

Interest Form

Start your new path of life today! Complete this brief form and an Intake Coordinator will contact you. Hope is within your reach.

Full name: _____

Age: _____

Phone number: _____

Address: _____

Emergency contact person (name & number): _____

How did you hear about us? Internet Search Facebook
 Family/Friend Church
 Other _____

Gender at birth: M F

Marital status: Married Single

Children (names & ages):

Forms of valid identification (check all that are in your possession):

State Driver's License Social Security Card
 Birth Certificate Passport
 Military ID Marriage License

Legal information:

Any pending, current, or past charges? Yes No

List charges (pending, current, or past charges): _____

Are you on probation or parole? ___ Yes ___ No

Is the court committing you to Teen Challenge? If so, please explain.

List any upcoming court dates:

Health conditions - please list (physical and/or mental):

Current prescription medications? Please list.

Living situation: ___ Your own house/apt ___ Staying with someone ___ Homeless

Have you been enrolled in Teen Challenge or a similar program before? If so, list name and location:

Please briefly describe why you are seeking help.

Please email or mail this form. We are excited you are taking this first step to a new life!