

# SAN FRANCISCO TEEN CHALLENGE APPLICATION FOR ENROLLMENT

## SECTION I – PERSONAL INFORMATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Sex: M Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### **IDENTIFICATION: *Required Information***

Medical Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_ Expiration: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Birthmarks: \_\_\_\_\_

Scars or Tattoos: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## SECTION II – EDUCATIONAL INFORMATION

My reading ability is: **Excellent / Average / Poor** Graduated high school: **Y / N** Year graduated: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Are you interested in obtaining a G.E.D. Certificate? **Y / N**

Degrees or diplomas: \_\_\_\_\_ Special abilities or training: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please list jobs beginning with the most current. Go back 5 years.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**SECTION III – FAMILY INFORMATION**

Marital Status (circle one): **Single/Engaged/Married/Common Law/Separated/Divorced/Widowed**

**IF YOU ARE MARRIED:** Spouse's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Briefly describe your relationship: \_\_\_\_\_

**IF YOU HAVE CHILDREN:** Names: \_\_\_\_\_

Ages / DOB: \_\_\_\_\_

Do you currently have custody? (if no, explain): \_\_\_\_\_

If you were raised by anyone other than your parents, explain: \_\_\_\_\_

How many older brothers: \_\_\_ sisters: \_\_\_ do you have? How many younger brothers: \_\_\_ sisters: \_\_\_?

Have there been any deaths in the family in the past year? \_\_\_ Who and when? \_\_\_\_\_

What kind of relationship do you have with your parents? \_\_\_\_\_

**SECTION IV – LEGAL STATUS**

Have you ever been arrested? **Y / N** If yes, state the circumstances: \_\_\_\_\_

Charges pending: \_\_\_\_\_ Court Date: \_\_\_\_\_

Place: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parole or probation officer's name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

How often do you report? \_\_\_\_\_ Are you currently involved in any civil lawsuits? **Y / N**

Divorce proceedings? **Y / N** Are you required to register as a drug offender? **Y / N** As a sex offender? **Y / N**

Attorney or Public Defender's name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Social Worker's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**SECTION V – HEALTH INFORMATION**

Rate your health (good) **10 9 8 7 6 5 4 3 2 1** (poor) Recent weight change: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Medical Facility: \_\_\_\_\_

**Are you presently taking medication? Y / N What? \_\_\_\_\_ For what cause? \_\_\_\_\_**

Prescribed by whom? \_\_\_\_\_  
Name Address Phone #

**Do you have any drug allergies? Y / N If yes, to which drugs? \_\_\_\_\_**

Are you willing to sign a release of information so that Teen Challenge may write for psychiatric or medical reports? **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please attach a list of all psychological and/or medical evaluations in the last 5 years. **(PLEASE SEND ALL PSYCHOLOGICAL REPORTS, EITHER WITH THIS PACKET OR DIRECTLY FROM THE DOCTOR)**

Please check any of the following diseases you have had:  
Anemia\_\_\_ Asthma\_\_\_ Bladder Infections\_\_\_ Cancer\_\_\_ Diabetes\_\_\_ Epilepsy\_\_\_ Eye Disease\_\_\_  
Heart Trouble\_\_\_ Hepatitis\_\_\_ Herpes\_\_\_ High Blood Pressure\_\_\_ Kidney or Bladder Disease\_\_\_ Malaria\_\_\_  
Pneumonia\_\_\_ Skin Infection\_\_\_ Stomach or Peptic Ulcer\_\_\_ Stroke\_\_\_ Tuberculosis\_\_\_ Venereal Disease\_\_\_

List important present or past allergies, illnesses, injuries or handicaps: \_\_\_\_\_

Have you ever had homosexual tendencies? **Y / N** Have you ever participated in homosexual activity? **Y / N**

Was this with a friend / relative / other? \_\_\_\_\_

Have you ever been involved on solicitation? \_\_\_\_\_

Have you ever been sexually molested, abused or raped? \_\_\_\_\_ How old were you? \_\_\_\_\_

(Attach a page explaining your "Yes" answers.)

Do you have a communicable disease? (includes lice, crabs, scabies) **Y / N** If yes, which disease and what treatment are you receiving? \_\_\_\_\_

- YOU MUST HAVE A MEDICAL RELEASE STATING THAT YOU ARE FREE FROM COMMUNICABLE DISEASES BEFORE ENTERING THE HOME.**

Have you ever had syphilis or gonorrhea? \_\_\_\_\_ Have you had a blood test for either? \_\_\_\_\_

Which disease was it and what treatment are you receiving? \_\_\_\_\_

## SECTION VI – SUBSTANCE ABUSE / ADDICTIONS

Do you use tobacco? **Y / N** What do you use ( cigarettes, cigars, chewing)? \_\_\_\_\_

How many times per day? \_\_\_\_\_ At what age did you start? \_\_\_\_\_

Do you drink alcohol? **Y / N** How often do you drink? \_\_\_\_\_ How long have you been drinking? \_\_\_\_\_

At what age did you start? \_\_\_\_\_ When was the last time you drank? \_\_\_\_\_

What did you use last? \_\_\_\_\_ How much? \_\_\_\_\_

Are you addicted to alcohol? **Y / N** Have you ever kicked alcohol? \_\_\_\_\_

Have you ever used drugs for any purpose other than medical reasons? **Y / N** What? \_\_\_\_\_

Please check the drugs you have used:  
 Anti-Depressants\_\_\_ Barbiturates\_\_\_ Cocaine\_\_\_ Crack\_\_\_ Crank\_\_\_ Hallucinogenics\_\_\_ Hash\_\_\_ Ice\_\_\_  
 LSD\_\_\_ Marijuana\_\_\_ Methadone\_\_\_ Heroin\_\_\_ Opium\_\_\_ Stimulants\_\_\_

What is your drug of choice? \_\_\_\_\_

What drug do you use most often? \_\_\_\_\_ How much do you use? \_\_\_\_\_

What did you use the last time? \_\_\_\_\_ When was the last time you used? \_\_\_\_\_

At what age did you start using drugs? \_\_\_\_\_ Why? \_\_\_\_\_

Are you addicted to drugs? **Y / N** Have you ever kicked any drugs? **Y / N** What? \_\_\_\_\_

How? \_\_\_\_\_

Have you ever overdosed? **Y / N** On what? \_\_\_\_\_

Name of Drug	Year of First Use	Frequency of Use	Date of Last Consumption

Please use the space below to write anything else about your history of substance abuse that we might need to know

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**SECTION VII – PERSONALITY INFORMATION**

Have you ever had a severe emotional upset? **Y / N** \_\_\_\_\_

Have you ever tried to commit suicide? If yes, why? \_\_\_\_\_

Have anti-depressants ever been prescribed for you? **Y / N** If yes, what was the dosage? \_\_\_\_\_

How often were they taken? \_\_\_\_\_ What were they taken for? \_\_\_\_\_

Have you ever been under psychiatric care of any kind? **Y / N** Please detail in the following chart:

	Where	Dates	How Long?
Group Therapy			
Psychiatric			
Hospitalization			

What was the outcome? \_\_\_\_\_

Circle any of the following words that best describe you now:

Active Ambitious Calm Easy-Going Excitable Extrovert Good-Natured Hard-Boiled Hard-Working  
Imaginative Impatient Introvert Leader Likable Lonely Moody Nervous Often-Blue Persistent Quiet  
Self-Confidant Serious Shy

Briefly answer the following questions:

1. What problems are you having (why do you want to come to Teen Challenge)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about the problem?

\_\_\_\_\_  
\_\_\_\_\_

3. What kind of help do you expect from Teen Challenge?

\_\_\_\_\_  
\_\_\_\_\_

4. What occurred in your life to cause you to come to Teen Challenge?

\_\_\_\_\_  
\_\_\_\_\_

5. Is there any information Teen Challenge should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three words that best describe you are: \_\_\_\_\_

Three wishes: \_\_\_\_\_

Three life goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which historical or Biblical person reminds you most of yourself? (Explain why): \_\_\_\_\_

\_\_\_\_\_

Explain how you think other people view you: \_\_\_\_\_

\_\_\_\_\_

Have you ever been tested for Attention Deficit Disorder? (If so, explain the outcome): \_\_\_\_\_

\_\_\_\_\_

**SECTION VIII – RELIGIOUS BACKGROUND**

Denominational Preference \_\_\_\_\_ Church attendance (times/ month) \_\_\_\_\_

Did your family attend church when you were a child? **Y/ N** Have you received Jesus as your personal savior? **Y/ N**

Have you been baptized on water? **Y/ N** Do you pray? **Y/ N** Describe any religious training \_\_\_\_\_

\_\_\_\_\_

Describe any recent change in your spiritual life: \_\_\_\_\_

\_\_\_\_\_

**SECTION IX – MISCELLANEOUS**

List other programs you have been in, including other Teen Challenges:

\_\_\_\_\_

Name of Program	Dates	Reason(s) for Termination
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

I have filled out the above information to the best of my ability. To my knowledge, all information is correct.

Prospective Student

Date