

FOR OFFICE USE ONLY

Accepted Yes No

Date _____

Comments _____

ADMISSIONS APPLICATION-MEN (18 years old and up)

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

Name _____ Date _____ SS# _____ DOB _____ Age _____

Phone _____ Cell _____ email _____

Current Address _____ City _____ County _____ State _____ Zip _____

Alternate Address _____ City _____ County _____ State _____ Zip _____

Race/Ethnic Origin _____ Sex 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

What do you hope to accomplish at Teen Challenge Cincinnati? _____

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 been hospitalized for major surgery, overdose, etc.

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

I have food allergy drug allergy other allergy. Explain _____

I have ongoing medical condition. Explain _____

PLEASE BE AWARE THAT 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 a sexual offence? Yes No If yes, explain _____

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

Have you ever been convicted of arson? 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 the 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 alcohol/drug use? Yes No

8) Have alcohol/drugs affected your ability to hold a job? Yes No

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
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

JOB AND CAREER

What jobs have you held in the past several years? Do you hold any certifications? If so in what?

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

Please state your 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 present length of your relationship? _____ Name _____

How many children do you have? _____

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

Are you coming from an environment where there are bed bugs? Yes No

FOR THOSE CURRENTLY IN JAIL OR PRISON

Have you already been sentenced? Yes No

If you are presently serving time, when is your release date? _____

If you are awaiting a hearing/sentencing, what is your court date? _____

Please provide the contact information for a person who can speak with Teen Challenge on your behalf

Name _____ What relation is this person to you? _____

Phone number _____ Address _____

Email _____

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 use any of these while in in the program, I could be released from the program Initials _____

3) I understand the policy concerning hair—cut above the ears and collar & any facial hair neatly trimmed. 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 45250. 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.