



STUDENT APPLICATION

PROGRAM ENTRY

-CONFIDENTIAL-

STUDENT NAME

INTAKE DATE

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 Email _____

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: _____

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)

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?

[Empty text box for contribution details]

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

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

[Empty text box for court fees and payments]

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

[Empty text box for financial contracts/agreements]

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