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## Student Application

(\*Please note that there is a \$475.00 application fee)

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Sex:     Male     Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

State of Legal Residency: \_\_\_\_\_ County: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Race:**

\_\_\_\_ White  
 \_\_\_\_ Black  
 \_\_\_\_ Hispanic  
 \_\_\_\_ American Indian  
 \_\_\_\_ Asian  
 \_\_\_\_ Other: \_\_\_\_\_

**Marital Status:**

\_\_\_\_ Single  
 \_\_\_\_ Married  
 \_\_\_\_ Divorced  
 \_\_\_\_ Separated  
 \_\_\_\_ Widowed

**I currently live with:**

\_\_\_\_ Spouse  
 \_\_\_\_ Fiancé/Girlfriend  
 \_\_\_\_ Parents  
 \_\_\_\_ Other family member  
 \_\_\_\_ Lock up facility  
 \_\_\_\_ Other: \_\_\_\_\_

**Education:** (Highest Level Completed)

\_\_\_\_ College Degree  
 \_\_\_\_ Some College  
 \_\_\_\_ Trade School  
 \_\_\_\_ High School Diploma  
 \_\_\_\_ GED  
 \_\_\_\_ Other: \_\_\_\_\_

**I am able to:**

\_\_\_\_ Read English  
 \_\_\_\_ Write English  
 \_\_\_\_ Speak English  
 \_\_\_\_ Comprehend English

**Citizenship**

\_\_\_\_ United States  
 \_\_\_\_ Other: \_\_\_\_\_

**I now have, or have previously had problems with the following: (check all that apply)**

\_\_\_\_ Gambling                      \_\_\_\_ Drug Addiction                      \_\_\_\_ Pornography  
 \_\_\_\_ Alcohol Addiction              \_\_\_\_ Lying                                      \_\_\_\_ Running Away  
 \_\_\_\_ Stealing                              \_\_\_\_ Violence                                      \_\_\_\_ Other: \_\_\_\_\_

**Military Service:**

Branch: \_\_\_\_\_ Years of service: \_\_\_\_\_ Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In case of emergency notify:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

## Medical Information

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### Medical History (Check all that apply to your current or past condition)

<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Nervous Condition	<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Voices	<input type="checkbox"/> Hepatitis (Type: _____)
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Suicide Attempts	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Seizures
<input type="checkbox"/> Suicidal Thoughts	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Homicidal Thoughts	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Homicidal Tendencies	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Respiratory Problems
<input type="checkbox"/> Paranoia	<input type="checkbox"/> ADD	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma
<input type="checkbox"/> Multiple Personalities	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Rape	<input type="checkbox"/> Disability (describe): _____	

### List all current medications you take:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### List all medications taken in the past 5 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

### Substance Abuse: (Check all that you have used)

<input type="checkbox"/> Heroin
<input type="checkbox"/> Cocaine
<input type="checkbox"/> Crack
<input type="checkbox"/> Crank
<input type="checkbox"/> LSD
<input type="checkbox"/> Methadone
<input type="checkbox"/> Amphetamines (Uppers)
<input type="checkbox"/> Barbiturates (Downers)
<input type="checkbox"/> Marijuana (THC)
<input type="checkbox"/> Alcohol
<input type="checkbox"/> Chewing Tobacco
<input type="checkbox"/> Cigarettes
<input type="checkbox"/> Huffing/Sniffing
<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____

### Emotional Treatment:

Have you ever been treated by a psychologist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated by a psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for chemical dependency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for mental disorders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for sleep disorders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been treated for an eating disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Medical Information

(Continued)

**Prior Treatment Facilities:** (Provide information on all treatment facilities you have been in during the past 5 years)

Facility Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
                  Month/Year                    Month/Year  
Completed Program?     Yes     No

Facility Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
                  Month/Year                    Month/Year  
Completed Program?     Yes     No

Facility Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
                  Month/Year                    Month/Year  
Completed Program?     Yes     No

Facility Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
                  Month/Year                    Month/Year  
Completed Program?     Yes     No

**Special Physical Needs:** (Check all that apply)

I have a disability:     Yes     No    Type: \_\_\_\_\_  
I need a special diet:     Yes     No    Type: \_\_\_\_\_  
I have medical restrictions:  Yes     No    Type: \_\_\_\_\_  
Other special needs: \_\_\_\_\_

**Doctor Information:**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone (        ) \_\_\_\_\_ - \_\_\_\_\_  
Fax (        ) \_\_\_\_\_ - \_\_\_\_\_

**General Health:**

Excellent      
Good          
Average       
Poor          
Very Poor  

**Do you currently have health insurance:**     Yes     No

If yes:    Name of Company: \_\_\_\_\_  
            Policy #: \_\_\_\_\_                    Group #: \_\_\_\_\_  
            Phone #: (        ) \_\_\_\_\_ - \_\_\_\_\_

**Will you have insurance while in the program:**     Yes     No

If yes:    Name of Company: \_\_\_\_\_  
            Policy #: \_\_\_\_\_                    Group #: \_\_\_\_\_  
            Phone #: (        ) \_\_\_\_\_ - \_\_\_\_\_

## Legal Information

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### Current Legal Status

Do you have any court case pending?  Yes  No  
 Do you have to register as a sexual offender?  Yes  No  
 Are you required to pay child support?  Yes  No  
     If so are you behind in your support payments?  Yes  No  
 Are you currently on probation?  Yes  No  
 Are you currently on parole?  Yes  No  
 Are you required to pay any restitution?  Yes  No  
 Do you have any unpaid fines or court costs?  Yes  No  
 Do you need court approval to enter this program?  Yes  No  
 Are there any outstanding warrants for your arrest?  Yes  No

### Past Legal Status:

Have you ever been arrested?  Yes  No  
     If yes, how many times: \_\_\_\_\_  
 Have you ever been in a juvenile detention center?  Yes  No  
 Have you ever been in jail?  Yes  No  
 Have you ever been in prison?  Yes  No  
 Have you ever been on probation?  Yes  No

### Legal History: (Check all that you have ever been involved with)

<input type="checkbox"/> Murder	<input type="checkbox"/> Battery	<input type="checkbox"/> Prostitution
<input type="checkbox"/> Attempted murder	<input type="checkbox"/> Drug distribution	<input type="checkbox"/> Soliciting prostitutes
<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Drug possession	<input type="checkbox"/> Incest
<input type="checkbox"/> Vehicular homicide	<input type="checkbox"/> Theft	<input type="checkbox"/> Armed robbery
<input type="checkbox"/> Rape/Attempted rape	<input type="checkbox"/> Attempted theft	<input type="checkbox"/> Attempted robbery
<input type="checkbox"/> Sex with a minor	<input type="checkbox"/> Larceny	<input type="checkbox"/> Shoplifting
<input type="checkbox"/> Criminal sexual conduct	<input type="checkbox"/> Embezzlement	<input type="checkbox"/> Underage drinking
<input type="checkbox"/> Child molestation	<input type="checkbox"/> Arson	<input type="checkbox"/> Disorderly conduct
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Probation violation	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Child endangerment	<input type="checkbox"/> Parole violation	<input type="checkbox"/> DWI
<input type="checkbox"/> Possession stolen property	<input type="checkbox"/> Aiding and abetting	<input type="checkbox"/> DUI
<input type="checkbox"/> Concealed weapon	<input type="checkbox"/> Fraud	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Fleeing & eluding police	<input type="checkbox"/> Assault	<input type="checkbox"/> Truancy
<input type="checkbox"/> Leaving scene of accident	<input type="checkbox"/> Attempted assault	<input type="checkbox"/> Stalking
<input type="checkbox"/> Other: _____		

### Current Probation/Parole Officer or Caseworker:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax (    ) \_\_\_\_\_ - \_\_\_\_\_

**Current Probation/Parole Officer or Caseworker:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

**Family Information**

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**Do you have any relatives already in our program?**     No     Yes

If yes who: \_\_\_\_\_

**Biological Mother's Name:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**Biological Father's Name:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**Spouse's Name:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

**If divorced:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Reason for break-up: \_\_\_\_\_

**I have the following children:**

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**I have the following siblings:**

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Spiritual Information**

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**Religious Preference:** (Check only one)

\_\_\_\_\_ Assemblies of God                      \_\_\_\_\_ Pentecostal                      \_\_\_\_\_ Methodist  
\_\_\_\_\_ Baptist                                      \_\_\_\_\_ Presbyterian                      \_\_\_\_\_ Muslim  
\_\_\_\_\_ Catholic                                      \_\_\_\_\_ Lutheran                              \_\_\_\_\_ Evangelical Free  
\_\_\_\_\_ Jewish                                        \_\_\_\_\_ Evangelical Covenant                      \_\_\_\_\_ Other: \_\_\_\_\_

**Personal walk with God:**

I have accepted Jesus Christ as my Savior:    \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      Date: \_\_\_/\_\_\_/\_\_\_  
I have been baptized in water:                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      Date: \_\_\_/\_\_\_/\_\_\_  
I have been filled with the Holy Spirit:        \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      Date: \_\_\_/\_\_\_/\_\_\_  
I attend church                      \_\_\_\_\_ Often                      \_\_\_\_\_ Occasionally                      \_\_\_\_\_ Seldom                      \_\_\_\_\_ Never  
I read the Bible                      \_\_\_\_\_ Often                      \_\_\_\_\_ Occasionally                      \_\_\_\_\_ Seldom                      \_\_\_\_\_ Never  
I pray                                      \_\_\_\_\_ Often                      \_\_\_\_\_ Occasionally                      \_\_\_\_\_ Seldom                      \_\_\_\_\_ Never

**Church Affiliation:**

Church Name: \_\_\_\_\_  
How long have you attended this church? \_\_\_\_\_ Pastor: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (                      ) \_\_\_\_\_ - \_\_\_\_\_  
Fax (                      ) \_\_\_\_\_ - \_\_\_\_\_

**Other Spiritual Practices:**

\_\_\_\_\_ Satan worship                      \_\_\_\_\_ Witchcraft                      \_\_\_\_\_ Occults  
\_\_\_\_\_ Ouija board                                      \_\_\_\_\_ Séances                                      \_\_\_\_\_ Palm reading  
\_\_\_\_\_ Psychics    \_\_\_\_\_ Fortune tellers                                      \_\_\_\_\_ Voodoo  
\_\_\_\_\_ Black magic                                      \_\_\_\_\_ Animal sacrifices                                      \_\_\_\_\_ Astrology

**Describe God in your own words:**

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**Describe how you believe God feels when he sees you:**

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**What would you like God to do specifically for you?**

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- Do you want to be free from your bad habits?  Yes  No
- Do you want a normal relationship with your family?  Yes  No
- Do you want to be at peace with yourself and others?  Yes  No
- Do you want to be forgiven for everything in the past?  Yes  No
- Would you like to have a brand new start in life?  Yes  No
- Do you want God to help you change?  Yes  No
- Will you allow Him to let us help you change?  Yes  No

**Financial Information**

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**Income:**

- I am presently employed  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive disability income  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive retirement income  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive SSI  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive workman's compensation  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive other unearned income  Yes  No \$ \_\_\_\_\_ Monthly Income
- I receive food stamps  Yes  No \$ \_\_\_\_\_ Monthly Income

Do you receive any other type of Government assistance?  Yes  No

If yes what type: \_\_\_\_\_

If yes what amount: \$ \_\_\_\_\_

## **Applicant Statement**

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**I want to enter Teen Challenge's 12-15<sup>th</sup> month program because:** (use other sheets if necessary)

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**I feel the main issues I need to work on are:**

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I certify that all the information here recorded is accurate and true to the best of my knowledge and has been fully completed by me in my own hand. I understand that any false or incomplete information may result in disqualification of any application for entrance.

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

If forms completed in part or in whole by anyone other than applicant:

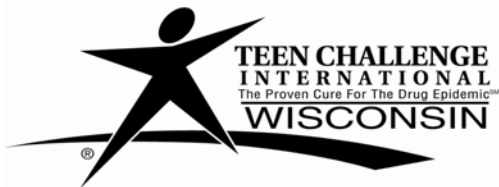
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason why applicant was unable to complete application for himself: \_\_\_\_\_

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Notice, it is hereby understood that Teen Challenge of Wisconsin will not be held responsible for any personal property left, lost or stolen while in the Teen Challenge of Wisconsin program. I agree that any property or money left at Teen Challenge of Wisconsin over 14 days from my departure date, voluntarily or not, announced or unannounced becomes the property of Teen Challenge of Wisconsin. It is further understood that, I release Teen Challenge of Wisconsin from all financial responsibilities in case of accident, injury, illness, or other misfortune. I understand that there is a \$475.00 induction fee which is payable upon entry into the program and is non-refundable. I also understand that if I am dismissed from Teen Challenge of Wisconsin or decide to leave the program I must leave within 24 hours. If I become belligerent, abusive, uncooperative, or threatening I must leave the facility immediately. It is important that medical, dental, business and legal needs be taken care of before entering the Teen Challenge of Wisconsin program. If you have such needs that cannot be taken care of before entering Teen Challenge of Wisconsin please call the center and explain your situation.

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



## Family, Friends, and Church Sponsorship Sheet

Teen Challenge does not charge for the services we provide. A resident is required to pay a one time induction fee to help provide medical costs. However, every student is asked to provide names and phone numbers to anyone who can help provide for some of the program cost for his stay here.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

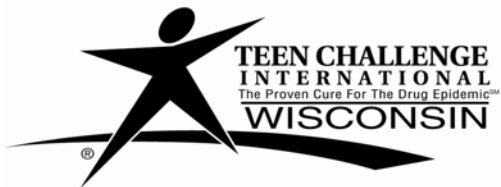
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

I, \_\_\_\_\_, hereby allow Wisconsin Teen Challenge to contact the above individuals on my behalf in order to obtain sponsorship funding to help with the cost of my stay in the program. I understand that Wisconsin Teen Challenge will only inform the above individuals that I am in fact currently a student in the program, and will not give out any confidential information in regards to my treatment or prognosis.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Work Skills or Training

Please check any of the following that you have had experience in. Then circle your skill level 1 = basic, 2 = average, 3 = above average, 4 = advanced.

### Computer Skills:

Data Entry	1 - 2 - 3 - 4 - 5	Microsoft Publisher	1 - 2 - 3 - 4 - 5
Microsoft Word	1 - 2 - 3 - 4 - 5	Networking TCP/IP	1 - 2 - 3 - 4 - 5
Microsoft Excel	1 - 2 - 3 - 4 - 5	MS/DOS	1 - 2 - 3 - 4 - 5
Microsoft Access	1 - 2 - 3 - 4 - 5	Internet	1 - 2 - 3 - 4 - 5
Microsoft Outlook	1 - 2 - 3 - 4 - 5	Others	

### Construction/Maintenance:

Framing & Drywall	1 - 2 - 3 - 4 - 5	Roofing	1 - 2 - 3 - 4 - 5
Floor Covering	1 - 2 - 3 - 4 - 5	Windows & Doors	1 - 2 - 3 - 4 - 5
Electrical	1 - 2 - 3 - 4 - 5	Painting	1 - 2 - 3 - 4 - 5
Plumbing	1 - 2 - 3 - 4 - 5	Others	

### Mechanic Skills:

Oil Change	1 - 2 - 3 - 4 - 5	Alignments	1 - 2 - 3 - 4 - 5
Tires	1 - 2 - 3 - 4 - 5	Breaks	1 - 2 - 3 - 4 - 5
Electrical	1 - 2 - 3 - 4 - 5	Engine	1 - 2 - 3 - 4 - 5
Tune Up	1 - 2 - 3 - 4 - 5	Others	

### Musical Abilities:

List any instruments you play			
Singing Ability	1 - 2 - 3 - 4 - 5	Choir Directing	1 - 2 - 3 - 4 - 5

### Cooking/Kitchen Skills

Please list	

### Landscaping:

Please list	

# Financial Requirements to Enter Teen Challenge

Dear Friend,

The staff of Teen Challenge are here to help you find freedom from life controlling problems. Throughout the Bible we see Jesus offering forgiveness and hope to those seeking help. Jesus always offered his help free of charge. He greatly desired to see people have successful healthy lives.

At Teen Challenge we will never turn anyone away who cannot afford the help we provide.

However, the costs for our program are approximately \$1350 per month per person. Though this is only a small fraction of other similar program costs we need help in order to pay these expenses.

We require each student to help us raise part of these costs. Some of the costs are raised through student training work programs like our Vehicle Donation Program. We feel like having students raise part of their recovery program costs is helping us become more self sufficient and responsible. We also like to ask that family and friends of each student for help.

The following is a short list of costs:

\$475	<b>Induction Fee</b>	One time fee covers your medical work and costs for admission.
\$50 / month	<b>Laundry Fee</b>	We provide laundry services for all residents at no costs.
\$150 / month	<b>Meal Fee</b>	Meals are provided three times each day.
\$525 / month	<b>Rooming House</b>	Residents receive a room in our dorm.
\$625 / month	<b>Program Fee</b>	Daily Programming, Staffing, Curriculum

These funds can be paid privately or raised from family and friends. We have attached a family and friends list that can be used to help raise support. Please fill this form out along with signing this form below.

A member of our office staff will be meeting with you in regards to this matter soon. Thanks!

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