



# Adult & Teen Challenge

## Faith Home Network

Putting hope within reach of men, women, and families

### ADMISSION APPLICATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
First Last Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Engaged  Not married  Unmarried living together

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

#### Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or another Pacific Islander
- White
- Hispanic or Latino or Spanish Origin
- Non-Hispanic or Latino or Spanish Origin
- Other \_\_\_\_\_

Gender at birth  Male  Female Age \_\_\_\_\_ Type of Photo ID # \_\_\_\_\_

U.S. Citizen?  Yes  No If no, explain \_\_\_\_\_

Referred to Teen Challenge by: \_\_\_\_\_

Why do you want to enter Teen Challenge? \_\_\_\_\_

Check the items that describe you and your circumstances.

- |                                      |                                     |  |                                       |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Afraid      | <input type="checkbox"/> Cult       | <input type="checkbox"/> Living with Lover | <input type="checkbox"/> Rejected     |
| <input type="checkbox"/> Alcohol     | <input type="checkbox"/> Depressed  | <input type="checkbox"/> Mentally Confused | <input type="checkbox"/> Satanism     |
| <input type="checkbox"/> Angry       | <input type="checkbox"/> Drugs      | <input type="checkbox"/> Occult            | <input type="checkbox"/> Sex Offense  |
| <input type="checkbox"/> Arson       | <input type="checkbox"/> Homeless   | <input type="checkbox"/> Pornography       | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Battered    | <input type="checkbox"/> Homosexual | <input type="checkbox"/> Pregnant          | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Broken Home | <input type="checkbox"/> Hopeless   | <input type="checkbox"/> Prostitution      | <input type="checkbox"/> Unemployed   |

**Family**

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse (Only for legally married students) Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a  girlfriend  boyfriend?

Are you presently engaged to be married?  Yes  No If yes, Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any children?  Yes  No If yes, how many? \_\_\_\_\_

Are they living with you now?  Yes  No If yes, who will care for them while you are enrolled in the program?

Spouse  Grandparent  Relative  Other (Please Explain) \_\_\_\_\_

\_\_\_\_\_

**Drug Use History**

Have you been in any detox or rehabilitation programs before?  Yes  No

Drug(s) of choice \_\_\_\_\_

Age you began using: \_\_\_\_\_

Longest period of abstinence: \_\_\_\_ Days \_\_\_\_ Months \_\_\_\_ Year(s)

Do you use tobacco products?  Yes  No

**Medical**

Do you have MediCal?  Yes  No If yes, which county \_\_\_\_\_

If you do not have MediCal, do you have health insurance?  Yes  No If yes, with what company?  
\_\_\_\_\_

Do you have any  disabilities  physical problems?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have dental insurance  Yes  No If yes, with what company?  
\_\_\_\_\_

Allergies?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescribed medications?  Yes  No If yes, please list them.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Have you ever had any psychiatric treatment?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you using any of the following medications? Psychiatric  Yes  No / Antidepressants  Yes  No / Antianxiety  Yes  No If yes, which one(s) and for how long?

Have you ever attempted suicide?  Yes  No If yes, how long ago \_\_\_\_\_

**Education**

Last grade level completed: \_\_\_\_\_ What year? \_\_\_\_\_

College or University?  Yes  No If yes, what degree did you earn? \_\_\_\_\_

Vocational training  Yes  No If yes, in what field? \_\_\_\_\_

How would you rate your reading and writing skills?  Excellent  Good  Fair  Poor

**Legal Issues**

Are you currently on: Probation  Yes  No Parole  Yes  No If yes to either, please explain:

\_\_\_\_\_

Probation or Parole officer's contact information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Probation / Parole conditions \_\_\_\_\_

**Criminal Record**

Date	City / State	Charge	Status

Cases Pending: \_\_\_\_\_

Length incarceration time: (Please place the time in the box provided)

In county	In state	In federal

**Finance**

Explain your financial circumstances:

Can you provide the \$500 per month program fee?  Yes  No

If yes, how will that be given? \_\_\_\_\_

If no, would you be willing to raise the funds as you progress through the program?  Yes  No

Do you currently receive any of the following?

SSI  Yes  No

State Disability  Yes  No

EBT  Yes  No

General Assistance  Yes  No If yes, what is your source? \_\_\_\_\_

## Spiritual

Do you currently attend a church?  Yes  No

Church Name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a 'born-again' Christian with a personal relationship with Jesus Christ?  Yes  No

If yes, what words or phrases best describe you as a Christian?

- Believe but don't attend church
- Confused
- Curious
- Dedicated

- Faithful to church
- Read my Bible often
- Secret believer
- Worshiper

### Preparatory Checklist to enter Adult and Teen Challenge Network

**Please read through the Introductory Packet before proceeding. (Available online and in person at the center)** If this is filled out online, you will need to cover this material with the interviewer before entrance can be granted.

When the application has been filled out and the assessment interview completed you will know if you are accepted. However, we may not be able to get you in right away. You will need to know the following. Answer them as needed and indicate yes or no to show you have read and understand each one.

1. Do you need a place to stay while in the process of getting in?  Yes  No
2. Do you know you will need to get a medical exam and history form filled out prior to entry?  Yes  No
  - a. (If you are 21 or under, discuss your possible need to qualify for Medical with your interviewer.)
3. Do you know that if there is a waiting list you must call weekly on the prearranged day?  Yes  No.
4. Do you know what phone number you need to call (get this from your interviewer).  Yes  No
5. Do you know that if you have children that you need to find a suitable and safe place for them before you enter the program?  Yes  No
  - a. When you have done that, call us back for an appointment to be admitted before one week (7 days) passes. (If you cannot do it in one week you must call and request more time. Do not assume your position will be held.)

6. Do you know that you must get your "house in order" because once in the center there will be no time for such distractions?  Yes  No.
7. Once admitted into the program I understand I will not be excused to take care of personal needs of any kind, except in the case of emergencies.  Yes  No (An emergency is qualified by the staff in consultation with the student)
8. Do you understand that ATCFHN will do a sex offense background check prior to being admitted to the program?  Yes  No. Do you authorize this background check?  Yes  No
9. If you have any future court dates that you will need to appear at, do you have family or friends committed to drive you there and back again?  Yes  No If yes, who? \_\_\_\_\_
10. Do you know ATCFHN does not provide medical detox?  Yes  No
11. Do you have questions about what to bring?  Yes  No
12. Do you know in order to take prescription drugs you must have your prescriptions in a container with your name, dosage, date, doctor names and the instructions clearly visible?  Yes  No
13. Do you understand that if you come to us from outside the area (beyond Stanislaus county) you must bring a return ticket with you or the money for a ticket?  Yes  No If yes, bring a ticket or at least \$100 for in state, \$500 for out of state.
14. Do you agree to **not** allow any outside relationships to be a distraction to the development of your relationship with the Lord Jesus Christ?  Yes  No
15. Do you understand that ATCFHN holds to the biblical principle that marriage is one man and one woman entering a covenant relationship before God and man, and it must be a legal and licensed union?  Yes  No.
16. Do you understand you will need to let us know if you can or can't help pay for your care in full or in part?  Yes  No (The cost per student is \$2500 to \$3000 per month. Anything you can do to assist us with this is greatly appreciated. No one will be kept out for lack of finance. We want to help you get the care you need but your ownership in the process is essential.)
17. Do you also understand that upon entering the program you will be asked to provide us a list of family members and friends who we can request to sponsor you as you go through this life-transforming program?  Yes  No

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Applicant's Printed Name

Signature

Date

---

OFFICIAL USE ONLY

Interviewing Staff Member \_\_\_\_\_

Assessment:  Acceptable  Not acceptable  Postponed

<p>Megan's Law</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p> <p>www.nsopw.gov.</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p>
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