

APPLICATION FORMS PACKET CHECKLIST

In order to insure fast processing of your file please complete this checklist to be sure your packet is completed before sending to Teen Challenge of Nevada. **Teen Challenge does not accept faxed copies of completed forms.**

RETURN THIS FORM (OR A COPY) WITH YOUR PACKET.

- _____ Student Application – 5 pages
- _____ Student's Signature (Student Application – page 5)
- _____ Parent's Report (3 pages)
- _____ Parent's Signature on Report (Page 3)
- _____ Medication(s) (***Prescription(s) must be noted on Medical Form***)
- _____ Legal Release Form (**Must Be Notarized**)
- _____ Financial Form Completed and Signed
- _____ Sponsorship Information
- _____ Names of Sponsors
- _____ Medical Form with the following tests verified. (**Completed and signed by Doctor**)
 - _____ HIV _____ VDRL _____ Immunization Records
 - _____ TB _____ Hepatitis B *and* C
- _____ Processing Fee (\$ 75.00 money order)
- _____ School Transcripts (Last school attended – Must be originals with school seal)
- _____ Psychological Report(s)
- _____ Civil Rights Waiver (**Must Be Notarized**)
- _____ Probation Report(s)

AFTER YOU HAVE COMPLETED ALL THE FORMS RETURN THEM TO:

Standard Delivery:

Admissions Office
Teen Challenge of Nevada, Inc.
P.O. Box 1136
Sparks, NV 89432-1136

Overnight Delivery (FedEx & UPS only):

Admissions Office
Teen Challenge of Nevada, Inc.
7555 Pyramid Highway
Sparks, NV 89436

Include a \$75.00 money order for the clerical processing fee. This fee is not refundable.

STUDENT APPLICATION

Date _____

Student's Name _____

Address _____

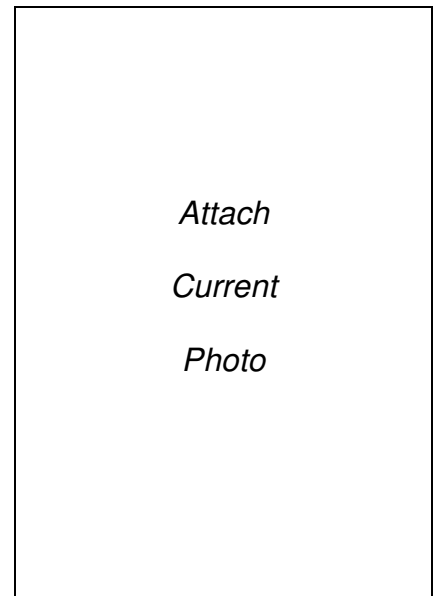
City _____ State _____ Zip _____

Home Phone _____

Sex _____ Age _____ Birthday _____

Nationality _____

Height _____ Weight _____ Eyes _____ Hair _____



Scars or tattoos (*describe*) _____

Last grade completed _____ Name of school? _____

School Address: _____

Special abilities or training: _____

Important: In case of emergency: (MUST be legal guardian)

Name _____ Phone _____ Relationship _____

Address _____

City _____ State _____ Zip _____

STUDENT APPLICATION

FAMILY INFORMATION:

If you were raised by anyone other than your own parents, briefly explain. _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

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? (*Explain*) _____

STUDENT INFORMATION:

Therapeutic History			
	Where	Dates	How Long?
Group Therapy			
Psychiatric			
Hospitalization			

What was the outcome? _____

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

- | | | | | | |
|-------------|----------------|------------|------------|--------------|--------------|
| Active | Self-confident | Ambitious | Persistent | Nervous | Hard-working |
| Impatient | Moody | Impulsive | Often-blue | Excitable | Serious |
| Imaginative | Calm | Easy-going | Shy | Good-natured | Introvert |
| Extrovert | Likeable | Quiet | Lonely | Hard-boiled | Leader |

STUDENT APPLICATION

Have you ever felt people were watching you? _____

Do people's faces ever seem distorted? _____

Do you ever have difficulty distinguishing faces? _____

Do colors ever seem too bright? _____ Too dull? _____

Are you sometimes unable to judge distance? _____

Have you ever had hallucinations? _____

Do you hear more things than other people do? _____

Do you have problems sleeping? _____ Average hours of sleep per night _____

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 problems? _____

3. What are you expecting from Teen Challenge? (*What kind of help?*) _____

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

5. Is there any other information that Teen Challenge should know? _____

STUDENT APPLICATION

Three words that best describe you:

Three Wishes:

Three life goals:

What is your favorite daydream? _____

What is your most memorable night dream? _____

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

Explain how you think other people view you: _____

Describe your biggest problem: _____

Do you have any behavioral problems? (*Explain*): _____

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

Alcohol/Chemical Use History			
Name of Drug	Frequency of Use	Date Last Used	What is Your Chemical of Choice?

STUDENT APPLICATION

Legal Status/History

Have you ever been arrested? _____

If yes, state the circumstances: _____

Charges Pending: _____

Court Date: _____ Place: _____

Probation Officer's Name: _____

Address: _____

Phone Number: _____

Interstate Compact Required? _____

Identification

Student's Driver License (*State & No.*):

Student's Social Security No.:

Legal Guardian's Social Security No.:

Medical Insurance Company: (*Name & Policy No.*)

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. Also included with this information is a \$75.00 money order to cover the processing fees.

Prospective Student's Signature

Date

Parent/Legal Guardian's Signature

Date

PARENT'S REPORT

Contact Information
Father's Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (_____) _____
Mother's Name: _____
Address (if different): _____
City: _____
State: _____ Zip: _____
Home Phone: (_____) _____
Current Marital Status: <input type="checkbox"/> Married (_____) years; <input type="checkbox"/> Separated; <input type="checkbox"/> Divorced; <input type="checkbox"/> Remarried
Legal Custody of Child (if different from above):
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (_____) _____

Occupational Information
Father: _____
Occupation: _____
Work Phone: (_____) _____
Mother: _____
Occupation: _____
Work Phone: (_____) _____
Step-Father: _____
Occupation: _____
Work Phone: (_____) _____
Step-Mother: _____
Occupation: _____
Work Phone: (_____) _____

1. Please describe the history of your marriage(s) and the family events from the birth of the child in question to the present time. *(Be specific and detailed.)* Use a separate sheet of paper if necessary.

PARENT'S REPORT

2. If you have been divorced, please describe the dynamics that may have had and impact on your child.

3. Describe the present condition of your marriage.

4. Describe the nature of the problem with your child. Be specific and detailed. Use a separate sheet of paper if necessary.

5. Comment on any factors that may have influenced these problems with your child. Please be specific and frank.

6. What goals do you have pertaining to your child's stay at Teen Challenge?

PARENT'S REPORT

7. What are your plans for your child if he is dismissed or leaves Teen Challenge?

8. Please list the names and addresses of any friends, relatives, etc. from whom you do not wish your child to receive mail, phone calls or visits.

Parent's Signature

Date

LEGAL RELEASE FORM

Both parent and student must initial after reading each point:

_____ I understand that my life story may be used to help promote the program of Teen Challenge. This will involve times of public speaking at churches, civic groups and organizations. It may also involve my picture being used in a brochure.

_____ It is hereby understood that Teen Challenge of Nevada Inc., cannot be held responsible for any personal property left, lost or stolen while in the Teen Challenge program. When leaving Teen Challenge of Nevada, Inc., I will take all personal property with me.

_____ It is further understood that I release the right to Teen Challenge of Nevada, Inc. to make room searches and a physical search if need be. I release Teen Challenge of Nevada, Inc. from all responsibility, both physical and financial, in the case of accident, injury, illness or other imponderable misfortune.

_____ I give Teen Challenge of Nevada, Inc. permission to open both incoming and outgoing mail to check for drugs or anything that might be harmful to the welfare of the program and the students. I also give permission for Teen Challenge staff to monitor incoming and outgoing telephone conversations.

_____ It is also hereby understood that a medical examination or a blood test will be taken at the discretion of the director. All necessary medical and dental expenses are NOT the responsibility of Teen Challenge of Nevada, Inc., but of the parent or legal guardian.

_____ Expenses incurred for repair of property damaged by students are the responsibility of the parents or legal guardians.

_____ Upon graduation or termination of the program, I understand that no transcripts will be released unless all outstanding debts have been paid in full.

Student's Signature: _____

Date: _____

Parent/Legal Guardian's Signature: _____

Date: _____

State of _____)

County of _____)

On _____, before me personally appeared _____ and _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

NOTARY PUBLIC

FINANCIAL INFORMATION FORM

The tuition for Teen Challenge is \$2,950 per month or \$98.00 per day. All payments are due on the same day of the month that the student entered the program. For instance, if the student entered the program on April 18, then payments will be due on the 18th of every month. The monthly tuition is due even for those months when the student may have returned home for a visit (example: Christmas vacation)

Financial Assistance:

How much financial assistance can Teen Challenge of Nevada, Inc. depend upon receiving from you personally?

Monthly pledge amount: \$ _____

How much financial assistance can Teen Challenge of Nevada, Inc. depend upon receiving from donors you have personally contacted?

Monthly pledge amount: \$ _____

Other financial assistance (Please Be Specific): _____

Note: In cases where parents or guardians cannot personally afford to pay the full amount of operating expenses related to the enrollment of a student, a complete current financial statement including most recent tax return and current payroll stubs must be submitted by them before financial assistance will be considered.

Additional fees and deposits include:

- \$ 75.00 Application Fee (non-refundable), to be paid before this packet will be processed.
- \$ 500.00 One-time Education Fee for school set up (non-refundable)
- \$ 300.00 Damage Deposit (refundable)
- \$ 100.00 Student Account/Visa Debit (unused balance is refundable)
- \$ 200.00 Student Return Fare

All fees and deposits are due and payable when the student is accepted into the program.

I have read the previous information and understand that I am pledging to pay the amount of support I have indicated above as well as all additional fees and deposits indicated.

Parent or Guardian's Signature

Date

MEDICAL FORM

Please fill out completely. **Blood test results must be provided before your child will be entered into our program.**

Physician's Statement

Upon examination of _____, I have found him, in my medical opinion, to be free from communicable diseases including: VDRL, TB, HIV, Hepatitis B and C; and

His overall **physical health** is Good, Average, Poor;

His overall **mental health** is Good, Average, Poor;

His overall **emotional health** is Good, Average, Poor.

Handicaps (*Physical, Mental, Emotional*): _____

Specific treatment: _____

Drug Allergies: _____

Prescriptions: _____

In my opinion, this person is stable enough physically, mentally and emotionally to participate in a long-term group program involving teaching, learning, taking of responsibilities and strict discipline to help produce a self-disciplined life.

Physician's Signature: _____ **Date:** _____

Office Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Please send records of immunizations.

- I understand that incomplete testing will delay the processing of my child's application.

Parent's Signature:

Date:

CIVIL RIGHTS WAIVER ACKNOWLEDGEMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Teen Challenge is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problems, I understand staff will regulate and monitor my communication for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

State of _____)

County of _____)

On _____, before me personally appeared _____ and _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

NOTARY PUBLIC