

ADULT & TEEN CHALLENGE OF ST. LOUIS (ATCSL)

2650 Appletree Acres \* P.O. Box 213 \* High Ridge, MO 63049 \* (636) 677-1776 \* Fax (636) 677-2818
STUDENT APPLICATION FOR ADMISSION

Personal Data & Information

Name: (Last) (First) (Middle Initial) Date:

Address: (Street) (City) (State) (Zip)

Phone: ( ) Social Security Number:

Drivers License: Valid Expired Suspended Never applied for one Driver's License Number: State

Birth Place: (City) (State) Birth Date: Age:

Gender at birth: Are you a citizen of the United States? Date Available for Program:

Emergency Contact Information

Name: Relationship:

Address: (Street) (City) (State) (Zip)

Home Phone: Work Phone:

Marital History/Family Background

Marital Status: Single Married Common Law Separated Divorced Widowed Remarried

Current Wife's Name: Age:

Please list previous marriage(s), starting with the most recent:

\_\_\_\_\_

(Name of person married to) (Month/Year) (Reason marriage ended: divorce, death, etc.) (Month/Year) (Number of children born to this marriage)

List children and their age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Name of child) (Age) (Where/with whom child is living)

Name of girlfriend or fiancé: Age:

Father's Name: Age:

Mother's Name: Age:

**Education**

Do you have a high school diploma or GED? \_\_\_\_\_ Do you wish to continue your education? \_\_\_\_\_

Please list any college, university, trade or technical school you have attended and the years attended:

\_\_\_\_\_

Briefly describe your educational or vocational goals: \_\_\_\_\_

Have you ever been diagnosed with a learning disability? \_\_\_\_\_ If yes, briefly describe: \_\_\_\_\_

**Medical History**

Have you been under a physician's care for any reason in the past year? \_\_\_\_\_ If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

List any communicable disease(s) with which you have been diagnosed? \_\_\_\_\_

When was your last physical examination? \_\_\_\_\_

Do you take medication or need medical attention regularly? \_\_\_\_\_ List all medications, dosages, and purpose below:

\_\_\_\_\_

\_\_\_\_\_

(Medication)

(Dosage)

(Purpose)

List all medications you are allergic to: \_\_\_\_\_

Please list any other allergies: \_\_\_\_\_

Do you have any activity restrictions due to a medical condition? \_\_\_\_\_ Briefly describe your medical condition: \_\_\_\_\_

\_\_\_\_\_

Do you have any special diet requirements? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Explain any current problems with your teeth: \_\_\_\_\_

If you have health/dental insurance, please give the name of the provider, their address, phone number, and policy number:

\_\_\_\_\_

\_\_\_\_\_

Have you ever received treatment/counseling for emotional, mental or psychological conditions? \_\_\_\_\_ If yes, list details below:

\_\_\_\_\_

(Date)

(Counselor/Physician)

(Reason)

Have you ever thought about committing suicide? \_\_\_\_\_ Are you currently thinking about committing suicide? \_\_\_\_\_

**Drug History**

List how often you used the following drugs (Never, Once, Several times, or Regularly):

Alcohol \_\_\_\_\_ Marijuana/Pot \_\_\_\_\_

Cocaine \_\_\_\_\_ Crack \_\_\_\_\_

Amphetamines (uppers) \_\_\_\_\_ Barbituates (downers) \_\_\_\_\_

Hallucinogenics (LSD, acid) \_\_\_\_\_ Inhalants (glue, gas, etc.) \_\_\_\_\_

Methadone \_\_\_\_\_ Heroin \_\_\_\_\_

Ecstasy \_\_\_\_\_ Morphine \_\_\_\_\_

Methamphetamine \_\_\_\_\_ PCP (angel dust) \_\_\_\_\_

Speed \_\_\_\_\_ Others: (Specify) \_\_\_\_\_

What is the first drug you used? \_\_\_\_\_ Beginning at what age? \_\_\_\_\_

What is the main drug you used? \_\_\_\_\_ How long? \_\_\_\_\_

How much was spent on drugs each day? \_\_\_\_\_ What drugs have you injected? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ What form? \_\_\_\_\_

**Religious Background**

Do you believe in God? \_\_\_\_\_ Do you believe the Bible as the Word of God? \_\_\_\_\_ Do you pray? \_\_\_\_\_

Have you ever had a conversion experience with Jesus Christ? (born again, accepted Jesus, etc.) \_\_\_\_\_

If yes, briefly describe your experience of salvation including date and place: \_\_\_\_\_

What is your current spiritual condition? \_\_\_\_\_

List denominational preference: \_\_\_\_\_ Have you ever been involved with the occult? \_\_\_\_\_

If yes, briefly describe your involvement: \_\_\_\_\_

**Teen Challenge Background**

Have you ever been in a Teen Challenge program before? \_\_\_\_\_ If yes, please give the following details:

\_\_\_\_\_  
(Location) (Date) (Reason for leaving)

Do you understand the purpose of the program? \_\_\_\_\_

Do you have any responsibilities that would hinder your being in the program for 14-15 months? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

**Legal Record**

Do you have any cases pending? \_\_\_\_\_ When? \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Attorney's phone number: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Do you have any outstanding warrants? \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been *charged* with a violent offense or assault? \_\_\_\_\_ Briefly describe: \_\_\_\_\_

Are you currently on parole or probation? \_\_\_\_\_ How Long: \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_ P.O.'s Phone Number: \_\_\_\_\_

P.O.'s Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

In the box below, list all arrests and institutions to which you were committed or admitted yourself:

Name and Location of Institution	Date	Reason for Confinement	Probation	Length of Confinement	Record During Confinement

**Referral**

Who referred you to Teen Challenge? \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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STATEMENT BY PERSON SEEKING BIBLE-BASED GUIDANCE/DISCIPLESHIP

- 1. I, \_\_\_\_\_, state that I am seeking bible-based guidance/discipleship at Adult & Teen Challenge of St. Louis (ATCSL hereafter).
2. I understand that the discipleship advisors, staff, and volunteers of ATCSL not professional counselors and are not licensed or certified by any state.
3. I understand that I may seek help from a state-certified or licensed psychologist, psychiatrist, or other mental health professional, at any time, on my own.
4. I understand that ATCSL has a policy of maintaining the confidentiality of all my private communications between my discipleship advisor and me.
5. In consideration for the opportunity to obtain this bible-based guidance/discipleship, I promise that I will not take any legal actions in the future for anything said, done, or omitted by my discipleship advisor, ATCSL, their agents, or family members during this discipleship program.
6. I state that I am \_\_\_\_\_ years old and am able to give my consent to this discipleship program, including all sessions after the date below.

Applicant/Student Signature

Date

Witness Signature

Date

CONFIDENTIALITY OF ADULT & TEEN CHALLENGE RECORDS
Notice to Students in accordance with 42 CFR § 2.1 (10/1/91 Ed.)

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this ministry. Generally, the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life controlling problem, especially, alcohol or drug abuse unless:

- 1. The student consents in writing.
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulation is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime.

I warrant that I have read the above notice prior to its execution, and that I am fully familiar with the contents thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Applicant/Student

Signature of Witness

These forms must be filled out and signed before your application can be processed.

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STUDENT AGREEMENT

- 1. I have read the rules and consent to abide by all of them, whether I agree with them or not. I also agree to submit to the authority of all staff members.
2. I understand that Adult & Teen Challenge of St. Louis (ATCSL hereafter) is a Christian discipleship program, and I agree to cooperate with program goals and objectives until it is recognized by the Teen Challenge staff that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ, and I cannot do this in my own strength.
3. I release to ATCSL the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release to ATCSL the right to do a room search without warning. (Note: This is not done routinely, but only at times of definite cause.)
5. I release the right to ATCSL to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be accomplished without medication (cold turkey), aided only by prayer. If this is not agreeable, withdrawal should be done prior to admission.
7. I understand that ATCSL will not be held responsible for any of my personal property left, lost, or stolen while I am in the program. When leaving ATCSL, I understand that all my personal property must be taken with me or it will be disposed of after a 7 day waiting period.
8. I release ATCSL from all financial or legal responsibilities in case of accident, injury, illness or other misfortune.
9. I understand that I will not receive payment for the work I do while in the program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to ATCSL to withhold any of my belongings that they deem necessary. Any items not specifically forbidden in the rules will be held for me until my departure.
11. I agree to abide by the ATCSL dress code. I understand that any clothing which advertises or displays material inconsistent with ATCSL guidelines (such as alcohol/tobacco products, gambling, secular music, or vulgar/violent images) may be confiscated and disposed of.
12. I understand that my access to current newspapers, magazines, and radio and television programming will be limited. All reading materials and television programming must be approved by designated staff members.
13. I understand that during the induction phase of the ATCSL program, I will not be allowed to possess any money, credit card, debit card, or any other purchasing instrument. Consistent with ATCSL rules, all money will be given to the admitting staff member upon arrival, placed in a personal account, and returned to the student upon departure. If a student wishes to make a purchase while in the program, a written request must be made according to ATCSL policy.
14. I understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Adult & 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 problem(s), I understand staff will regulate and monitor my communications for a period of time determined by staff. I voluntarily give my consent allowing staff to exercise these procedures. I fully understand my rights and what I am waiving.
15. I understand that the following grievance procedure shall be made available to me while participating in the Adult & Teen Challenge of St. Louis program: a) The right to seek remedy for any complaint; b) The right to submit a written complaint to my designated case manager; c) The right to grieve directly to any staff member; d) The right to direct access to the facility director; e) The right to submit a complaint in writing and to have assistance in writing the complaint if unable to read or write; f) The right for grievances to be resolved in a timely fashion generally within seven days.

Applicant Signature

Date

Witness Signature

Date

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CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

The undersigned parties enter into this Agreement as an essential condition of participation in the Adult & Teen Challenge program.

The undersigned parties accept the Bible as the inspired word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the Rules of Procedure for Christian Conciliation (Rules) of the Association of Christian Conciliation Services (current Rules attached and incorporated by this reference). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Student Signature

Date

Facility Director

Date

Witness:

Print Name

Signature

Address:

Witness:

Print Name

Signature

Address:

\*\*This form must be filled out and signed during your admission to the program.\*\*

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ADULT & TEEN CHALLENGE OF ST. LOUIS EMERGENCY CARE AGREEMENT

Adult & Teen Challenge of St. Louis is not a medical or psychiatric facility and is not qualified to evaluate the validity of any medical or psychiatric illness/injury reported by a resident. Therefore, when a resident reports a medical or psychiatric condition for which he/she desires immediate medical or psychiatric attention via emergency services, the staff of Adult & Teen Challenge of St. Louis must treat the illness/injury as a genuine emergency. We cannot offer any valid medical or psychiatric evaluation of the reported condition to family members or sponsors requesting information regarding the extent of the illness/injury. As a result, emergency services must be called when a resident requests such services.

Since emergency services ALWAYS require follow-up appointments to verify any diagnosis and facilitate further treatment, any resident of Adult & Teen Challenge of St. Louis that utilizes emergency care will be placed on immediate medical leave from the program for a period of at least 30 days. This medical leave may be modified depending on the circumstances of the illness/injury at the discretion of Adult & Teen Challenge of St. Louis. No resident on medical leave will be considered for re-admission until Adult & Teen Challenge of St. Louis receives written medical clearance from the primary care physician stating that the resident can safely participate in all program activities. In the case of psychiatric services, the resident must be assessed by Steve May before consideration for re-admission. Also, the resident must provide proof that all emergency transportation costs have been paid in full before being considered for re-admission to Adult & Teen Challenge of St. Louis.

It is the responsibility of the resident to immediately arrange living arrangements for this medical leave with a family member/sponsor once they are under the care of emergency services. **Adult & Teen Challenge of St. Louis will not transport the resident back to the facility, and the resident will not be allowed to return to Adult & Teen Challenge of St. Louis until the satisfactory completion of the medical leave.** The resident's belongings will be kept in the main office for 7 days to be picked up by the resident or a family member/sponsor. All belongings must be picked up within that 7 day period. After this 7 day period, abandoned belongings will be disposed of.

We believe this policy best ensures the medical/psychiatric welfare of the resident.

\_\_\_\_\_  
Applicant/Resident Signature Date

\_\_\_\_\_  
Print Name

**The section below must be signed by a responsible party outside of the program:**

I agree to be responsible to make arrangements for transportation from the emergency care facility and for housing during medical leave of the above individual receiving emergency care. I understand that all belongings remaining at Adult & Teen Challenge of St. Louis must be picked up within 7 days of program departure. I also understand all other conditions of this Emergency Care Agreement.

\_\_\_\_\_  
Responsible Party/Family Member/Sponsor Signature Date

\_\_\_\_\_  
Print Name

**This form must be filled out and signed before your application can be processed.**

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**PHYSICAL EXAM FORM**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_

Eye, Ear, Nose, Throat \_\_\_\_\_

Dental \_\_\_\_\_

Heart \_\_\_\_\_

Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Skin \_\_\_\_\_ Hernia \_\_\_\_\_ Neuromuscular \_\_\_\_\_

Additional comments or diagnosis: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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INDUCTION INFORMATION/DISCHARGE REPORT

FOR OFFICE USE ONLY

Induction Information

Date application was received: \_\_\_\_\_ Application fee received: \_\_\_\_\_

Medical test results obtained: \_\_\_\_\_ (Date)

Interview date: \_\_\_\_\_ Approval / Disapproval date: \_\_\_\_\_

(Circle one of the above options)

Brief description of why applicant was not approved: \_\_\_\_\_

Scheduled admission date: \_\_\_\_\_ Admission fee received: \_\_\_\_\_

(Date)

Additional comments: \_\_\_\_\_

Recording Staff Initials: \_\_\_\_\_

Discharge Report

Admission date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Reason for departure: \_\_\_\_\_ Voluntary \_\_\_\_\_ Dismissal \_\_\_\_\_ Emergency \_\_\_\_\_ Graduation

How did student leave? \_\_\_\_\_ Normal—no problems \_\_\_\_\_ Illness \_\_\_\_\_ Angry \_\_\_\_\_ Violent \_\_\_\_\_ Unseen

If applicable, student referred to: \_\_\_\_\_

Re-entry eligibility: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Recording Staff Signature: \_\_\_\_\_