



Student Application

*Program Entry
-Confidential-*

COMPLETE THIS FORM AND RETURN TO:

PNW Adult & Teen Challenge Regional Office
Intake Coordinator
6902 SE Lake Road – Suite 300
Milwaukie, OR 97267
Phone: 877-302-7149
intake@teenchallengepnw.com



Thanks for checking out Pacific Northwest Adult & Teen Challenge. This is a ministry where students and families can find hope for their future. This is largely due to the fact that our staff pledges themselves to serve every student with Christ-like compassion, respect and guidance. We take seriously our commitment to address the needs of each student and to assist them in the development of Godly character. We dedicate ourselves mentor and to nurture meaningful relationships.

Please read these informational pages completely before moving to fill out the Student Application and Medical History Forms. This will help insure a successful application process with fewer “surprises” for all parties involved. It will also be helpful to contact the center you plan to attend and begin the application process with the Intake Coordinator. This person will help determine which of our Pacific Northwest Campuses will be the best fit for the applicant. It also will ensure enrollment and the date to begin the recovery process.

Cost of Program

Intake fee: \$500 non-refundable. This fee is good for one year in the event a student leaves a campus and reenters at a later date.

The cost to Teen Challenge for a student’s participation is \$2,500 per month. This is covered in the following ways:

\$1,250 is raised through

- Financial contributions of caring individuals, churches and businesses,
- Our vocational training programs, thrift stores, lawn crews etc.
- Fundraising efforts conducted by Campus staff with the help of students and volunteers
- Student Sponsorships

The remaining \$1,250 is sought to be covered by Friends and Family Pledges

A limited number of scholarships are available to students if it is determined by Teen Challenge that there are no available resources to them. These scholarships may be applied for through the intake coordinator.

Medical Information

Once a student enters a Teen Challenge program all their attention needs to be centered on recover and the process of change. We therefore ask that prior to entry, every potential student should have; all known and necessary medical and dental requirements completed including examinations, check-ups, chiropractic treatments, physical rehabilitation, therapy, appointments, medical or dental operations, and follow-up visits regarding recent procedures. Enrollment will be delayed until this criterion is met.

Physical exams, including tests for tuberculosis, HIV, and hepatitis, are required for participation in our programs. **Please note:** Students are responsible for the financial cost incurred for the exam and tests.

Procedures for Medical Exams scheduled before enrollment:

- Download the application packet and complete the Medical History form (204)
- Take the Medical History form to the attending physician conducting the physical
- Ask the physician to review the Medical History, conduct the physical and blood tests, and complete the physicians report.
- The results of the tests are to be sent to the Center of choice
- Maintain possession of the Medical History form (204) and submit it to the Intake coordinator on day of enrollment.

When it is necessary for immediate entry, and bed space is available, students may enter the program providing an appointment is made and realized within the first 30 days.

Teen Challenge does not operate as a medical model program and as such does not have attending physicians on staff who are able to prescribe and monitor medications. Individuals who are prescribed medications will need to 1) Make certain all medications taken are on the approved PNATC list of medications, and; 2) Arrange connections with local physicians for the purpose of continued monitoring of prescribed medications. Individuals who are prescribed narcotics are not eligible for enrollment.

Distribution of all medications including vitamins, aspirins or cold remedies will be handled by Teen Challenge staff in accordance with policies and directions indicated on each prescription and/or manufacture. Any medications brought into the program must either be purchased in the presence of Teen Challenge staff or verified as the drug prescribed by the physician. Expenses for student's medications are covered by the student.

Students must exhibit and possess an emotional and mental stability, which enables them to participate successfully in group living situations.

Legal Issues

As with medical issues, potential students need to have all known and necessary, legal issues and requirements completed in order to focus on Teen Challenge program requirements. This includes court hearings, sentencing, criminal and misdemeanor charges, warrants or arrest, jail time, involvement with attorneys and law enforcement agencies. All legal expenses incurred by a student, including transportation, meals, lodging, supervision, etc. shall be the responsibility of each student.

- Students will not be permitted to marry while in the Teen Challenge program. Married students may not initiate divorce proceedings while in the Teen Challenge program.
- Teen Challenge Pacific Northwest Centers will cooperate with outside law enforcement agencies, courts, parole and probation departments, attorneys, etc., by providing information, progress reports and other written documentation required while the student attends the Teen Challenge program.

Student Application and Intake Fee

The Student Application form may be downloaded on the Web site. Once it is completed it should be sent to the Teen Challenge Center of Choice. There is a non-refundable \$500 intake fee that is required upon entrance into the program. Students should also bring personal identification when entering the program. These items include Social Security Card, Driver's License, and a copy of birth certificate or other proof of identification.

Students also need to bring enough funds in the form of check or money order to cover the cost of a return trip home should they leave or are dismissed from the program.

Student Confidentiality

The confidentiality of student records maintained by Teen Challenge is in conformance with Federal law (42 CFR part 2). Generally, Teen Challenge will not say to a person outside the program that a student attends Teen Challenge, or disclose any information identifying that person as a student. **Unless:** (1) The student consents in writing; (2) The disclosure is allowed by court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Teen Challenge shall make available any information about a crime committed by a student either at Teen Challenge or against any person who works for Teen Challenge or about any threat to commit such a crime. Also, any information about suspected child abuse or neglect would be reported under State law to appropriate State or local authorities.

Program Guidelines and Rules

The pursuit of a new life, free of the restraints of addictions, and strong enough to handle the freedom of choice needs the benefit and empowerment of rules and guidelines. Teen Challenge has worked with individuals for over 50 year's discipling them in faith and leading them through the process of restoration. Guidelines and rules, like the ones listed below, have helped individuals recover while living in safe and healthy environments. Students will be given a more complete listing of the guidelines upon enrollment. The purpose here is to give individuals a general idea of what to expect.

Mail, Telephone and Visitation Privileges

During the first two (2) weeks of enrollment, phone calls, mail and visitors will be restricted. This two (2) week period gives the student an opportunity to focus on his life problems and why they have entered the program. Mail will be held for the student after this time of orientation. Teen Challenge staff members may have contact with the "immediate family" during this two (2) week period.

Contact with students through mail, telephone and visitation privileges will limited to the student's "immediate family" and approved individuals. Immediate family shall include: parents, spouse, children,

brothers, sisters and grandparents. Approved individuals are Pastors, probation/parole officers, attorneys and others who have had a significant Christian influence in the life of the student.

1. Girlfriends/Boyfriends, fiancée(s) are not allowed access to students while enrolled in the program.
2. Separated married partners mail, telephone and visitation privileges shall be permitted by staff approval based upon the direction of the relationship.
3. Married students are not permitted to correspond, telephone or visit with the opposite sex other than their immediate family members.
4. Designated staff shall approve those individuals who may correspond, phone or visit a student while participating in the Teen Challenge program.
5. Students are assigned a specific evening and time to place or receive their allowed phone calls.
6. All outgoing phone calls shall be: a) Cleared by staff first, b) Made **COLLECT**, if long distance, and c) Be no longer than 15 minutes.
7. Bedrooms are off-limits to **ALL** visitors of the opposite sex.
8. Visitation day is scheduled for a specific day and time and must be followed.
9. Teen Challenge activities and program requirements have priority over student visitation privileges. **Be sure to always check the OUTINGS SCHEDULE each month.**
10. TEEN CHALLENGE reserves the right to approve, deny or monitor all mail, telephone calls and visitation guests for drugs and anything that may be harmful to the student's progress, safety and welfare.

Scheduled Activities

Students shall participate in all scheduled activities unless excused by a medical doctor.

Medical Expenses

All medical and dental expenses incurred by students while enrolled in the program shall be the responsibility of each individual student.

Withdrawal from Substance Abuse

Withdrawal from substance abuse, for the most part, is without medication – “Cold Turkey”. Nicotine: PNATC maintains a smoke/tobacco free environment. Some individuals are able to approach their break with nicotine “cold turkey”. Those who can are encouraged to do so. Others may need assistance in order to become free of nicotine addiction. PNATC permits the use of a 30-day prescription patches, utilizing decreasing levels of nicotine, designed for the purpose of breaking the nicotine habit.

Personal Property

Each student shall be responsible for the property they bring into the program and shall not hold Teen Challenge responsible or liable for any loss or damage of personal property.

1. All student money shall be kept in and disbursed from the “Student Account”. This account is managed by the Center Staff. Each student shall be permitted to have a maximum of \$80.00 per month for personal spending.
2. Students are not permitted to bring personal vehicles such as cars, motorcycles or bicycles.
3. Students are not permitted to bring pets while enrolled in Teen Challenge.
4. Personal electronic devices for music, video or games are not permitted. Secular music, gambling and card play is not permitted.
5. The students may bring wallets, watches and wedding rings.

6. Suitcases shall be checked coming into the program and going out. Each student may bring only two (2) suitcases or one (1) trunk. No trips shall be made to pick up other personal belongings after student has been admitted into the program.
7. Materials or behavior associated or identified with witchcraft, astrology or anything related to demonic acts of worship are not allowed.
8. Drugs, tobacco in any form. Or alcoholic beverages are not permitted.
9. A student who is dismissed or who voluntarily leaves the program must take all of their personal property with them at the time of program departure. Teen Challenge shall not be responsible for any personal property left. Such items shall automatically be placed in a Teen Challenge thrift store and sold after 30 days, if the items have not been picked-up by the student.

Dress Code

Students shall maintain a neat and acceptable dress standard. Modesty is the main goal so no skin-tight clothes, halter tops, short shorts or revealing dress. Gang or street attire is not permitted. Undergarments shall be worn at all times. Jewelry shall not be worn except wedding bands and watches. Female students may wear ear rings but are not permitted to wear to wear jewelry for other piercings. Male students shall not be permitted to wear earrings or jewelry for other piercings.

Searches and Testing

Teen Challenge reserves the right to conduct room searches and if necessitated a physical search of the student for drugs and anything harmful to the welfare of the program and residents, or in conjunction with a violation of the "Student Handbook".

Teen Challenge reserves the right to require students to submit to drug testing upon demand. Refusal to submit to such testing shall be grounds for immediate dismissal.

Teen Challenge Property and Staff

Students shall not argue, dispute or debate a directive given by a staff member or another person who is placed in charge. Student submission to staff authority and obedience are required. Defiance to staff personnel or their directives is grounds for automatic dismissal. Foul or abusive language will not be tolerated towards a student or staff person. Proper care of Teen Challenge property is expected and required at all times. Students are financially responsible for any malicious damage and subject to dismissal.

Students and their Children

Students enrolled in the Teen Challenge program who have children, but are divorced, separated or unmarried to the biological mother shall abide by the following policies:

- (a) Students may visit with their children, but they (the children) must be brought to the center by someone who is approved.
- (b) Students may write letters directly to their children.
- (c) Students may receive letters directly from their children.
- (d) Students may receive pictures of their children.

STUDENT APPLICATION FORM
- CONFIDENTIAL -

Personal Information

Name: _____

Male Female Social Security Number - - _____

_____ Address City ST Zip

Home Phone - - _____ Work Phone - - _____ Contact Phone - - _____

Date of Birth / / _____ Age _____ Place of Birth _____

Driver's License Yes No Expired Suspended DL Number & State. _____

Health Insurance Yes No Provider _____

Policy Number _____

Primary Care Physician Yes No Are you pregnant? Yes No

Physician Name _____ Phone Number - - _____

Primary Clinic _____ Address _____

City _____ State _____ Zip _____

Please identify which TC location you are applying for

Location: _____

Indicate below the way in which you were referred to Teen Challenge?

Parents Relative Friend Pastor Church Other National TC Office Web Site

Please give contact information if referred by an individual. _____
Name

In Case of Emergency Please Notify

Name: _____ Relationship _____

_____ Address City ST Zip

Home Phone - - _____ Work Phone - - _____ Contact Phone - - _____

Race/Ethnic Background

White Latino African American Native American Asian Native Alaskan

Other _____ Are you an American citizen? Yes No

Please identify your nationality if other than an American Citizen: _____

Marital Status

Single Engaged Married Separated Divorced Remarried Widowed

Name of Spouse: _____ Phone _____ - _____ - _____

Address _____

City _____

ST _____

Zip _____

Do you have any children? Yes No

Living with You

Name(s)

Age

Yes

No

Name(s)	Age	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have an active "NO CONTACT" order between you and another individual? Yes No

If so, indicate below the individuals in that order and include a copy of that order.

Identify any Court mandated classes in regard to family, work, personal issues that you are required to take.

Military History

Branch of military you've served Army Marines Coast Guard Air Force Reserves Navy

Date of Entry ____ / ____ / ____ Date of Discharge ____ / ____ / ____ Rank _____

Discharge Received Honorable Less than Honorable Dishonorable Medical

Are you eligible for V.A. Medical Benefits? Yes No

Legal History

Are you currently or will you be under legal supervision? Yes No

Are you legally mandated to participate in a drug recovery program? Yes No

If yes, by whom? Court Parole Board Other (explain)

Method of Reporting Phone Letter In Person Other (explain)

How often do you report? _____ Time remaining for reporting? _____

Probation Officer's Name _____ Phone _____ - -

_____ Address _____ City _____ ST _____ Zip _____

Attorney's Name _____ Phone _____ - -

_____ Attorney's Address _____ City _____ ST _____ Zip _____

Are any of the following items pending against you? Arrest Warrant Court Appearance

Criminal Charges Sentencing Other

(explain)

Have you ever been convicted of a sexual offense? Yes No

Are you required to register as a sex offender? Yes No

Have you been in a county jail, correctional institution or state prison? Yes No If yes, please list:

Date	Institution
/ /	
/ /	
/ /	

List any arrests and convictions. Indicate if drugs (D) or alcohol (A) were involved in these instances.

Date	Arrest/Charges	Sentence/Time served	<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A

Financial Information

Are you receiving:

- Welfare Unemployment Disability Workman's comp Food Stamps Social Security

In what way can you personally contribute to the ministry of Teen Challenge?

Do you have an income? Yes No Amount in Savings \$ _____ Checking \$ _____

List any Court fees/fines, DOC Fees, Child support or Alimony payments

List any financial contracts/agreements (cel phone, memberships, credit cards, student loans etc.) that you have an obligation to?

Academic History

Ability to Read Yes No Poor Average Above Average

Ability to Write Yes No Poor Average Above Average

Check appropriate box or boxes: Graduated from High School GED Attended College

AA degree BA degree Vocational Training Vocational Training Certificate

Occupational History

Check the boxes that indicate your work experience: Auto Mechanics Auto Body Carpentry
 Child Care Culinary Skills Computer/Data Entry Education Electrical
 Farming General Construction General Maintenance Health Care
 Landscape Logging Painting Plumbing

Other work experience

Present Employment Status: Unemployed Employed Part-Time Employed Full-Time

Do you have or have you ever experienced a physical ailment, injury or handicap that would prevent you from performing manual work-related tasks while enrolled in a Teen Challenge Program? Yes No

If yes, please explain:

Spiritual Background

Are you a member of a church or religion? Yes No

If so, please identify the church, denomination or religion? _____

Recovery

Reason(s) for seeking entry into Teen Challenge at this time: Want to change by doing things God's way

Want to change my lifestyle Want to restore my family Want to be self supporting

Want to avoid arrest Don't want to be controlled by addictions No other options

Pleasing my family Want to get public assistance Ordered to by the courts

Other: _____

Are you receiving treatment for psychological problems through a physician's care or another program? Y N

Physician _____ Phone _____ - - _____

Program _____ Location _____

By the signature below, the applicant acknowledges the information provided herein is accurate and true to the best of their knowledge. The applicant further understands that any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

By the signature below, the applicant also gives Pacific Northwest Adult & Teen Challenge permission to contact and discuss their intent to enroll in PNATC with individuals mentioned herein including those listed in the Friends and Family Pledge list. The applicant understands that Pacific Northwest Adult & Teen Challenge will be seeking to verify the information disclosed in this application.

Date / /

Applicant's Signature

In the event this application was filled out by another, please identify the reason why the applicant was unable to complete this for themselves and sign below.

Date / /

Signature

CONFIDENTIAL