



# INDUCTION ADMISSIONS APPLICATION

Interviewing Center	Interview Date	Induction Date	RTC or VTC Date, if not CV	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

**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 limitations? 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 and image 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: \_\_\_\_\_