



INDUCTION ADMISSIONS APPLICATION

Interviewing Center	Interview Date	Induction Date	RTC or VTC Date	Dismissed Date	Left on Own Volition Date	Graduation Date
1) _____	1) _____	1) _____	1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____	3) _____	3) _____	3) _____

If more space is needed use reverse side

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Sex _____ Birth date ____ - ____ - ____ Age _____ Height _____ Ethnic Background _____

ID/Driver's License# _____ State _____ Do you have your card? Yes No

Social Security Card# _____ Do you have your card? Yes No

Do you own a car registered in your name? Yes No If yes, estimated value? _____

LEGAL STATUS:

Have you ever been arrested? Yes No If yes, for what? _____

Have you ever done jail time? Yes No If yes, How long? _____

What type of institutions? _____

Do you have any legal charges or commitments pending? Yes No

If yes, when & where? _____

What for? _____

Do you have any warrants? Yes No If yes, where? _____

What for? _____

➤ Have you been probated or committed to Teen Challenge by the Court? Yes No

If on probation: Probation Officer Name _____ City _____ Phone: _____

If on parole: Parole Officer Name _____ City _____ Phone: _____

Comments: _____

If applicable, the appropriate authority will be notified when you leave Teen Challenge.

Comments: _____

MISCELLANEOUS INFORMATION:

Have you ever been in the military? Yes No If yes, do you receive any benefits? Yes No

Are you currently receiving any type of Disability or Social Security Income, EBT, Welfare or Unemployment Benefits?

Yes No Describe _____

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EDUCATION: (Enter grade year you completed)

Grade School _____ **High School** _____ **GED** _____ **College** _____

Have you ever been diagnosed with a learning disability? Yes No

If yes, describe _____

What other training or job skills do you have? _____

Can you read? Yes No Can you write? Yes No

RELIGIOUS BACKGROUND:

Did you attend church as a child? Yes No If yes, which one? _____

Are you attending a church now? Yes No If yes, which one? _____

Is your spouse attending a church now? Yes No If yes, which one? _____

Do you believe in God? Yes No Uncertain

Do you believe that by putting your faith in Jesus Christ you can have eternal life? Yes No

Have you received Jesus Christ as your Savior? Yes No

HEALTH INFORMATION: Have you ever had the following?

Tuberculosis Yes No Present Condition _____

Hepatitis Yes No Present Condition _____

Herpes Yes No Present Condition _____

Venereal Disease Yes No Present Condition _____

Body lice Yes No Present Condition _____

Have you ever been tested for HIV/AIDS? Yes No Present Condition _____

Do you have any physical handicaps? If yes, describe _____

Are you presently taking any prescribed medication? Yes No If yes, what? _____
Why? _____

Have you ever been in a Mental Health program? Yes No If yes, describe _____

Have you ever been under psychiatric care? Yes No If yes, describe _____

FAMILY INFORMATION:

Check one for current status: Single Married Divorced Separated Engaged Girlfriend Boyfriend

Spouse/Other's Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Your children's names/ages _____

Who is caring for your children? _____ What is their relationship to you? _____

Their Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Your Parents' Names _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Other Close Relative's Names _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

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Drug History:

What substance(s) have you mainly abused? _____

Are you using it/them now Yes No How old were you when you first tried illegal drugs? _____

DRUGS ABUSED	YES	NO	PLEASE SPECIFY WHAT YOU USED, HOW OFTEN AND WHEN WAS THE LAST TIME YOU USED IT?
Alcohol			
Marijuana			
Speed/Meth/Crank			
Cocaine/Crack			
Prescription Meds			
Heroin/Opiates			
Hallucinogenic/LSD/Mushrooms			
Inhalants/Glue/Paint/CompDuster			
PCP			
Other (specify)			
Tobacco/Cigarettes/Chew			

What is your main problem as you see it? Why are you here? _____

What can we do? What are your expectations of this program? _____

How did you hear about Teen Challenge? _____

Interviewer's name and comments: _____

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Emergency Contact:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

JUSTICE FOR ALL

Rules for Acceptance and participation in the Teen Challenge program are the same for everyone without regard to race, national origin, age, sex, or handicap.

CONFIDENTIAL RELEASE FOR TEEN CHALLENGE OF SOUTHERN CALIFORNIA (TCSC)

I hereby grant a full release of any information in your files whether it be confidential or otherwise restricted from public access to Teen Challenge of Southern California (TCSC) and its agents. I further grant TCSC or its agents the right to have conferences, including telephone conferences, with your agency or affiliates for purposes of discussing said information in your files or otherwise obtaining needed information for purposes of effecting satisfaction of the needs and purposes of TCSC.

Dated: _____ Signed: _____

RIGHT TO USE CASE HISTORY

I, _____, hereby grant Teen Challenge of Southern California (TCSC) the right to use my testimony in my case history with TCSC for purposes of media coverage, special bulletins, publications, advertisements, or any other documentary or public coverage of TCSC and its affiliates. I further recognize that I may be requested to speak at public gatherings, give my testimony, or participate in TCSC choirs, although I recognize that TCSC will respect my personal needs to withhold participation in these functions if I deem it necessary. While participation would be appreciated by TCSC, TCSC will respect my decisions in these matters unless my non-cooperation results from a violation of other rules and regulations governing my conduct while at TCSC. Should my conduct relate to such a violation, then the application of said rules and regulations shall apply and be in full force and effect.

Dated: _____ Signed: _____

MEDICAL AUTHORIZATION RELEASE

I hereby authorize Teen Challenge of Southern California (TCSC) to make arrangements for any emergency medical assistance that may be required due to illness or injury on my part.

Dated: _____ Signed: _____

SEXUAL/MORAL STANDARD

Teen Challenge upholds Christian, biblically based moral standards. In our teaching and in practice observed by staff and students, all forms of sexual activity outside of marriage between a husband and a wife are inappropriate and outside the boundaries of what God has ordained. Therefore adultery, extra marital sex, either heterosexual or homosexual, will not be allowed while in the Teen Challenge program. I have read this and agree to abide by this policy while I am at Teen Challenge.

Dated: _____ Signed: _____