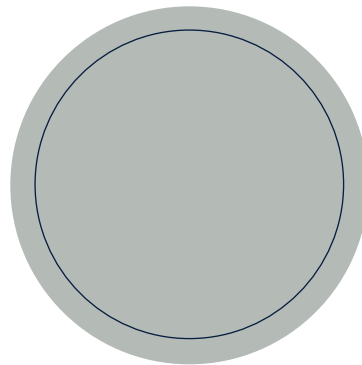
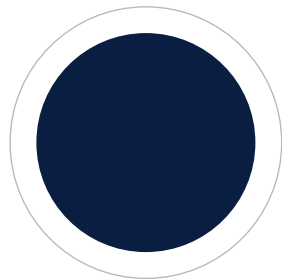
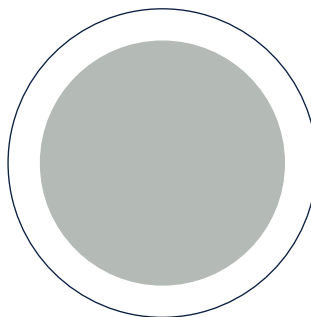
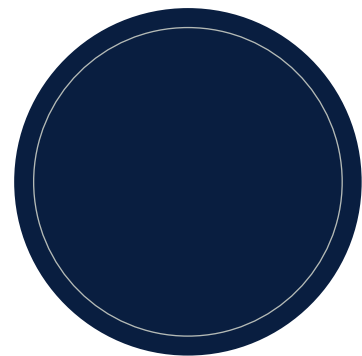
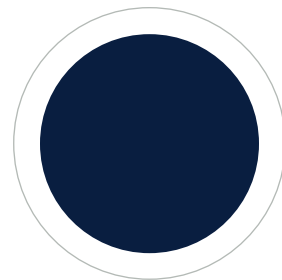


APPLICATION PACKET



TEEN CHALLENGE NORWESTCAL NEVADA

Adolescent Boy's Center
P.O. Box 1136
Sparks, Nevada 89432



APPLICATION FORMS

In order to ensure fast processing of your file please complete this checklist to be sure your packet is completed before sending to Teen Challenge. You may fax or scan your application for an admissions decision, but all originals must be received prior to the student's enrollment in the program.

Return this form (or a copy) with your packet.

_____ Student Application (5 pages) - Ideally have your son complete. If he does not, the parent must do what they can to fill in these answers on his behalf.

_____ Parent's Report (3 pages) - Please ensure page 3 has been signed by the parent.

_____ Medication(s) - Prescriptions must be notated on Medical Form.

_____ Financial Form - Must be completed and signed.

_____ Sponsorship Information (When approved for hardship rate)

_____ Names of Sponsors (When approved for hardship rate)

_____ Medical Form with the following tests verified - Completed and signed by a Doctor.

_____ HIV

_____ VDRL

_____ TB

_____ Hepatitis B and C

_____ Processing Fee - \$100.00 Money order.

_____ School Transcripts - Last school attended. Unofficial is accepted.

_____ Psychological Report(s), if completed within the last year.

_____ Immunization Records and copy of birth certificate

_____ Probation Report (when applicable).

AFTER YOU HAVE COMPLETED ALL OF THE FORMS, RETURN THEM TO:

Admissions Office
Teen Challenge NorWestCal Nevada
P.O. Box 1136
Sparks, NV 89432

APPLICATION FORMS

STUDENT APPLICATION

Date _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Gender at Birth _____ Age _____ DOB: _____

Race or Ethnic Origin _____

Height _____ Weight _____ Eyes _____ Hair _____

Scars or tattoos (describe) _____

Last grade completed _____ Name of School? _____

School Address: _____

Special abilities or training: _____

ATTACH
CURRENT
PHOTO

IMPORTANT - In case of emergency: (*Must be legal guardian*)

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

APPLICATION FORMS

STUDENT APPLICATION

FAMILY INFORMATION:

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

How many older brothers do you have? _____ How many older sisters do you have? _____

How many younger brothers do you have? _____ How many younger 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	Likable	Quiet	Lonely	Hardened	Leader

APPLICATION FORMS

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/need to come to Teen Challenge? _____

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

APPLICATION FORMS

STUDENT APPLICATION

Three words that best describe you? _____

Three wishes? _____

Three life goals? _____

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 Hyperactivity Disorder? (If so, explain the outcome) _____

Substance of Choice: _____

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

APPLICATION FORMS

STUDENT APPLICATION

LEGAL

Have you ever been cited/arrested? _____

If yes, state the circumstances and charges: _____

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 \$100.00 money order to cover the processing fees.

Parent/Legal Guardian's Signature

Date

APPLICATION FORMS

PARENTS REPORT

Father's Name: _____	Step Mother's Name: _____
Address: _____	Address (if different): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Marital Status: _____	Marital Status: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
 	Step Father's Name: _____
Mother's Name: _____	Address (if different): _____
Address (if different): _____	City: _____
City: _____	State: _____ Zip: _____
State: _____ Zip: _____	Home Phone: (_____) _____
Home Phone: (_____) _____	Marital Status: _____
Marital Status: _____	Occupation: _____
Occupation: _____	Employer: _____
Employer: _____	
Please describe any custody arrangements: 	Additional Caregiver/Guardian information:
	Name: _____
	Address (if different): _____
	City: _____
	State: _____ Zip: _____
	Home Phone: (_____) _____
	Marital Status: _____
Occupation: _____	
Employer: _____	

1. Considering what has led up to this point in which your child needs intervention from a residential program, please describe each of the following: the family events from the birth of the child in question to the present time, include history of your marriage(s), any traumatic events, etc. (*Be specific and detailed*). **Use additional sheets of paper as necessary.**

APPLICATION FORMS

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.

9. Check all that your child has participated in:

- | | |
|--|--|
| <input type="checkbox"/> Suicide attempts | <input type="checkbox"/> Sexually acting out |
| <input type="checkbox"/> Body carving/self-harm | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Runaway | <input type="checkbox"/> Drug sales |
| <input type="checkbox"/> Violence towards people | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Property Destruction | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Prostitution | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Gang involvement | |

Any checked areas, please provide details such as frequency and severity for each item.

Parent's Signature: _____ Date: _____

APPLICATION FORMS

FINANCIAL INFORMATION FORM

The tuition for Teen Challenge is \$3,950 per month or \$129.77 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 18th, 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 the most recent tax return and current payroll stubs must be submitted before financial assistance will be considered.

Additional fees and deposits include:

- \$100.00 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).
- \$ 200.00 Student Account/Medical/prescription copays (unused balance is refundable)
- \$ 200.00 Student Return Fare
- \$900.00 Clothing Fee (Non-refundable)

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

I have read the information above 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 Signature

Date

APPLICATION FORMS



Please fill out completely. Blood test results must be provided before your child may enter the 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 Hepatitis 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 to physically, mentally, and emotionally to participate in a long-term group program involving teaching, learning, responsibilities, and strict discipline, to help produce a self-disciplined life.

Physician's Signature: _____ Date: _____

Office Address: _____ Date: _____

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



Teen Challenge | P.O Box 1136 | Sparks | Nevada | 89432
Phone: 408.703.2001 | Fax: 408.703.2002 | www.teenchallenge.net