



ADULT & TEEN CHALLENGE OHIO
P.O. BOX 24099
COLUMBUS, OH 43224
(614)-476-4600 FAX # (614)-675-6510
Intake Email: hope@adultteenchallengeohio.org

APPLICATION / INTERVIEW

INTERVIEWER: _____

DATE: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age _____

Weight: _____ Height: _____ Gender at birth: _____

Social Security #: _____ State ID or Driver's License #: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell #: _____ E-mail: _____

Ethnic origin _____ Referred here by: _____

FAMILY MEDICAL PERSONAL HISTORY

Grandparents -- Parents -- Spouse -- Brother -- Sister -- Child

Table with 7 columns (Grandparents, Parents, Spouse, Brother, Sister, Child) and 4 rows (Alcohol related Problems, Drug Abuse, Mental Health Issues, Physical Health Problems).

(Example: heart disease, high blood pressure, diabetes, etc.)

Marital status: _____ Married _____ Single _____ Divorced _____ Separated

Current spouse (full name): _____

Address: _____ (Street) (City) (State) (Zip)

Is your spouse (Supportive) _____ (Non-Supportive) _____

Do you have any Children? ___ Yes ___ No

Name of Child

Age

Where Living

Name of Child	Age	Where Living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship with children (Positives) _____
(Negatives) _____

Have you experienced any of the following? Miscarriage ___ Y ___ N Abortion ___ Y ___ N
Rate your own health in the last year to the present including dental: Excellent ___ Good ___ Fair ___ Poor ___
Explain any concerns _____

*** You must take care of all medical or dental needs before entering the program.

Do you think you might be pregnant now? _____

Are you on any type of special diet **prescribed** by a Doctor? ___ Yes ___ No If yes, please explain:

Do you have any allergies we should be aware of? _____

Please list the Medications you are currently taking & why? (1) _____

(2) _____ (3) _____

(4) _____ (5) _____

**Narcotics, Mood Altering, or Mind Controlling drugs are not permitted while in our program.

Are you on any kind of herb? _____ Herbs may not be brought in without a doctor's prescription.

II. LIFE CONTROLLING PROBLEM

1. Do you have a problem with Drug / Alcohol Abuse? ___ Yes ___ No If yes, please explain:

**If the answer is "NO" please go directly to question # 2.

How do / did you support your Drug / Alcohol dependency? _____

Are you currently using? ___ Yes ___ No If "No" what was date of last use? _____

At what age did you start using? (Drugs) _____ (Alcohol) _____

2. If Drugs and / or Alcohol are not the problem – what life-controlling problem do you struggle with?

III. LEGAL

Are you on Parole? Yes No Are you on Probation? Yes No
The reason Parole or Probation? _____

P. O.'s Name: _____ Phone # _____
Address: _____
City: _____ State: _____ Zip: _____

COURT HEARINGS

<u>Reason for Hearing(s)?</u>	<u>Date(s)</u>
1. _____	_____
2. _____	_____
3. _____	_____

Attorney's Name: _____ Phone # _____
Address: _____
City: _____ State: _____ Zip: _____
Judge's Name: _____ Phone # _____

Do you have any other charges pending? Yes No If so, what are the charges?
1. _____
2. _____
3. _____

List the date(s) of your next court appearance? _____

Are you aware of any outstanding warrants? Yes No If yes, please explain?

Has everything been set in place with the Judge, your P.O. or Attorney in order to apply for entrance to Adult & Teen Challenge Ohio? Yes No If not what do you still need to do? _____

****When coming in from the legal system, bring any copies of parole / probation papers, legal documents, court orders, etc.**

Have you ever been convicted of a Sexual or Violent crime? Yes No If yes, explain
Have you ever been convicted of arson? Yes No If yes explain
Charge: _____
Sentence: _____
Year Sentenced: _____
Amount of time served: _____
County & State served in: _____

IV. THE PROBLEM / SOLUTION

Why do you feel you need the Christian Discipleship Program of Adult & Teen Challenge Ohio?

Have you tried other ways to change your life before now? (Moved, changed friends, etc.) ____ Yes ____ No
Explain: _____

Have you ever been in a program before? ____ Yes ____ No If yes, how many? _____

Year: _____ Location: _____
Completed? _____ If not completed, please describe the circumstances: _____

Do you believe in God? ____ Yes ____ No
Are you ready to let God help you change your life? ____ Yes ____ No

V. ACADEMIC HISTORY

Highest grade you have completed? ____ If, not completed High School do you have a GED? ____
Are you currently in an education program? _____
Have you received vocational training? _____
How well do you read? ____ Good ____ Average ____ Poor
How well do you write? ____ Good ____ Average ____ Poor

Do you have any interest in furthering your education? ____ Yes ____ No If yes, please explain: _____

INFORMATION ABOUT THE ADULT & TEEN CHALLENGE OHIO PROGRAM

1. Our program is a 14 month program. The program includes a variety of classes, Bible Study and Work Duty. Throughout the program, students learn accountability and practical daily living skills for their lives, community, family etc.
2. There is no smoking, drugs or alcohol allowed – our program is Drug Free.
3. We offer a Christ centered approach to treatment at Adult & Teen Challenge Ohio.
4. We attend church as a group.
5. Students are required to wear dress pants, skirts or dresses when attending Church.
6. Phone privileges are once a week.. Calls are monitored. Calls are to be collect or with phone cards.
7. There is to be no contact with a ‘significant other’, boyfriends etc.
8. Students will have an ‘Approved Persons’ List for receiving & writing letters and telephone calls.
9. Adult & Teen Challenge Ohio reserves the right to inspect all baggage, packages and mail (incoming/outgoing).
10. If coming from the court, jail or legal system we must have copies of all Parole / Probation papers, legal documents, court orders, etc.
11. A physical examination report by a Medical Doctor – stating student is physically able to participate in the program. Also labs screens for a Hepatitis Panel, HIV, and a TB skin test.
12. **Copies** of your Birth Certificate, Social Security Card, and Driver’s License or State ID Card must be sent to Adult & Teen Challenge Ohio via email or fax **before an entrance date will be scheduled.**
13. You will have limited access to medical and dental care while at Adult & Teen Challenge Ohio, **unless it is an extreme emergency.**

FINANCIAL STATEMENT

No one will be turned away for an inability to pay fees while in the program. Our goal is to help those who are seeking help and want to turn their lives around, to get on the right path to a better life.

THERE IS HOPE

We are funded by donations, fundraising, etc. and anything you can do will help.

1. Are you receiving any type of Government subsidy (such as SSI or SSD)? ____ Yes ____ No
**Anyone receiving SSI, SSD or any type of Government subsidy is required to give 85% of their subsidy to Adult & Teen Challenge Ohio. Any remaining funds will be placed into the student's personal account.

2. Phone Cards need to be used in making your calls while at Adult & Teen Challenge Ohio or you can call collect. You do not receive incoming calls unless in cases of emergencies.

3. You need to bring in stamps/envelopes/stationary.

4. After 30 days a \$25-50 Wal-Mart card may also be sent for student's personal needs. (Wal-Mart cards are for necessary items only).

Signatures:

Student

Date

Witness

Date