



PO Box 41428, Des Moines, IA 50311-0508
 (515) 282-5249 phone, (515) 288-3920 fax
 www.tcmid.org

APPLICATION FOR ADMISSION

Today's Date: _____

1. First, MI, Last Name: _____

2. Address: _____

3. Phone: _____

4. Social Security #: _____ 5. Driver's License #: _____

6. Date of Birth: _____

7. IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____
 Address: _____
 _____ Phone: _____

8. Do you have any outstanding debts?

Yes

No

If yes, please explain. If
 necessary please list details on a
 separate page: _____

9. Are you required to pay child support?

 Yes No

If yes, please explain; list the amount and frequency of payments:

10. Do you receive SSI, SSA, or other government benefits?

 Yes No

If yes, please explain; list the amount and frequency of payments:

11. Are you a United States Citizen?

 Yes No

12. Have you ever served in the Armed Forces?

 Yes No

If yes, please explain; list branch & dates of service:

13. Are you a High School Graduate? *(You must provide proof of either HS Diploma or GED. If you do not have documentation you will be required to enroll in our GED program)*

 Yes No

If GED, when & where?

14. Do you have any responsibilities that would hinder your being in a program for 13 months (jail included)?

15. Are you currently incarcerated?

 Yes No

If yes, please list the name & address of where you are incarcerated:

16. Explain your present living conditions:

17. Marital Status:

 Single Married Common Law Divorced Widowed Remarried

Husband's Name:

18. List your dependent children's name(s) and their age(s):

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19. Do you have a boyfriend or fiancé?

 Yes No

If yes, list his name, how long you've been together, and what your intentions are:

20. Have you ever engaged in homosexual activity?

 Yes No

21. Do you have any body piercings? (Only earrings are allowed, any other body piercings need to be removed prior to entering the program)

 Yes No

22. Do you have a history of mental illness?

 Yes No

If yes, please explain: _____

23. Do you have any activity restrictions due to a medical condition?

 Yes No

If yes, please explain: _____

24. Are you on medication?

 Yes No

If yes, please explain; listing diagnosis,
medications, their purpose and frequency of use: _____

25. Do you have any dental problems that need attention?

 Yes No

If yes, please explain: _____

26. Are you allergic to anything?

 Yes No

If yes, list what you are allergic to: _____

27. Are you pregnant?

 Yes No

28. Are you clean & sober now?

 Yes No

29. Do you smoke cigarettes?

 Yes No

30. Are you on probation or parole?

 Yes No

If yes, write what you are on probation for and list your PO's name, address and phone number:

31. Do you have legal charges pending?

 Yes No

If yes, please explain what your charges are. List your attorney's name, address and phone number:

32. Have you been convicted of any misdemeanors/felonies?

 Yes No

If yes, please list:

33. Have you been arrested for habitual offenses?

 Yes No

If yes, please explain:

34. Are you a sexual offender?

 Yes No

If yes, please explain what your charges are.

35. Are you required to register as a sexual offender?

 Yes No

If yes, please explain the process by which you register.

36. Are you a Christian?

Yes

No

37. Have you struggled with any of the following?

Drug/Alcohol Addiction Eating Disorders Self-mutilation Pornography

38. Please describe your life-controlling problem:

39. Do you have a state issued photo ID or Driver’s License?

Yes

No

(If yes, please include a copy; if no, you will be required to obtain one before entry into the program)

40. Do you have a Social Security Card?

Yes

No

(If yes, please include a copy; if no, you will be required to obtain one before entry into the program)

41. Have you enrolled in this or another Teen Challenge before?

Yes

No

If yes, please list which Teen Challenge and dates you were in program. It is required that you provide us a release of confidentiality to communicate with them about you (see statement 14 of the Student Agreement):

Please sign and date below indicating that you have read and understand “**Application for Admission**” (Items 1-41)

Signature

Date

APPENDIX A - STUDENT AGREEMENT

1. I, _____, state that I am seeking help at Teen Challenge of the Midlands.
2. I state that I am ____ years old, and am able to give consent to my participation in this program, in its entirety, after the date listed on pg. 14 of this document.
3. I have read the **Teen Challenge of the Midlands Student Guidelines** and hereby agree to abide by it.
4. It is my intention to complete the 13-month minimum Teen Challenge residential discipleship program.
5. I will dedicate myself to the discipleship program 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 that I cannot do this in my own strength.
6. I release to Teen Challenge the right to search, read and withhold my mail in the manner explained in the rules.
7. I release to Teen Challenge the right to do a room search without warning.
8. I release to Teen Challenge the right to make a thorough search of my person and belongings on the day of my admission.
9. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
10. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
11. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness or other misfortune.
12. Any items listed under "Forbidden Items" in the rules will be disposed of or sent home at my expense.
13. I agree to submit to the authority of all staff members.

14. I release to Teen Challenge the right to speak freely with the persons listed in application **question numbers 7.)** Emergency contact, **17.)** Spouse, **30.)** Probation/parole officer **31.)** Attorney, & **41.)** Any other Teen Challenge I was enrolled in.
15. I understand that the staff and volunteers of Teen Challenge of the Midlands are not professional counselors and are not licensed or certified by any State. These people are committed Christians, who will share their honest opinions, advice and counsel based on principles of the Bible.
16. I understand that Teen Challenge of the Midlands has a policy of maintaining the confidentiality of all my private communications between Teen Challenge staff and myself. Generally, such confidential communications will not be disclosed to third-persons outside Teen Challenge of the Midlands, including my family members, unless required by law. This means that Teen Challenge of the Midlands has no duty to notify or inform my family members about any problems discussed in counseling. If Teen Challenge of the Midlands staff do make such disclosures as they believe are in my best interest, I waive any objection to such disclosures.
17. In consideration for the opportunity to obtain this help, I promise that I will not take any legal action in the future for anything said, done or omitted by the organization of Teen Challenge of the Midlands, their staff, agents or family members, during this program. I agree to hold Teen Challenge of the Midlands, their staff, agents and family members, harmless for any legal claims of negligence or damage of any sort, which a person could assert related to the Teen Challenge of the Midlands program.

Please sign and date below indicating that you have read and understand **Appendix A – “Student Agreement”**

Signature

Date

APPENDIX B - CHRISTIAN CONCILIATION AND ARBITRATION
AGREEMENT

The undersigned parties enter into this agreement as an essential condition of participation in the Teen Challenge of the Midlands program.

The undersigned parties accept the Bible as the inspired Word of God. They believe that God desires that they resolve their disputes 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, a division of Peacemaker Ministries. (Current Rules attached and incorporated by this reference. Rules can be found at www.hispeace.org or by contacting Peacemaker Ministries at 406-256-1583, PO Box 81130 Billings, MT 59102. We will also mail a copy of the rules upon request). 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 an 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.

Please sign and date indicating that you have read, understand and agree to abide by **Appendix B - “Christian Conciliation and Arbitration Agreement”** and **“Rules of Procedure for Christian Conciliation”**

Signature

Date

**APPENDIX C - ACKNOWLEDGEMENT OF STATUS AS STUDENT AND
VOLUNTEER**

Statement of student applicant:

I understand that if I am admitted as a student, that I will be required to participate in the Teen Challenge of the Midlands (TC) Work Therapy Program.

I acknowledge that I have read and fully agree with the TC description of its Work Therapy Program, which addresses the importance of my work assignments in helping 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, I will be performing my work assignments not as an employee of TC, but solely for my benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the work place.

Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments.

I further understand that if I fail to perform my work assignments, TC may revoke my status and privileges as a student, not because performance of work assignments are the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

Please sign and date indicating that you have read, understand and agree to abide by **Appendix C – “Acknowledgement of Status as Student and Volunteer”**

Signature

Date

APPENDIX D- DAY OF INTAKE

Things to bring:

- Electric Razor (optional)
- CD Walkman with earphones (optional)
 - o Cannot have a built in radio
- Batteries (optional)
- Tooth Brush
- Tooth Paste
- Deodorant
- Shampoo
- Body Wash/Soap
- Church Attire
 - o Dress slacks
 - o Skirts
 - o Dresses
- Pictures of family

Things not allowed:

- CD's or audio tapes
- Cell Phones
- Musical Instruments
- Books other than the Bible
- Magazines/Newspapers
- Monies in excess of \$50.00
- Tobacco of any kind
- Nicotine patches or gum
- Lighters/Matches
- Vehicles

Prohibited Clothing:

Low-riding, sloppy jeans	Tight-fitting clothes
Bath robes	Excessively worn clothing
Spaghetti straps (dresses, tank tops, etc.)	Shorts not reaching at least mid-thigh
Body piercings	Bandana or Du-rag
Clothing with sexual, alcohol, or drug & gang related pictures, wording or innuendo	Shirts revealing cleavage, belly, or bra straps

**See "Student Guidelines" for complete packing list.*

Statement of Student Applicant:

On the day of my intake I understand that if any of the items not allowed into the program are found on either my person or in my luggage, that it will be immediately taken from me and disposed of.

Please sign and date indicating that you have read, understand and agree to abide by **Appendix D – "Day of Intake"**

Signature

Date

APPENDIX E- FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for those who could not otherwise afford to participate in Teen Challenge.

- Students requesting financial aid are requested to first exhaust other sources such as parents, relatives and their home church.
- Please complete this Financial Assistance Application entirely so we can begin to help you allocate the necessary resources.
- How much of the \$1,200 monthly cost can you afford? _____

ASSETS

Description	Value
Cash on hand & checking.....	_____
Savings.....	_____
Investments.....	_____
Life insurance cash value(s).....	_____
IRA's.....	_____
Pension & profit sharing.....	_____
Home.....	_____
Land.....	_____
Business valuation.....	_____
Automobile(s).....	_____
Motorcycle, boat, camper, ATV, etc.....	_____
Furniture & personal property.....	_____
Other sources of income.....	_____
TOTAL ASSETS	_____

INCOME

Includes wages, benefit payments, health insurance coverage, dividends, SSI, etc.

Source (see above)	Monthly Amount	Recipient (self, spouse, parents, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES

Creditor	Balance Due	Monthly Payment
Rent or mortgage.....	_____	_____
Utilities.....	_____	_____
Vehicle.....	_____	_____
School loans.....	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL LIABILITIES	_____

Please sign and date below verifying the information provided on the “**Financial Assistance Application**” is forthright and accurate

Applicant Signature: _____

Date _____

APPENDIX F- SIGNATURE PAGE

Initial beside each item listed below to acknowledge that you have read and agree to abide by the following documents:

- ____ “Application for Admission” (Items 1-41)
 ____ Appendix A – “Student Agreement”
 ____ Appendix B – “Christian Conciliation Agreement” and “Rules of Procedure for Christian Conciliation”
 ____ Appendix C – “Acknowledgement of Status as Student and Volunteer”
 ____ Appendix D – “Day of Intake”
 ____ Appendix E – “Financial Assistance Application”

Note for Notary Public: Please ensure that Appendices A, B, C, D & E have been signed and dated by the applicant in your presence before proceeding.

I certify under penalty of perjury and the laws of the State of Iowa that the forgoing statements are true and correct.

Signature: _____ Date: _____

State of: _____ County of: _____

Subscribed and sworn before me by: _____

On this _____ Day of _____ 20 _____

Notary Public Signature and Seal: _____

My commission expires: _____

Application Requirements	Entry Requirements
1. Include \$20 Application Fee	1. \$750 Entry Fee
2. Application must be signed by a Notary Public	2. State issued photo ID or Driver’s License
3. Interview with Intake Coordinator	3. Social Security Card
	4. Physical Exam (w/lab work)
	5. Shower shoes