



Student Application

Name (Last, First, Middle): _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Gender: _____ Ethnicity: _____ Date of Birth: _____

Height: _____ Weight: _____ Social Security: _____

Referral Type: _____ Referral Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

What are your hobbies & interests?

DRUG HISTORY

Why did you start using drugs? _____

Complete the following list to the best of your knowledge:

Drugs Used	Dates & Years	Frequency of Use	Amount	IV/Smoke/Orally
Alcohol	_____	_____	_____	_____
Barbiturates	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
LSD	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____

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Tobacco _____
Methamphetamine _____
Prescription/OTC pills _____
Steroids _____
Inhalants _____
Other Drug _____

FAMILY

Fathers Full Name: _____ Biological, Step or Adoptive: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Mothers Full Name: _____ Biological, Step or Adoptive: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

How many siblings do you have? _____

Name	Description of Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spouse/Ex-Spouse Name: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

How many children do you have? _____

Name	Description of Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH

General Health (Circle One) Excellent Good Fair Poor

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Do you have any communicable diseases? YES NO
If yes, please provide details _____

Are you presently receiving medical care? YES NO
If yes, please provide details _____

Are you on any prescribed medications? YES NO
If yes, list medications and dosages

Do you have any restrictions (If yes, please circle)
Dietary Physical Allergic Other
If yes, please provide details _____

Have you ever considered/attempted suicide? _____
If yes, when was the most recent date? _____
If yes, please provide details _____

MILITARY

Have you ever served in any branch of the military? YES NO
If yes, which branch? _____
Entry Date: _____ Discharge Date: _____
Type of discharge? _____

LEGAL

Please circle any of these crimes that you have been convicted of: (There are more on the next page)

(Assault/Battery) (Criminal Mischief) (Disorderly Conduct) (Disorderly Intoxication)

(False Crime Report) (Indecent Exposure) (Loitering/Prowling) (Obstructing Justice)

(Petty Theft) (Stalking) (Shoplifting) (Soliciting/Prostitution) (Trespassing) (Other Misdemeanor)

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(Aggravated Battery/Assault) (Battery on an Officer) (Burglary) (Child Abuse/Neglect)

(False Imprisonment/Kidnapping) (Forgery) (Homicide/Murder) (Lewd Conduct)

(Practicing without License) (Probation Violations) (Resisting with Violence) (Robbery Offense)

(Sexual Battery) (Tampering) (Weapon Offense)

Are you currently on probation/parole? YES NO Which: _____

If so what county and state? _____

What is your required method of reporting? Phone Letter In-Person

Officer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Attorney's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please circle the following pending legal issues:

Court Appearances Sentencing Warrants Other

If you circled any of the previous please provide details with dates and times of appearings:

SPIRITUAL

Do you believe in God? YES NO

Have you ever committed your life to God? _____

Are you currently involved in a church or religion? YES NO

If yes, which one? _____

Describe your current involvement

FINANCIAL

Are you currently employed? YES NO

List your most recent jobs:

Job	Time Employed
_____	_____
_____	_____
_____	_____

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Circle any of the following you are receiving:
(Alimony) (Disability) (Unemployment) (Welfare) (Worker's Comp)

If any of the previous were circled, provide details:

Do you have any outstanding debts? YES NO
If yes, provide details

OTHER PROBLEMS

Please circle any of the following that are additional problem areas:

(Abusing Myself) (Abusing Others) (Anorexia) (Bulimia) (Gambling) (Over-Eating)
(Pornography) (Same-Sex Attraction) (Sex) (Stealing) (Video Games) (Workaholic)

What is the main problem in your life as you see it?

What are your greatest needs in order of priority?

Why do you want to be admitted?

What do you hope to gain from this program?

Please list any other programs that you have been in

EDUCATION

Highest Grade Level Completed: _____

Explain your educational and vocational goals

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I certify that all my answers are correct to the best of my knowledge. I am requesting consideration for admission to North Central Indiana Teen Challenge. I will do my best to honor the commitment that I have made to Teen Challenge.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____