



Chad's Hope Men's Center

300 Chad McWhorter Lane Manchester, KY 40962/606-599-9716 FAX 606-599-0274

Student Application Form

APPLICATION FOR ADMISSION

1. Full Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ Sex _____ S.S. # _____

2. Permanent Address _____
Street _____ City _____ State _____ Zip _____
Phone Number () _____ - _____ Are you a U.S. citizen? Yes ___ No ___

3. Are you married ___ single ___ divorced ___ separated ___ ?

4. With whom are you presently living? _____

5. Do you own any tangible property? Yes ___ No ___

6. Do you have a health insurance policy? Yes ___ No ___

7. Have you ever or are you currently receiving any type of financial assistance? Yes ___ No ___

8. Do you currently have any income or do you expect to receive any while you are in our program?
Yes ___ No ___

9. Do you have any money in a savings, checking, or personal account? Yes ___ No ___
If yes, how much? _____

10. Do you have any outstanding debts? Yes ___ No ___ If yes, how much? _____

11. Are you involved in pornography ___ homosexuality ___ bestiality ___ prostitution ___ ?

12. Are you a high school graduate? Yes ___ No ___

13. Are you presently employed? Yes ___ No ___

14. Have you been in the military? Yes ___ No ___

15. Have you been in institutions (medical, penal, etc.) before? Yes ___ No ___

16. Have you ever been involved with an occult? Yes ___ No ___

17. Do you like yourself? Yes ___ No ___

- 19.** If we would ask your family members the following questions about you, how do you think they would most likely answer?
- Does he lie when he feels the need to do so? Yes___ No___
 - Is he honest? Yes___ No___
 - Is he a manipulator? Yes___ No___
 - Does he usually blame others for his actions? Yes___ No___
 - Will he steal if given the opportunity? Yes___ No___
 - Has he ever stolen from you? Yes___ No___
- 20.** Are you currently on probation or parole? Yes___ No___
If yes, probation or parole officer's name _____
Phone No. _____ Address _____
- 21.** Do you have any upcoming court appearances for any reason? Yes___ No___
- 22.** Do you have any attorney? Yes___ No___
If yes, attorney's name _____ phone no. _____
- 23.** Are you or any member of your immediate family currently involved in a civil lawsuit? Yes___ No___
If yes, please explain: _____
- 24.** Will you be court ordered to a treatment center? Yes___ No___
- 25.** Have you or any members of your immediate family ever been involved in a civil lawsuit? Yes___ No___
- 26.** When you were a child, did you have any religious input? Yes___ No___ If yes, what denomination?
- 27.** Do you regularly attend religious services? Yes___ No___
- 28.** Did you thoroughly read the statement of faith? Yes___ No___ Did you personally sign it? Yes___ No___
- 29.** Have you committed your life to Jesus Christ? Yes___ No___
- 30.** Are you aware that Teen Challenge believes that only a personal relationship with Jesus Christ can help you overcome you life controlling problems? Yes___ No___
- 31.** Are you willing and ready to allow Jesus to work in your life? Yes___ No___
- 32.** Are you aware that you will be taught per our interpretation of scripture, and we will not debate your religious beliefs or permit you to teach them to any other student in the program? Yes___ No___
- 33.** Do you understand that you will be confronted regarding issues in your life, and that we will not apologize for doing so? Yes___ No___
- 34.** How desperately do you need help? Desperately___ Somewhat___

35. Do you agree that your ways have not worked and that you need a complete change of lifestyle?
Yes___ No___
36. Have you thoroughly read the student manual? Yes___ No___ Did you personally sign it? Yes___ No___
37. Do you understand that in the event you are found to have tobacco, drugs, or alcohol in your possession while in the program, you will face immediate dismissal? Yes___ No___
38. Are you aware that if at any time our staff determines that you are not interested in our training procedures you will be released from the program? Yes___ No___
39. Do you understand our policy regarding family members with whom you may communicate?
Yes___ No___
40. Do you understand that you will have limited contact with your family during the program? Yes___ No___
41. Knowing what you do about Teen Challenge, how do you think we can help you? _____

42. Does your family know you are applying for admission to Teen Challenge? Yes___ No___
43. Is anyone holding anything over your head or giving you an incentive to get you to come to Teen Challenge? _____
44. How long do you plan to be at Teen Challenge? _____
45. Are you being pressured by someone else to come to Teen Challenge? Yes___ No___
46. Do you want to be admitted to our program for yourself or because someone else wants you to?

47. If accepted, are you willing to commit 12 to 14 months to the program? Yes___ No___
48. In your own words, please describe what you think Teen Challenge is all about, and describe what you think you will be doing while you are here. _____

49. Do you understand that Teen Challenge is not a place you will be taught a vocation trade? Yes___ No___

50. Do you have any friends, acquaintances, or relatives living within a 100-mile radius of Teen Challenge?

Yes___ No___

51. Do you have any outstanding doctor appointments? Yes___ No___ If yes, when and where?

52. When were your teeth last checked? _____

53. Do you have any teeth cavities or other dental problems? Yes___ No___ If yes, what? _____

54. When were your eyes last checked? _____ How are your eyes? _____

55. Are you currently using any prescribed medications? Yes___ No___

56. Do you understand that due to the rigorous schedule of our program, we will not accept persons who are taking doctor prescribed mind altering drugs? Yes___ No___

57. Are you aware that Teen Challenge is not a licensed, professional drug/alcohol treatment program or a medical or mental health facility? Yes___ No___

58. When did you last do an illegal drug? _____ What was it? _____

59. Do you feel that you will require medical treatment for drug/alcohol withdrawals? Yes___ No___

60. Who told you about Teen Challenge? _____

61. Did you complete this application yourself or did someone do it for you? _____

62. Do you have a problem signing numerous liability releases before being admitted into our program?

Yes___ No___

63. On a separate sheet of paper please tell us:

A. Why do you want to be accepted into Teen Challenge?

B. What do you consider your main problem to be?

C. What do you want out of life?

64. Read and complete:

I hereby authorize Chad's Hope Teen Challenge, Inc., and/or its agents to have a criminal background report performed on me including a national criminal background search for outstanding wants and warrants. Records searched will include those maintained by both public and private organizations and all public records for the purposes of confirming the information I submitted and whether or not I have outstanding legal matters to resolve before entering the program. Accordingly, I release Chad's Hope Teen Challenge, Inc., and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

