

FOR OFFICE USE ONLY

Accepted: Yes No

Date _____

Comments _____

ADMISSIONS APPLICATION-MEN (18-40 years old)

Please *print* your answers *clearly* and fill out form *completely*. Must be filled out by the person seeking admission.

Date: _____

Name _____ SS# _____ DOB _____ Age _____

Phone _____ Cell _____ email _____

Current Address _____ City _____ County _____ State _____ Zip _____

Alternate Address _____ City _____ County _____ State _____ Zip _____

Race/Ethnic Origin _____ Gender at time of birth _____ Veteran Yes No

Referred by _____

Have you ever been admitted to a Teen Challenge other than Teen Challenge Cincinnati? Yes No

Is this your first contact with Teen Challenge Cincinnati (TCC)? Yes No If not, give previous contacts:

Are you ready to commit to a 6-month minimum, highly disciplined, educational program in a spiritual context? Yes No

MEDICAL HISTORY

I have psychological issues-depression, anxiety, bi-polar, thought disorders, hallucinations, personality disorders

I have suicidal thoughts

I have attempted suicide

I have recurring medical injuries requiring treatment

I have been hospitalized for major surgery, overdose, etc.

I am taking medication as prescribed by a doctor. List meds _____

I have food allergy drug allergy other allergy—please explain _____

I have an ongoing medical condition. Explain _____

PLEASE BE AWARE WE MAY NOT ACCEPT CLIENTS WHILE ON MENTAL HEALTH MEDICATION

(We are unable to accept students with conditions that render them incapable of full participation in our program)

LEGAL HISTORY *Failure to disclose all relevant information may result in release from program*

Are you currently incarcerated? Yes No If yes, state where & current charge or reason for incarceration _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

Have you ever been convicted of assault? Yes No If yes, explain _____

Have you ever been convicted of sexual offence Yes No If yes, explain _____

Have you ever been convicted of domestic violence Yes No If yes, explain _____

Do you have any pending court appointments? Yes No

Probation/Parole Officer's Name _____ Phone _____

Address _____ City _____ County _____ State _____ Zip _____

Attorney's Name _____ Phone _____

Address _____ City _____ County _____ State _____ Zip _____

CHEMICAL DEPENDENCY HISTORY

1) What drug(s) have you used in last 12 months _____

2) At what age did you begin using alcohol/drugs? _____

3) How often do you drink alcohol/use drugs? _____

4) How long have you realized alcohol/drugs are a problem for you? _____

5) When did you last use alcohol _____ drugs _____

6) How much do you consume at one time? Alcohol _____ Drugs _____

7) Do most of your social activities include drug/alcohol use? Yes No

8) Have alcohol/drugs affected your ability to hold a job? Yes No If yes, where? _____

9) Are you presently in treatment? Yes No If yes, where? _____

If you have been in prior treatment, other than Teen Challenge, please list facilities below.

Name	Length of Stay	Completed?	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JOB & CAREER

What jobs have you held in the past several years? Do you hold any certification, if so, in what?

Are you receiving SSI? Yes No Are you receiving disability payments? Yes No

Annual Income: Individual _____ Household (you and significant other) _____

CHURCH

Name of church (if any) that you currently attend _____

City _____ State _____ Pastor _____

EDUCATION

Highest school grade *completed*? _____ If you did not complete high school, do you have a GED? Yes No

RELATIONSHIPS

I am currently (check all that apply): Single Homosexual bi-sexual married divorced separated living with another in a non-marital relationship

Does your significant other drink and/or use drugs ?

What is the length of your present relationship? _____ Name _____

How many children do you have? _____ Please give information below

1. Name _____ Age _____ Custody Yes No explain _____

Mother's name _____ Current Custodian (name/relationship) _____

2. Name _____ Age _____ Custody Yes No explain _____

Mother's name _____ Current Custodian (name/relationship) _____

3. Name _____ Age _____ Custody Yes No explain _____

Mother's name _____ Current Custodian (name/relationship) _____

4. Name _____ Age _____ Custody Yes No explain _____

Mother's name _____ Current Custodian (name/relationship) _____

Have any of your close, blood relatives had a significant alcohol or drug problem? Yes No If yes, please list who (father, mother, etc.) _____

Is your family likely to participate in visiting you while you are at Teen Challenge? Yes No

In completing this application, I affirm my agreement with the following statements by signing my initials.

1) I understand that TCC is Christian-based recovery. As a result, I will be required to attend church services during the week, participate in Bible studies, and attend chapels. Initials _____

2) I understand that TCC is an alcohol, drug, and tobacco-free environment. If I am using any of these while in the program, I could be released from the program. Initials _____

3) I understand the policy concerning hair—cut above the ears and collar & clean-shaven. Initials _____

4) I will submit to the rules/authorities at TCC, and am open to allowing Christ to change my life. Initials _____

5) I understand that TCC will run periodic drug screens and a positive response may result in my release from the program and notification of my probation/parole officer, if I have one. Initials _____

6) I understand that there is a \$350.00 intake fee (non-refundable) and a monthly assessment fee of \$900.00 Initials _____

7) I understand that TCC is NOT RESPONSIBLE for my medical needs or loss due to theft. Initials _____

8) I authorize TCC to conduct a police background check. Initials _____

9) I authorize TCC to talk with individuals who previously provided treatment to me. I further authorize contact with my doctor or former hospital to discuss any treatment I have received. Initials _____

I, (print name) _____ acknowledge that, to the best of my knowledge, all information given on this application is correct. I authorize investigation of all statements contained in my application for admission. I further give permission to TCC Admissions Staff to speak with those who may support me during recovery to assist in determining eligibility for admission. I authorize TCC to speak with anyone who may be representing me, such as an attorney or other legal representation, to assist in admission, recovery or aftercare. I also realize that any false or misleading information could result in my not being accepted or subsequent release from TCC

Signed (by person seeking admission) _____ Date _____

Intake Coordinator _____ Date _____

This form may be faxed to 513-248-0457 or mailed to: Teen Challenge Cincinnati, P.O. Box 249, Milford OH 45150. You may call Teen Challenge regarding admission at 513-248-0452 extension 102 or visit us at 1466 US Highway 50, Milford OH. Our online address is www.teenchallengecincinnati.org.