



Teen Challenge of Kentucky Priscilla's Place APPLICATION FOR ADMISSION

I. PERSONAL

TODAY'S DATE / /

1. Name: _____
First
Middle
Last

2. Birthdate: / / Age: Gender at birth: M F

3. Present Address: _____
Street
City
State
Zip

Phone: _____ Social Security #: _____

4. Referred to Teen Challenge by: _____
Name
Phone

_____ *City* *State* *Zip*

Relationship (Friend, Relative, etc.) _____

5. Are there any situations that may require you to leave campus for any period of time?

6. Which women's program are you applying for?
 12-15 month Teen Challenge Program
 5-8 week First Roots Crisis Program

II. DRUG HISTORY

1. Have you ever experimented with drugs or alcohol? Yes No

2. Why did you experiment with or become involved with drugs?

Drugs used:	Usage		How Often Used?			
	1 st Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue						
Tobacco						
Marijuana						
Other (Specify)						

3. Do you consider yourself addicted? Yes No
 Explain: _____

4. I depend on drugs (Check which one(s) apply to you) To cope with life To be "in" with crowd
 For pleasure To escape reality Other _____
5. Longest period clean? _____ When was that? _____

III. LEGAL STATUS

1. Are you aware of any active warrants for your arrest? Yes No
2. Are you court ordered/probated to this program? Yes No
 How do you feel about that? _____
 You are required to bring all necessary court papers with you. Do you have those? Yes No
 Would you choose this program even if you weren't court ordered/probated? Yes No

IV. THE PRESENTING PROBLEM

1. What is the main problem in your life, as you see it? (Why do you want to come here?)

2. What have you done about it? _____

3. What are your greatest needs, in order of priority? _____

4. Have you ever been involved in a Teen Challenge program before? Yes No Can't Remember
 If yes, When? _____ Where? _____
5. Have you ever been in any other type of program before? Yes No How many? _____
 Religious Non-Religious

Program Name	Dates	City & State	Reason for Leaving

6. What are you expecting (believing) God to do in your life while you are at Teen Challenge?

7. Are you expecting God to do it all ("zap" you) or do you believe it will take commitment and sacrifice on your part? Describe what you're willing to do, or what you think is required of you?

