaged in homosexual activities? □Yes □No

MILITARY SERVICE HISTORY

Have you ever served in the U.S. Armed Forces? □Yes □No
If yes, describe: Branch of Service: _____
Date of Entry: _____ Date of Discharge: _____
Military occupation standing (MOS): _____
Rank attained: _____
Discharge received: □Honorable □Less than Honorable □Dishonorable
Eligible for V.A. medical benefits? □Yes □No □Unknown

LEGAL HISTORY

Are you legally mandated to participate in a Teen Challenge-type program? □Yes □No
If yes, by whom? □Parole Board □Court □Other (explain): _____
_____
If answer is Court, Please list county of origin: _____
Are you currently or will you be under legal supervision? □Yes □No
Are you or will you be under house arrest / require ankle bracelet? □Yes □No
Method of reporting: □Phone □Letter □In person (explain): _____
How often do you report? _____ How long? _____ Time remaining? _____
Probation or Parole Officer's Name: _____
Agency: _____ Phone Number: _____
Address: _____
(Street) (City) (State) (Zip)
Are any of the following pending against you? *(Please check those that apply)*
□Arrest warrant □Court appearance □Criminal charges □Sentencing □Other (explain)
If you have checked any of the above, please explain: _____
_____
_____
_____
(Use the back of this page if additional space is required)
Jail or Prison Information:
DATE(S) INSTITUTION
_____ _____
_____ _____
_____ _____

List all arrests and convictions

Date	Charges	Conviction (Y/N)	Sentence	Time in Jail	Drug related?

(Use the back of this page if additional space is required.)

SOCIAL INVOLVEMENT HISTORY

Describe your involvement in the following:

Religion: _____

Recreation/Sports: _____

Peer Groups: _____

Community affiliations: _____

Hobbies: _____

Other: _____

_____

FINACIAL

If you enter our program, what provisions will be made for the following expenses?

Medical? _____

Dental? _____

Are you eligible for and/or receiving the following: □Welfare □Disability payments

□Unemployment comp. □Workman's comp. □Other income (explain next page)

_____

_____

Have you ever applied for food stamps? □Yes □No Where? _____

Do you have any outstanding debts? □Yes □No Explain: _____

_____

_____

Owed to	Amount	Address	Phone	Payment

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

Moves: _____

Losses (personal, financial): _____

Neglect: _____

Foster home placement or institutionalization: _____

Ethnic/cultural influences: _____

Other (specify): _____

_____

(Use the back of this page if additional space is required.)

ACADEMIC HISTORY

List the highest grade that you have completed: _____

Do you have your High school diploma □Yes □No *If No, do you have your* GED □Yes □No

Are you currently in an education program? □Yes □No

If yes, list: _____

(Name of Program) (City)

If you are no longer in an education program, please explain your reason for leaving school:

_____

Are you receiving or have you received vocational training? □Yes □No

If yes, list: _____

TYPE OF TRADE OR SKILLS	DATE OF TRAINING (Mo/Yr) to (Mo/Yr)	CERTIFICATE ISSUED Yes or No

Can you read? □Yes □No □Good □Average □Poor

Can you write? □Yes □No □Good □Average □Poor

Describe your future educational and vocational training goals and plans:

Educational: _____

_____

Vocational: _____

_____

_____

OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? _____

How many jobs have you held in the last two years? _____

List your present employment status:

□ Unemployment *(Have not sought employment in the last 30 days)*

□ Unemployment *(Have sought employment in the last 30 days)*

□ Employed part-time *(Working less than 35 hours per week)*

□ Employed full-time *(Working 35 hours or more per week)*

List your two most recent jobs? *(Start with your most recent job)*

_____ _____

(Name of Employer) ` (Position Held)

_____ _____

(Employed from - Mo/Yr to Mo/Yr) (Reason for leaving)

_____ _____

(Name of Employer) (Position Held)

_____ _____

(Employed from - Mo/Yr to Mo/Yr) (Reason for leaving)

List your current average monthly income: _____

Describe your primary source of income: _____

How will you pay for the program? _____

Describe your future occupational goals and plans: _____

_____

_____

Skills: _____

_____

_____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in Teen Challenge?

□Yes □No If yes, please explain: _____

_____

_____

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment? □Yes □No If yes, please list:

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome
_____	_____	_____	_____
_____	_____	_____	_____

(Use the back of this page if additional space is required)

Has a family member or someone close to you ever attempted or committed suicide? □Yes □No

Have you ever thought about committing suicide? □Yes □No

Are you currently thinking about committing suicide? □Yes □No

Have you ever received psychiatric care? □Yes □No

If yes, please explain: _____

Will you, as a student of Teen Challenge, be willing to authorize doctors or agencies involved in previous treatments to release your medical records? □Yes □No

INSURANCE INFORMATION

List your health insurance type: *(Please check)*

□No health insurance □Other private insurance □Blue Cross/Blue

□Medicaid/Medicare □Other public funds _____

Insurance policy number: _____

Company: _____ Phone: _____

_____

PERSONAL/FAMILY MEDICAL HISTORY

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandpt	Father	Mother	Spouse	Brother	Sister	Child
Drug Abuse	☐	☐	☐	☐	☐	☐	☐
Alcoholism	☐	☐	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐	☐	☐
Problems	☐	☐	☐	☐	☐	☐	☐
Mental	☐	☐	☐	☐	☐	☐	☐
Health	☐	☐	☐	☐	☐	☐	☐
Problems	☐	☐	☐	☐	☐	☐	☐

Describe any illness and developmental problem/concern you experienced as a child:

_____

_____

_____

Do you have any special diet requirements? □Yes □No

If yes, please explain: _____

_____

_____

When were your teeth last examined? _____

Are you currently experiencing problems with your teeth? □Yes □No

If yes, please explain: _____

_____

If you drink coffee, tea, or smoke cigarettes, pleas list the amount you consume each day:

Cigarettes: _____ packs smoked per day.

Coffee: _____ cups consumed per day.

Tea: _____ cups consumed per day.

List how often you used the following drugs.

(Never, Once, Several times, or Regularly)

Alcohol_____ Glue_____

Barbiturates(downers) _____ Tobacco_____

Amphetamines(uppers) _____ Meth_____

Heroin_____ Crack_____

Cocaine_____ Marijuana_____

Hallucinogenics _____ K2,Spice, etc._____

Opiates_____ other (specify)_____

List any drugs that you are currently abusing: _____

_____

List your present physician's name: _____

Address: _____

(Street) (City) (State) (Zip)

Phone number: _____

List All Current Medications that you are prescribed:

NAME	DOSAGE	DOCTOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPIRITUAL HISTORY

Are you born again? □Yes □No Date: _____ Place: _____

What is your current spiritual condition? _____

What were the circumstances that led to this? _____

_____

Denominational preference? _____

How often do you attend church? □Never □Occasionally □Regularly

Are you a member of any Church or Religion? □Yes □No Which one? _____

_____

How often did you attend church as a child? _____

Which Denomination was it? _____

How old were you when you stopped attending? _____

Why did you stop attending? _____

Do you believe in God? □Yes □No □Uncertain

Do you pray? □Never □Occasionally □Often

How often do you read the Bible? □Never □Occasionally □Often

Do you read books of other religions instead of the Bible? □Never □Occasionally □Often

Which ones? _____

_____

What recent changes have you had in your religious life (if any)? _____

_____

Have you ever been involved in cults, such as Christian Science, Jehovah's Witness, Mormonism, Scientology, TM, Eastern Religions, or others? Explain: _____

_____

_____

THE PROBLEM

What is your main problem, as you see it?

_____

_____

_____

What have you done about it?

_____

_____

_____

What are your greatest needs in order of priority?

_____

_____

_____

Have you ever been in a program before? _____

Was it religious or non-religious? _____

How many programs have you been in before? _____

List program name 1: _____

Dates: _____ Reasons for leaving: _____

List program name 2: _____

City/State: _____

Dates: _____ Reasons for leaving: _____

(use the back of this page if additional space is required)

Have you ever been in a Teen Challenge program before? □Yes □No

When? _____ Where? _____

Why did you leave the program?

□Dismissed by staff □Left on own □Completed the program □Graduated □N/A

□Other _____

Why do you wish to be admitted? _____

_____

_____

_____

What are you expecting (believing) God to do in your life through the program? _____

_____

_____

_____

Describe what you are willing to do, or what you think is required of you: _____

_____

_____

_____

What would you like to do after you leave Teen Challenge? _____

_____

_____

_____

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and that the applicant form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

_____ _____

(Student Applicant) (Date)

If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

1. Name of person completing and filling out application form:

_____ _____

(Name) (Date)

2. Relationship to applicant: _____

3. Explain why student applicant was unable to complete or fill out the enclosed application form:

_____

_____