



## STUDENT APPLICATION – STRICTLY CONFIDENTIAL

### PERSONAL DATE AND INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Residence) (Cell)

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a valid Driver's License:  Yes  No  Valid  Expired  Suspended

If Yes, Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

If No, please explained: \_\_\_\_\_

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### NEXT OF KIN / IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Residence) (Cell)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Residence) (Cell)

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### WHO REFERRED YOU TO ADULT & TEEN CHALLENGE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Residence) (Cell)

**BACKGROUND**

Are you an American Citizen  Yes  Naturalized  No. If no, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONALITY INFORMATION**

Is It easy for you to express your feelings  Yes  No  Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

Do you enjoy being with other people or would you rather be alone? Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a severe emotional upset?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any psychotherapy or counseling before?  Yes  No

Circle any of the following words that best describes you now:

- active            ambitious            self-confident            persistent            nervous            hardworking            calm
- impatient            impulsive            self-conscious            often blue            excitable            imaginative            shy
- serious            easy-going            good natured            introvert            extrovert            likeable            quiet
- leader            hard-boiled            submissive            moody            sensitive            lonely

**PERSONAL FAMILY HISTORY**

List parent/parenting figures, spouse, girl/boyfriend, brothers & sisters (do not list your children)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Check the word that best describes your relationship with your parents as a child and now:

	Very Good	Good	Average	Fair	Poor
As a Child					
Now					

Are you parents still living? Father  Yes  No

Mother  Yes  No

Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Mothers's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Are you adopted?  Yes  No Were you raised by anyone other than your parents?  Yes  No If yes,

explain: \_\_\_\_\_

When did you last see your parents? \_\_\_\_\_ When did you last live at home? \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer's Name \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Marital Status  Married  Divorced  Separated  Re-married  Living Together  Widowed

If married, how long? \_\_\_\_\_ If other, how long? \_\_\_\_\_

How would you rate their marriage?  Very Happy  Happy  Average  Unhappy

How would you rate your childhood  Good  Fair  Poor Why? \_\_\_\_\_

As you grew up, whom did you feel closest to?  Father  Mother  Other \_\_\_\_\_

**PERSONAL & FAMILY MEDICAL HISTORY**

Do you have or have you ever had any of the following:

- Asthma                       Back Problems                       Diabetes                       Epilepsy                       TB
- Heart problems                       Hepatitis                       VD                       High Blood Pressure                       Other

Please explain if you checked any of the above. If you have any problems not listed above, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparents	Father	Mother	Spouse	Brother	Sister	Child
Drug Abuse							
Alcohol Abuse							
Physical Problems							
Mental Health Problems							

Describe any illness or developmental/concern you experienced as a child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special diet requirements  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was your last dental examination? \_\_\_\_\_ Are you currently experiencing any problems with your teeth?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you drink coffee, tea, or smoke cigarettes, please list the amount you consume each day:

Cigarettes \_\_\_\_\_ packs smoked per day

Coffee \_\_\_\_\_ cups consumed per day

Tea \_\_\_\_\_ cups consumed per day

List how often you used the following drugs. (Never, once, several times, regularly)

Alcohol \_\_\_\_\_ Barbiturates (downers) \_\_\_\_\_ Methamphetamines (uppers) \_\_\_\_\_

Heroin \_\_\_\_\_ Cocaine \_\_\_\_\_ Hallucinogenic \_\_\_\_\_

Morphine \_\_\_\_\_ Opium \_\_\_\_\_ Huffing glue, gas, etc \_\_\_\_\_

Methadone \_\_\_\_\_ Marijuana \_\_\_\_\_ Crack \_\_\_\_\_

LSD \_\_\_\_\_ PCP \_\_\_\_\_ Ecstasy, G \_\_\_\_\_

Others (please specify) \_\_\_\_\_

List your physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

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### MARITAL / INTIMATE RELATIONSHIP HISTORY

Marital Status:  Married  Single  Engaged  Separated  Divorced  Re-married  Widowed

List your present living arrangement (check all that apply)

Living Alone  With Parents  With Spouse  With Others (non-relative)

With Others (relatives including children)  Other \_\_\_\_\_

If you are, or have been married, please list: (starting with your most recent marriage)

Person Married To (first name only)	Month/Year	Ended In (Divorce, separation, death, etc)	Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Spouse (full name): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Residence) (Cell) (Work)

Describe your relationship with your spouse: \_\_\_\_\_

\_\_\_\_\_

Do you have any children?  Yes  No If yes, please list

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email (if adult): \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email (if adult): \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email (if adult): \_\_\_\_\_

Describe any positive or negative aspects of your relationship with your children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any problems or concerns related to your relationship with your spouse or girl/boyfriend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been sexually abused?  Yes  No To your knowledge, has anyone in your family ever been sexually abused?  Yes  No

When: \_\_\_\_\_

Who: \_\_\_\_\_

When: \_\_\_\_\_

Who: \_\_\_\_\_

Sexual Lifestyle: (Please check all that apply)

Heterosexual  Bisexual  Homosexual  Pornography  Prostitution  Pedophilia

How recently involved? \_\_\_\_\_

Have you ever engaged in homosexual activities?  Yes  No

**SOCIAL INVOLVEMENT HISTORY**

Describe your involvement in the following:

Recreation / Sports: \_\_\_\_\_

Peer Group: \_\_\_\_\_

Community Affiliations: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Other: \_\_\_\_\_

**SIGNIFICANT LIFE EVENTS**

Describe any of the following that you are experiencing or have recently experienced:

Moves: \_\_\_\_\_

Losses (Personal, Financial): \_\_\_\_\_

Sexual Abuse/Rape: \_\_\_\_\_

Physical Abuse / Neglect: \_\_\_\_\_

Foster home placement or institutionalization: \_\_\_\_\_

Ethnic / Cultural Influences: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**ACADEMIC HISTORY**

List the highest grade you have completed: Elementary \_\_\_\_ Jr. High School \_\_\_\_\_ High School \_\_\_\_ College \_\_\_\_\_

Are you currently in an education program  Yes  No

If yes, list \_\_\_\_\_  
(Name) (Street) (City, State)

If you are no longer in an education program, please explain your reason for leaving school: \_\_\_\_\_

Are you receiving or have you received vocational training?  Yes  No

If Yes, list:

Type of Trade or Skills	Date of Training	Certification Issues

Can you read?  Yes  No  Good  Average  Poor

Can you write?  Yes  No  Good  Average  Poor

Describe your future educational and vocational training goals and plans:

Educational \_\_\_\_\_

Vocational \_\_\_\_\_

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### OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? \_\_\_\_\_

How many jobs have you held in the last two (2) years? \_\_\_\_\_

List your present employment status

Unemployed (have not sought employment in last 30 days)

Employed part-time (less than 35 hrs per week)

Unemployed (have sought employment in last 30 days)

Employed full-time (Working 35 hours or more per week)

List your two most recent jobs: (Start with your most recent job)

\_\_\_\_\_  
(Name of Employer) (Position Held) (Employed From Mo/Yr – Mo/Yr)

\_\_\_\_\_  
(Reason for leaving) (Supervisor's Name) (Phone)

\_\_\_\_\_  
(Employer's Address) (Supervisor's Email)

\_\_\_\_\_  
(Name of Employer) (Position Held) (Employed From Mo/Yr – Mo/Yr)

\_\_\_\_\_  
(Reason for leaving) (Supervisor's Name) (Phone)

\_\_\_\_\_  
(Employer's Address) (Supervisor's Email)

List your current average monthly income \$ \_\_\_\_\_

Describe your primary source of income \_\_\_\_\_

Describe your future occupational goals and plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever experienced or presently had a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled at Adult & Teen Challenge?  Yes  No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**PSYCHOLOGICAL HISTORY**

have you ever received mental health treatment?  Yes  No If yes, please list:

Date	Name of Clinic	Reason for Treatment	Outcome

Has a family member or someone close to you ever attempted or committed suicide?  Yes  No

Have you ever thought about committing suicide?  Yes  No

Are you currently thinking about committing suicide?  Yes  No

Have you ever received psychiatric care?  Yes  No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

Will you, as a student of Adult & Teen Challenge, be willing to authorize doctors or agencies involved in previous treatments to release your medical records?  Yes  No

\_\_\_\_\_

**SPIRITUAL HISTORY**

Are you born-again? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

What were the circumstances that led to this? \_\_\_\_\_

\_\_\_\_\_



Denominational preference: \_\_\_\_\_

Do you attend church?  Never  Occasionally  Regularly

If so, what church? \_\_\_\_\_ Phone: \_\_\_\_\_

How often did you attend church as a child? \_\_\_\_\_

Which denomination was it? \_\_\_\_\_ How old were you if you stopped attending? \_\_\_\_\_

If you stopped attending, why? \_\_\_\_\_

Do you believe in God?  Yes  No  Uncertain Do you ever pray?  Never  Occasionally  Often

How often do you read the Bible?  Never  Occasionally  Often

Do you read books of other religions instead of the Bible?  Never  Occasionally  Often

Which ones? \_\_\_\_\_

What recent changes have you had in your religious life (if any)? \_\_\_\_\_

Have you ever been involved in cults, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology,

TM, Eastern Religions, or others? Explain \_\_\_\_\_

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### LEGAL HISTORY

Are you legally mandated to participate in an Adult & Teen Challenge-type program?  Yes  No

If yes, by whom?  Parole Board  Court  Other Explain: \_\_\_\_\_

\_\_\_\_\_ If "Court" please list county of origin \_\_\_\_\_

Are you currently or will you be under legal supervision?  Yes  No

Method of reporting:  Phone  Letter  In Person  Other (explain) \_\_\_\_\_

How often do you report? \_\_\_\_\_ How long? \_\_\_\_\_ Time remaining? \_\_\_\_\_

List your probation / parole officer's name: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(ZIP)

Are any of the following pending against you? (Please check all that apply)

Arrest warrant  Court appearance  Criminal charges  Sentencing  Other (explain) \_\_\_\_\_

If you checked any of the above, please explain: \_\_\_\_\_

List all arrests and convictions:

Date	Charges	Convicted? Y/N	Sentence	Time in Jail	Alcohol (A) or Drugs (D) Involved?

Have you ever been in prison  Yes  NO

Date	Institution

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#### INSURANCE HISTORY

Please check your insurance type  No Health Insurance  Other Private Insurance  Blue Cross/Blue Shield

Medicaid / Medicare  Other Public Funds \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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#### FINANCIAL STATUS

If you enter our program, what provisions will be made for the following expenses?

Medical: \_\_\_\_\_

Dental: \_\_\_\_\_

Are you eligible for and/or receiving  Welfare  Disability Payments  Unemployment Compensation

Workman's Compensation  Other Income (Please Explain) \_\_\_\_\_

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Have you ever applied for Food Stamps?  Yes  No If so, where? \_\_\_\_\_

Do you have any outstanding debts?  Yes  No Explain: \_\_\_\_\_

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Owed To	Amount	Address	Phone	Payments

**MILITARY SERVICE HISTORY**

Have you ever served in the US Armed Forces?  Yes  No

If yes, describe:

Branch of Service: \_\_\_\_\_ Military Occupation Standing (MOS) \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank Attained: \_\_\_\_\_ Discharge:  Honorable  Less Than Honorable  Dishonorable

Eligible for V.A. Medical Benefits  Yes  No  Unknown

Are you presently in the Reserves?  Yes  No Explain: \_\_\_\_\_

**PREGNANCY HISTORY *Women Only***

List Number of Pregnancies \_\_\_\_\_

Do you think you may be pregnant now?

Have you ever experienced any of the following problems?

Yes  No

Miscarriages  Yes  No

Abortions  Yes  No

Other Problems: (Please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THE PROBLEM**

What is your main problem, as you see it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done about it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your greatest needs, in order of priority? \_\_\_\_\_

\_\_\_\_\_

Please check the items listed below that must change in your life during your stay at Adult & Teen Challenge if you are going to have a successful future?

- |   |  |   |
|---|--|---|
| <input type="radio"/> Attitude                            | <input type="radio"/> Self-discipline          | <input type="radio"/> Financial Management  |
| <input type="radio"/> Values                              | <input type="radio"/> Thought life             | <input type="radio"/> Sexual life           |
| <input type="radio"/> Work habits                         | <input type="radio"/> Dress & appearance       | <input type="radio"/> Use of free time      |
| <input type="radio"/> Sleeping habits                     | <input type="radio"/> Relationship with family | <input type="radio"/> Relationship with God |
| <input type="radio"/> How I view and respond to authority |  |   |

What would you see as your biggest hindrance to completing the program? (Examples: girlfriend, disciplines, dress code, schedule, missing family, obeying authority, Christian emphasis, etc.) **Attach your comments on another sheet of paper**

Have you ever been in a treatment program before?  Yes  No If yes, was it  Religious  Secular

How many programs have you been in before? \_\_\_\_\_ (List below)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City / State: \_\_\_\_\_

City / State: \_\_\_\_\_

Dates: \_\_\_\_\_

Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been in a Teen Challenge program before?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

Why did you leave?  Dismissed by Staff  Left on Own  Graduated  Other \_\_\_\_\_

Why do you wish to be admitted? \_\_\_\_\_

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What are you expecting (believing) God to do in your life through the program? \_\_\_\_\_

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Describe what you are willing to do, or what you think is required of you: \_\_\_\_\_

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What would you like to do after you leave Adult & Teen Challenge of Texas? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge and that the application form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance in to the program, whether a student is just entering into or is in fact, already in, the program.

\_\_\_\_\_

(Student Applicant Signature)

\_\_\_\_\_

(Date)

If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

\_\_\_\_\_

Printed Name of Person Completing Application

\_\_\_\_\_

Signature of Person Completing Application

\_\_\_\_\_

Date

\_\_\_\_\_

Relationship to Applicant

Please explain why student applicant was unable to complete or fill out the enclosed application form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## STUDENT PARTICIPATION AGREEMENT

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, age, disability, religious creed, national origin, or political belief.

Read each of the following statements carefully. Your initial and signature indicate you have read and agree to each item on this form.

- I agree to abide by the policies of Adult & Teen Challenge of Texas, Inc. (ATCOT). I do hereby state that I wish to enter their work/study program. I understand this program is a minimum of 12 months in length. The length of my program may be extended until is decided by both staff and myself that I am ready to leave

\_\_\_\_\_  
Initial

- I understand that if I am dismissed from or leave the program, there will be a 30 day period before I will be considered for re-entering the program.

\_\_\_\_\_  
Initial

- I have read and understand the ATCOT "Student Manual". I voluntarily choose to abide by said rules and policies and cooperate with ATCOT staff for my betterment. I understand that if I do not cooperate with the rules and policies of ATCOT, I can be dismissed from the program. It is further understood that if I do not cooperate with the rules and policies of ATCOT, I can be asked to leave.

\_\_\_\_\_  
Initial

- I understand that if I decide to leave or am dismissed I must receive prior approval from Executive Staff to come back on campus.

\_\_\_\_\_  
Initial

- Should I leave before or after normal office hours (Mon – Fri, 9am-5pm), I will not be able to get my personal effects and I will leave a forwarding address to have my personal effects mailed to me. I also understand that I am responsible for the cost of shipping my personal belongings back to myself. I also understand that once the decision is made to leave for any reason I will have no more than one hour to be packed and off campus and will not be allowed to go and talk to other students. I also understand that I cannot receive money from anyone at ATCOT for any reason. I understand that if I am dismissed from or leave the program, I must take all my personal belongings with me. Any personal items not taken will become the property of ATOCT unless arrangements are made to pick them up within 48 hours of my departure. I do not hold ATCOT responsible for my personal property. ATCOT is neither responsible nor obligated to ship any of those belongings to me.

\_\_\_\_\_  
Initial

- I also understand and agree that I will not hold ATCOT responsible for any loss of personal items at any time. I also understand that ATCOT cannot be held responsible for personal injury while I am in the program. I will be held responsible for all medical expenses incurred while in the program.

\_\_\_\_\_  
Initial

- I understand that the \$1,500 induction fee is a non-refundable fee.

\_\_\_\_\_  
Initial

- I understand that the advisors, staff, and volunteers of ATCOT are not professional counselors licensed or certified by any state agency. They are committed Christians, who will share their honest opinions, advice, and counsel based on the principles found in the Holy Bible.

\_\_\_\_\_  
Initial

- I understand that a personal check of my belongings will be made when I enter the program. In the event that I leave prematurely, there will again be a check of my personal belongings.

\_\_\_\_\_  
Initial

- I understand the Work Experience Program is designed to develop desirable attitudes and promote understand for job success through supervised work experience activity. I understand this work activity need not be related to any specific occupational goal I may have. I understand that I am not entitled to wages for the time spent in training.

\_\_\_\_\_  
Initial

- I understand that I must apply for food stamps while at Adult & Teen Challenge of Texas.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Date



## EMERGENCY MEDICAL CARE CONSENT FORM

Name of New Student: \_\_\_\_\_

List of Drug Allergies, if known: \_\_\_\_\_

List two individuals to be contacted in case of emergency:

Name: \_\_\_\_\_  
(Last) (First) (Initial)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\*\*This form expires upon graduation or discharge of the student from Adult & Teen Challenge of Texas.





## ADMISSION INVENTORY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

The following items were surrendered by the student during admission to be kept in a secure place until the student graduates, becomes an Intern, or is dismissed.

Cash: \_\_\_\_\_

Wal-Mart Card: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## CORRESPONDENCE, PHONE & VISITATION AUTHORIZATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP)

Phone: \_\_\_\_\_ Approved  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP)

Phone: \_\_\_\_\_ Approved  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP)

Phone: \_\_\_\_\_ Approved  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP)

Phone: \_\_\_\_\_ Approved  Yes  No

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(By my signature, I am requesting that ATCOT send newsletters, updates, and program information to any individuals listed on this form.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Staff Witness



## STUDENT SPONSORSHIP PLAN

I, \_\_\_\_\_, agree to make every effort to send Adult & Teen Challenge of Texas monthly support of \$300 per month for as long as \_\_\_\_\_ is a student in the ATCOT program. I understand that these funds are needed to help offset student expenses absorbed by ATCOT throughout his/her stay in the program. I understand that student sponsorship will not be given directly to or designated for any particular student but rather deposited in the general account and used to offset total program costs.

I understand that I may receive a friendly, monthly reminder from ATCOT staff in regards to my student sponsorship donation.

All student sponsorship donations are tax deductible.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## STUDENT CONTACT GUIDELINES & PROCEDURES

I, \_\_\_\_\_, hereby acknowledge that there is to be no contact (verbal, written, or through physical gestures) with any member of the opposite gender. I also understand that there is zero-tolerance regarding this policy and that violation of this policy will result in immediate expulsion from Adult & Teen Challenge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

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 of Texas 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, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## CLIENT'S RIGHTS

As an incoming student at Adult & Teen Challenge of Texas, you are hereby advised of your rights in this program.

This is a voluntary program and you are free to leave at any time. There will be no restraints used at any time. We are here to help and advise you.

You will receive a copy of this form and all others that you are asked to sign.

- No student shall be deprived of civil rights by reason of treatment.
- The student shall not be discriminated against.
- The student shall have the right to inspect his/her record.
- If the student is denied access to his/her record, he/she has the right of appeal to this denial following the standard grievance procedure.
- The student may request correction or removal of information in the file and may submit rebuttal of information in the records.

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Student's Signature

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Date

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Student's Printed Name



## INFORMED CONSENT FORM

This form is to be placed in the new student records. It is a document that apprises the new student of the following:

1. The new student understands the scope of the Adult & Teen Challenge (ATCOT) program
2. The new student understands the expectation for student participation in the program.
3. The new student understands the discipline policy, including circumstances that may lead to immediate discharge such as one of the following:
  - a. Striking a staff member
  - b. Causing physical harm to self or others
  - c. Threatening physical harm to self or others
  - d. Failure to complete probation period
  - e. Refusing to cooperate with staff or program
  - f. Destruction of ATCOT property
  - g. Stealing
  - h. Leaving the ATCOT program without permission
  - i. Smoking, drinking alcohol or using drugs
  - j. Possession of cigarettes, alcohol, or drugs
4. The student has received a copy of the program rules.
5. The rules of the program have been explained to the student.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name



## CONFIDENTIALITY OF RECORDS

### Notice to Students

#### In accordance with 42 CFR § 2.1 (10-1-91 ED.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by Federal law and regulations. 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 ordered by a court; 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 regulations 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.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name





## DISCLOSURE WITH STUDENT'S CONSENT

I give Adult & Teen Challenge of Texas authorization to disclose (kind and amount of information to be disclosed): \_\_\_\_\_

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Disclosure shall be made to: \_\_\_\_\_

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For the purpose of: \_\_\_\_\_

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name

This statement of consent is subject to revocation by the student at any time, except to the extent that the ministry or person who is to make the disclosure has already acted in reliance on it.



## PERSONAL STORY & MEDIA RELEASE FORM

In consideration of and as a condition to my admission to Adult & Teen Challenge of Texas Christian recovery and discipleship program (“the Program”), I hereby give Adult & Teen Challenge of Texas (the “Licensee”) and its sublicensees, assigns and legal representatives including, but not limited to Teen Challenge USA and Global Teen Challenge the perpetual, unlimited, but revocable worldwide right to use, publish and/or broadcast my name and personal story which I have related to Adult & Teen Challenge of Texas in whole, or in part, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify and edit any film, videotape, audiotape and photograph taken or made of me during my participation in the Program, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them.

The Licensee will not use any information about me other than what I voluntarily and personally provide.

I agree that all recordings, video, film, photography, drawings or other images taken or made of me by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use to which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.

I hereby release, discharge and agree to hold the Licensee, its sublicensees and all persons acting with its permission or authority harmless from any claim, demand or liability attributable to any use or activity authorized herein, including without limitation any claims for defamation, libel or invasion of privacy or publicity rights.

I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.

I understand that upon ninety days written notice from me to Adult & Teen Challenge of Texas, the Program will discontinue all uses and activities authorized above, and, if it has authorized third parties to make such uses or engage in such activities, it will make reasonable efforts to see that such third party or parties discontinues them as well.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Print Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

Date: \_\_\_\_\_

Staff Print Name: \_\_\_\_\_

Age: \_\_\_\_\_



## MEDICAL & DENTAL ACKNOWLEDGMENT

I understand that during my stay at Adult & Teen Challenge of Texas, I will be required to follow their disciplinary training. I may be required to get involved in some strenuous duties and I hereby state that I am in good physical health and I am in no need of dental care. I also acknowledge that should a pre-existing illness or ailment affect my ability to follow the prescribed disciplinary training, I may be asked to leave the program until said illness / ailment is remedied and a clearance to return is signed by a Medical Doctor or Dentist. I also understand that should I leave, I must call back and talk to the Campus Director before being allowed to re-enter Adult & Teen Challenge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## MEDICAL RELEASE

I, \_\_\_\_\_ hereby state that my medical Doctor would not sign a release for me to stop taking my Psychotropic Medication(s) and that I quit taking my Medication(s) on my own free will. I also release Adult & Teen Challenge of Texas from all known and unknown liabilities.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

SWORN TO and SUBSCRIBED before me by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public



## SEARCH PROCEDURES

Searches may be conducted to protect the health, safety, and welfare of students, including the detection of drugs and weapons.

All searches must comply with the following standards:

1. Staff members performing a personal search will be the same gender as the student
2. The student will be allowed to remain partially clothed during a personal search. Staff may use their hands to pat down the student's body to feel for illicit items.
3. The student must be present when a search is conducted of belongings such as backpacks, purses, and luggage.
4. We, Adult & Teen Challenge of Texas, reserve the right to randomly search the dorm rooms at any time. All clothing and personal items will be returned to their original state as much as possible.
5. All searches must be witnessed by a second staff person or another individual who is not directly involved in the search.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## ALCOHOL, DRUG, AND TOBACCO TESTING POLICY

Adult & Teen Challenge of Texas reserves the right to conduct random drug testing. We believe that our students are committed to their recovery and will abide by house rules of no drugs or tobacco use of any kind. In the event it is suspected that you are under the influence of a mood altering substance or that you have used any type of tobacco products, you will be instructed to report to the staff on duty or program coordinator's office to voluntarily take a urine analysis or breathalyzer test. If it is determined that you were in fact under the influence, it is grounds for immediate dismissal and/or you may be asked to leave the property.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## STUDENT ACKNOWLEDGMENT & AGREEMENT

### REGARDING WORK ASSIGNMENTS

- I understand, as an Adult & Teen Challenge (ATCOT) student, that I do not have to pay for my own monthly expenses such as food, housing, utilities, education, transportation, etc. However, should there be any revenues generated by any work I perform while enrolled in the program, such revenue will go to ATCOT.
- I understand that if I am admitted as a student, I will be required to participate in the ATCOT Work Therapy Program (work experience).
- I acknowledge that I have read and fully agree with ATCOT's description of its Work Therapy Program (work experience); which, addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
- I understand that if I am admitted to ATCOT as a student, I will be performing work assignments not as an employee, but solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.
- Accordingly, by signing this **Agreement**, I am not applying for a position of employment with ATCOT, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
- I further understand that if I fail to perform my assigned work related tasks, ATCOT may revoke my status and privileges as a student. Because performance of work assignments are a consideration for the receipt of such status and benefits, each student's participation in the Work Therapy Program (work experience) is a necessary and vital part of the recovery process.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## NON-MEDICAL TREATMENT DECLARATION

I understand that:

1. The treatment and recovery services at Adult & Teen Challenge of Texas are exclusively religious in nature and are not subject to licensure or regulation by the Texas Commission of Alcohol and Drug Abuse; and
2. Adult & Teen Challenge of Texas offers only non-medical treatment and recovery methods such as prayer, moral guidance, spiritual counseling, and spiritual study.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name





## WORK SKILLS QUESTIONNAIRE

Please fill in the blanks below with the work skills and experience, interests, and licenses you possess. These skills can include HVAC, carpentry, bookkeeping, plumbing, design, telemarketing, screen printing, medicine, etc. Teen Challenge will use this information to place you into the appropriate work experience areas during your stay.

I am skilled and have experience in:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I have an interest in serving in the following areas but don't have any relevant experience:

1. Wood Shop
2. Campus Maintenance
3. Kitchen
4. Vehicle Maintenance
5. Marketing and Donor Development
6. Cleaning and laundry
7. Screen Printing
8. Thrift Store
9. Choir or Worship Team
10. Fine Arts

I possess a current license in the following areas: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

# STUDENT PHONE LOG

Student Name: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Approved Phone #s: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

Date	Number Called	Person Called	Start Time	End Time	Staff