



Teen Challenge of Kentucky Women's Programs INTAKE QUESTIONNAIRE

Now that you've been accepted into the Teen Challenge program, please fill out this Intake Questionnaire. The purpose of the questionnaire is to provide insight into your background and experiences so we can provide the best possible care for you. All questions on the intake questionnaire are optional. However, we encourage you to provide as much information as possible so that we can give you effective, individualized care.

I. PERSONAL

TODAY'S DATE ____ / ____ / ____

1. Name: _____
First
Middle
Last
2. Birthdate: ____ / ____ / ____ Age: ____ Gender at birth: M F
3. Race: White Black Asian or Pacific Islander Hispanic American Indian Other _____
4. Are you an American Citizen? Yes No
5. Are you living on your own? Yes No
Reason for leaving home: _____

6. What kind of problems did you have while living at home? _____

7. Last grade completed: _____ GED? Yes No
8. Have you served in any branch of the military? Yes No Which Branch? _____
Type of discharge: _____
9. Do you have any Reserve or military obligation at this time? Yes No
If yes, explain: _____
10. What is your sexual orientation? Heterosexual Homosexual Bisexual
 Transsexual Do not wish to disclose
11. What are your present living conditions? With Whom? _____ Where? _____
How are you supported? _____
12. What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.)

II. MARITAL STATUS

1. Single Married Separated Divorced Common Law Widowed Remarried
2. Spouse or Ex-Spouse's Full Name: _____ Phone: _____

Address
City
State
Zip

3. If separated or divorced, please give date: _____
Reason for breakup: _____
What is the relationship like now? _____
4. Do you have a boyfriend/girlfriend/finance'? Yes No
If yes, what is the relationship like? _____
5. Do you have dependents? Yes No

Dependent's Name	Birthdate	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

6. Who is taking care of your child/children? _____

III. LEGAL STATUS

1. Have you ever been arrested? Yes No How many times? _____

Date	Charges	Convicted? (Yes or No)	Sentence	Time Served

2. Are there pending charges? Yes No If yes, when is your next court date? _____

3. Have you ever been on probation? Yes No Are you now on probation? Yes No
How long have you been on probation? _____ Time remaining? _____
How do you report? In person By Mail How often do you report? _____

Name of Probation Officer: _____ Phone: _____
Address: _____

Are you on parole? Yes No _____
How do you report? In person By Mail How often do you report? _____

Name of Parole Officer: _____ Phone: _____
Address: _____

4. Have you ever been in prison? Yes No When? _____ Where? _____

5. Name of Lawyer: _____ Phone: _____
Address: _____

IV. SPIRITUAL STATUS

1. Do you believe in God? Yes No Uncertain

2. Have you ever committed your life to God? Yes No
 If so, Where? _____ Date: _____
 a. What were the circumstances that led to your decision? _____

 b. How many times have you turned from God? _____
3. How often do you attend church? Never Sometimes Regularly
 Denominational preference: _____
4. Are you a member of any church or religion? Yes No
 If yes, which one? _____
5. What recent changes have you had in your religious life (if any)? _____

6. Have you ever been involved in the occult? Yes No
7. Explain your need of God, what your standing with Him is now (ie: good or bad relationship, no relationship at all, etc)

V. FINANCIAL STATUS

1. Are you receiving child support, welfare, unemployment compensation, disability payments, worker's compensation, alimony, or other income? Yes No
 Explain: _____

2. Do you have any outstanding debts or fines? Yes No
 Explain: _____

Owed to	Amount	Address	Phone	Payments

VI. HEALTH STATUS

1. Range your general health: Excellent Good Fair Poor
2. Do you have any communicable diseases? Yes No If so, what? _____
 Do you have epilepsy, seizures, diabetes? Yes No If so, what? _____
3. List any medical problems or handicaps:

4. Are you presently receiving medical care? Yes No If so, where? _____

5. Are you currently taking medication? Yes No If so, please list:

6. Do you have any physical problems due to drugs/alcohol? Yes No

7. Have you been hospitalized within the past 12 months? Yes No If so, please explain:

8. List all medications to which you are allergic or sensitive:

9. List all allergies (including food, latex, insects, etc.)

10. Have you ever had psychiatric care? Yes No If so, please explain:

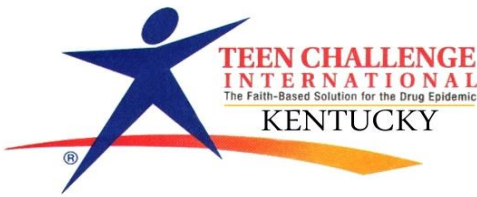
11. Have you ever attempted suicide? Yes No If so, How? _____
 Was it drug or alcohol related? Yes No If so, explain: _____

12. What is the condition of your teeth? _____

Female Issues:

1. Are you pregnant? Yes No Maybe Why do you think so? _____
2. Menopause? (Change of Life) Yes No If so, when? _____
3. Have you ever had an abortion? Yes No If so, how many times? _____

Please submit this Intake Questionnaire to the Intake Coordinator after your acceptance into the program. You can fax, mail or bring it with you on your scheduled intake date.



**Teen Challenge of Kentucky
Priscilla's Place**

APPLICANT'S HEALTH SCREENING FORM

Return to: 1151 E Broadway, Louisville, KY 40204, ATTN: Intake Coordinator
Phone: (502) 561-2131 Fax: (502) 561-2132

****This form must be completed by a physician****

I am applying for admittance into the Teen Challenge of Kentucky residential discipleship program. In order to complete my application, I need a doctor to complete the following form regarding my health. I give permission and authorize you to release the information requested below to Teen Challenge of Kentucky. After completion, this form is to be mailed or faxed to the center.

Applicant's Signature

Date

General Information

1. Name of Applicant: _____ 2. Date of Birth: _____

3. Any Allergies: _____

4. Any Current Medical Conditions/Concerns: _____

5. Medication currently prescribed, the reason for the medication, and the duration of its use: _____

6. History of major illness: _____

7. History of Surgeries/Hospitalizations: _____

8. Has this individual been exposed to any communicable diseases? Yes _____ No _____
If yes, please explain: _____

9. Immunization dates: Last Tetanus Toxoid _____ Polio _____ Measles _____
Mumps _____ Rubella _____ Other _____

Physical Examination

Height: _____ Weight: _____ Blood Pressure: _____

Pulse: _____ Respirations: _____ Temperature: _____

General Appearance (including schemata of drug use): _____

Please check the following areas:

S = satisfactory U = unsatisfactory O = not examined

1. Check for head lice: _____ **does not** have head lice _____ **does** have head lice

2. Check ears: _____ Hearing: Right: _____ Left: _____

3. Check eyes: _____ Vision: Right: _____ Left: _____ Has Glasses? _____

4. Check the following areas: Nose: _____ Throat: _____ Mouth/Teeth: _____ Chest: _____

Cardiac: _____ Abdomen: _____ Genitalia: _____ Skin: _____ Scabies: _____

Musculoskeletal: _____ Neurologic: _____

Required Tests

VDRL: _____

**TB: _____

Liver Function: _____

Hepatitis Screening:

Urinalysis: _____

HIV: _____

A _____

Pregnancy: _____

CBC: _____

B _____

Pap Smear: _____

C _____

**TB results must be within 30 days of entry.

Attach/Fax/Mail a printout of all test results

General comments, assessments, and recommendations: _____

Signature of Examining Physician: _____ **Date:** _____

Address: _____

Phone: _____

Fax: _____



Teen Challenge of Kentucky Priscilla's Place WHAT TO BRING LIST

General Dress Code:

We are a Christian program, so we expect all clothing to be **modest**-- *anything* too short, too tight, or revealing will not be allowed. Any clothing deemed inappropriate by staff will be held until your departure.

- **Shirts:** The following are **prohibited**: spaghetti straps, tank tops (unless under a shirt), backless dresses or blouses, low-cut tops, crop tops, shirts that reveal the belly or waist area
 - * **Please make sure that your shirts cover your lower back and behind at all times.**
 - **Pants:** No low-cut pants or jeans; No hip huggers; No spandex-style or clinging pants, or shorts.
 - **Shorts & skirts, and dresses:** no more than 2 inches above top of the knee cap, while sitting down.
 - **Sleepwear:** must be modest; no short-shorts; a Robe must be worn over PJ's or nightgown when not sleeping, morning and nights.
 - **Underwear:** must be modest; nothing see-through. No thongs. Bring briefs or bikini style.
 - * Bras and panties must be worn at all times except when sleeping.
 - Nothing with obscene language, secular messages, pictures or anything representing tobacco, drugs, secular music, the occult, or racism, etc. No gang colors or symbols allowed.
 - You will have one day every week to wash laundry. No dry-clean-only clothing. You will not have the opportunity to go to a laundry mat.
-

Clothing to Bring: You don't have to bring everything on this list. Storage space is limited; we strictly adhere to the maximum amounts below.

**All students participate in a special sign choir group. You will need a black blouse/shirt, a black skirt or black slacks (not leggings), black bra, and black shoes and socks to wear while signing. **

You don't have to bring everything on this list. We strictly adhere to the following maximum amounts:

Formal (For Church)

Dresses: 4
Cover Ups: 4
Dress Pants: 3- including 1 black pair (not leggings)
Blouses: 5 (1 black)
Dress Socks/ Hose: 4 pairs (1 black)
Dress Shoes: 2 pairs (1 black)
Dress scarves: 4

Casual (Every day wear)

Jeans: 6 pairs
Shirts: 10 (long or short sleeve)
Athletic shoes: 2 pair
Sandals or flip flops: 2 pair
Shorts: 5 (jean/ basketball /etc. included)
Sweat pants: 2
Leggings 3

Sleepwear

Summer pajamas/nightgown: 2
Winter pajamas/nightgown: 2
Bathrobe: 1
House Slippers: 1 pair

Underwear

Panties: 12 pair
(Sports) Bras: 5 (mandatory 1 black non-sport bra)
Socks: 10 pairs

Outerwear (Spring, Fall & Winter)

Lightweight Jacket: 1
Hoodie/Sweatshirts: 2 in summer, 5 in winter
Sweaters: 3
Winter Coat: 1
Boots: 1
Gloves/Mittens: 1 to 2 pair
Hat: 2 to 3
Scarf: 2 to 3

Other Clothing

Swimsuit 1 pieces only: 1
Swimsuit cover up shirt: 1
Beach towel: 1



Teen Challenge of Kentucky Priscilla's Place WHAT TO BRING LIST

You ***MUST*** bring the following documents with you:

- Driver's license or photo ID or passport
- Birth Certificate
- Social Security Card
- Medical or Insurance Card (if you have one)
- Any legal papers such as probation conditions, etc.

You don't have to bring everything on this list below; this is to give you general guidelines of what you can have:

Personal Care/ Hygiene Products:

Toothbrush, toothpaste, dental floss
Hair brush/comb
Hair dryer, curling iron
Shampoo, conditioner, mousse or gel
Bath soap, shower gel, body lotion
Makeup, nail polish/remover
Perfume
Sanitary pads/ tampons
Disposable razors
Bath towel: 2
Wash cloths: 2
One-A-Day multivitamin- **new, unopened bottle only**
Tylenol, Aspirin, ibuprofen- **new, unopened bottle only**
Prescription medicine (**no narcotics, barbiturates, sleeping pills, nerve pills, psychiatric drugs, laxatives, etc.**)

Other Items:

Bible
Daily devotional book: 1 to 2
Journal
Pencils and pens
Stationary/envelopes/stamps
Picture album (**no immodest pictures, or pictures of girlfriends, boyfriends, fiancé, or children's father if not married**)
Pictures of family in small frames: 2 to 4
Small craft project (cross stitch, needlework)
1 portable CD player (**without a radio on it**)
Earbuds/headphones
Batteries for your portable CD player
10 Christian Band CD's (**with your name written on them, no burned CD's are accepted**)
Clear or see through reusable water bottle

Personal Items: You may bring a small amount of the following: bottled water, hard candy, small snacks, chocolate, soda (no coffee or energy drinks, Mtn. Dew, or Mellow Yellow), but will only have access to these items during designated times.

Jewelry Policy: You may bring some modest jewelry, but be careful about bringing expensive items. They will not be locked up and Teen Challenge is not responsible for any personal items that go missing. We recommend not bringing any valuable jewelry. No jewelry with drug, alcohol, tobacco or occult symbols. **All facial piercing is prohibited with the exception of earrings and a small nose stud. Clear spacers are occasionally allowed. Any restricted items will be confiscated and held until departure date.**

Departure Policy: Items left behind can be shipped home upon request and with payment of postage within 30 days. Anything remaining after that time will be donated.

Confiscated items Policy: ****If you bring any of the items below, they will be confiscated****

Nicotine replacement patches or gum	Cell phones, tablets, laptop computers, TV, hand held games
Any tobacco or drug paraphernalia of any kind	Sleeping medications, no open over the counter medication
Weight loss products or supplements	Radio, MP3 players, secular books, secular magazines,
Playing cards or dice	Weapons of any kind: guns, knives, box cutters, scissors,
Lighters or matches	straight razor, etc.
Sunless tanning products	Men's underwear, cologne or deodorant
Pictures of boyfriends, girlfriends, or men you aren't married or related to. We will investigate all pictures you bring.	