

**FOR OFFICE USE ONLY**

Accepted: Yes  No

Date \_\_\_\_\_

Comments \_\_\_\_\_

**ADMISSIONS APPLICATION-WOMEN (18+ years old)**

Please *print* your answers *clearly* and fill out form *completely*

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 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 offense 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 Cincinnati, 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

Household income (you and significant other) \_\_\_\_\_ Number of people living in household \_\_\_\_\_

## 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 \_\_\_\_\_

Father's name \_\_\_\_\_ Current Custodian (name/relationship) \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Custody Yes  No  explain \_\_\_\_\_

Father's name \_\_\_\_\_ Current Custodian (name/relationship) \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Custody Yes  No  explain \_\_\_\_\_

Father's name \_\_\_\_\_ Current Custodian (name/relationship) \_\_\_\_\_

4. Name \_\_\_\_\_ Age \_\_\_\_\_ Custody Yes  No  explain \_\_\_\_\_

Father'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 will submit to the rules/authorities at TCC, and am open to allowing Christ to change my life. Initials \_\_\_\_\_
- 4) 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 \_\_\_\_\_
- 5) I understand that there is a \$350.00 intake fee (non-refundable) and a monthly assessment fee of \$900.00 Initials \_\_\_\_\_
- 6) I understand that TCC is NOT RESPONSIBLE for my medical needs, loss due to theft, or transportation to court. Initials \_\_\_\_\_
- 7) I authorize TCC to conduct a police background check. Initials \_\_\_\_\_
- 8) 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 303 or visit us at 1311 US Highway 50, Milford OH. Our online address is [www.teenchallengecincinnati.org](http://www.teenchallengecincinnati.org).*