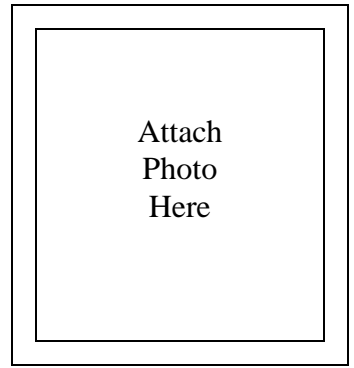




**Karen's Place Teen Challenge of Kentucky  
APPLICATION FOR ADMISSION**



**I. GENERAL**

**TODAY'S DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Name: \_\_\_\_\_  
*First Middle Last*
- Present Address: \_\_\_\_\_  
*Street City State Zip*  
Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Referred to Teen Challenge by: \_\_\_\_\_  
*Name Phone*  
\_\_\_\_\_  
*Address City State Zip*  
Relationship (Friend, Relative, etc.) \_\_\_\_\_

**II. PERSONAL**

- Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex:  M  F Weight: \_\_\_\_ Height: \_\_\_\_
- Race:  White  Black  Asian or Pacific Islander  Hispanic  American Indian  Other \_\_\_\_\_
- Are you an American Citizen?  Yes  No
- Are you living on your own?  Yes  No  
Reason for leaving home: \_\_\_\_\_
- What kind of problems did you have while living at home? \_\_\_\_\_
- Last grade completed: \_\_\_\_\_ GED?  Yes  No
- Have you served in any branch of the military?  Yes  No Which Branch? \_\_\_\_\_  
Type of discharge: \_\_\_\_\_
- Do you have any Reserve or military obligation at this time?  Yes  No  
If yes, explain: \_\_\_\_\_
- What is your sexual preference?  Homosexual  Bisexual  Transsexual  Heterosexual
- Have you ever engaged in homosexual activities?  Yes  No How recently? \_\_\_\_\_
- What are your present living conditions? With Whom? \_\_\_\_\_ Where? \_\_\_\_\_  
How are you supported? \_\_\_\_\_
- What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.) \_\_\_\_\_

**III. MARITAL STATUS**

1.  Single  Married  Separated  Divorced  Common Law  Widowed  Remarried
2. Spouse or Ex-Spouse's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
*Address* *City* *State* *Zip*
3. If separated or divorced, please give date: \_\_\_\_\_  
 Reason for breakup: \_\_\_\_\_  
 What is the relationship like now? \_\_\_\_\_
4. Do you have a boyfriend/girlfriend/finance'?  Yes  No  
 If yes, what is the relationship like? \_\_\_\_\_
5. Do you have dependents?  Yes  No

Dependent's Name	Birthdate	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**IV. DRUG HISTORY**

1. Have you ever experimented with drugs or alcohol?  Yes  No
2. Why did you experiment with or become involved with drugs?  
 \_\_\_\_\_  
 \_\_\_\_\_

Drugs used:	Usage		How Often Used?			
	1 <sup>st</sup> Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue						
Tobacco						
Marijuana						
Other (Specify)						

3. Do you consider yourself addicted?  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
4. I depend on drugs (Check which one(s) apply to you)  To cope with life  To be "in" with crowd  
 For pleasure  To escape reality  Other \_\_\_\_\_
5. Longest period clean? \_\_\_\_\_ When was that? \_\_\_\_\_

**V. LEGAL STATUS**

1. Have you ever been arrested?  Yes  No How many times? \_\_\_\_\_

Date	Charges	Convicted? (Yes or No)	Sentence	Time Served

2. Are there pending charges?  Yes  No If yes, when is court date? \_\_\_\_\_

3. Have you ever been on probation?  Yes  No Are you now on probation?  Yes  No  
 How long have you been on probation? \_\_\_\_\_ Time remaining? \_\_\_\_\_  
 How do you report?  In person  By Mail 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 How often do you report? \_\_\_\_\_

Name of Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

4. Have you ever been in prison?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

5. Name of Lawyer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**VI. SPIRITUAL STATUS**

1. Do you believe in God?  Yes  No  Uncertain

2. Have you ever committed your life to God?  Yes  No  
 If so, Where? \_\_\_\_\_ Date: \_\_\_\_\_  
 a. What were the circumstances that led to your decision? \_\_\_\_\_

b. How many times have you turned from God? \_\_\_\_\_

3. How often do you attend church?  Never  Sometimes  Regularly  
 Denominational preference: \_\_\_\_\_

4. Are you a member of any church or religion?  Yes  No  
 If yes, which one? \_\_\_\_\_

5. What recent changes have you had in your religious life (if any)? \_\_\_\_\_

6. Have you ever been involved in the occult?  Yes  No

7. Explain your need of God, what your standing with Him is now (ie: good or bad relationship, no relationship at all, etc)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. FINANCIAL STATUS**

1. Are you receiving welfare, unemployment compensation, disability payments, workman’s compensation, alimony, or other income?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Do you have any outstanding debts or fines?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

Owed to	Amount	Address	Phone	Payments

**VIII. THE PRESENTING PROBLEM**

1. What is the main problem in your life, as you see it? (Why are you wanting to come here?)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What have you done about it?

\_\_\_\_\_  
 \_\_\_\_\_

3. What are your greatest needs, in order of priority?

\_\_\_\_\_  
 \_\_\_\_\_

4. Have you ever been involved in a Teen Challenge program before?  Yes  No  Can’t Remember  
 If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

5. Have you ever been in any other type of program before?  Yes  No How many? \_\_\_\_\_  
 Religious  Non-Religious

Program Name	Dates	City & State	Reason for Leaving

6. Why do you wish to be admitted to this Teen Challenge program?

\_\_\_\_\_  
 \_\_\_\_\_

7. What are you expecting (believing) God to do in your life while you are at TC?

\_\_\_\_\_  
 \_\_\_\_\_

8. 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’re willing to do, or what you think is required of you?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IX. HEALTH STATUS**

- 1. Range your general health:  Excellent  Good  Fair  Poor
- 2. Do you have any communicable diseases?  Yes  No If so, what? \_\_\_\_\_  
Do you have epilepsy, seizures, diabetes?  Yes  No If so, what? \_\_\_\_\_
- 3. List any medical problems or handicaps:  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Are you presently receiving medical care?  Yes  No If so, where? \_\_\_\_\_
- 5. Are you currently taking medication?  Yes  No If so, please list:  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Do you have any physical problems due to drugs/alcohol?  Yes  No
- 7. Have you been hospitalized within the past 12 months?  Yes  No If so, please explain:  
\_\_\_\_\_
- 8. List all medications to which you are allergic or sensitive:  
\_\_\_\_\_
- 9. List all allergies (including food, latex, insects, etc.)  
\_\_\_\_\_
- 10. Have you ever had psychiatric care?  Yes  No If so, please explain:  
\_\_\_\_\_
- 11. Have you ever attempted suicide?  Yes  No If so, How? \_\_\_\_\_  
Was it drug or alcohol related?  Yes  No If so, explain: \_\_\_\_\_
- 12. What is the condition of your teeth?  
(**Must** provide a copy of dental exam and **must** have all necessary dental work completed **before** coming into Teen Challenge; otherwise must wait until Re-entry and you will be responsible for all expenses incurred. Unless something arises of an emergency nature, you will not be taken to a dentist while in Teen Challenge.)

**Female Issues:**

- 1. Are you pregnant?  Yes  No  Maybe Why do you think so? \_\_\_\_\_
- 2. Menopause? (Change of Life)  Yes  No If so, when? \_\_\_\_\_
- 3. Have you ever had an abortion?  Yes  No If so, how many times? \_\_\_\_\_  
Please explain the circumstances of each time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECKLIST:** Make Check marks on the line as you **complete** each step.

- Fill out application completely**
- Sign and witness student agreement**
- Sign General Program Rules agreement**
- Fill out Financial Responsibilities Form**

**Note:** *Every step must be completed and checked off **BEFORE** your application will be considered.*

*We reserve the right to dismiss any student who knowingly does not disclose pertinent medical information.*

# STUDENT AGREEMENT

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC 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.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning. (Note: This is not done routinely, but only at times of definite cause.)
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I 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.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
9. I understand that I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to Teen Challenge 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.
11. I understand that upon arrival I must deposit with Teen Challenge the cost of a return bus ticket to be held for me in case I am dismissed or decide to leave the Teen Challenge program prematurely.
12. I agree to submit to the authority of all staff members.

**THIS FORM MUST BE SIGNED & WITNESSED BEFORE YOUR APPLICATION CAN BE PROCESSED!**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Karen's Place Staff Signature**