TEEN CHALLENGE INTERNATIONAL
The Faith-Based Solution for the Drug Epidemic
KENTUCKY

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
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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.