

IN ORDER TO EXPEDITE YOUR
REQUEST PLEASE MAIL THIS
APPLICATION
**TO THE CENTER YOU ARE
APPLYING TO ENTER.**

THANK YOU FOR YOUR
COOPERATION!

Administrative Office

Louisiana Teen Challenge
P.O. Box 73681
Metairie, LA 70033-3681
Executive Director: Greg Dill

New Orleans Induction Center

1905 Franklin Avenue
New Orleans, LA 70117
Phone: 504- 947-7949
Fax: 504-947-6904

Ruston Induction Center

411 E. California St.
Ruston, LA 71270
Phone: 318-254-2830
Fax: 318-254-2867
Director: Huey Farrell

Mt. Grace Training Center for Men

P.O. Box 117
564 Braxton Rd.
Dodson, LA 71422
Phone: 318-648-2426

Mt. Grace Teen Challenge for Women

560 Deer Pen Rd.
Winnfield, LA 71483
Phone: 318-648-1100
Director: Belinda Keadle

Fax: 318-648-2423
Directors: Gary & Sandy Bentley

LOUISIANA TEEN CHALLENGE STUDENT APPLICATION

_____ * Greater New Orleans Teen Challenge Induction Center

_____ * Ruston Teen Challenge Induction Center

_____ * Mt. Grace Training Center for Men

_____ * Mt. Grace Teen Challenge for Women

Induction Fee: (\$750) _____ Paid in Full _____ Check # _____ Cash
_____ Partial (amount _____)
_____ No - what are the arrangements? _____

Court ordered? _____ No _____ Yes (If yes, who is the contact person and
phone number to be called if student
leaves or is dismissed?)

Contact person (court): _____

Phone: _____ Fax: _____

Emergency

Contact Name: _____

Relationship: _____ Phone: _____

Date entered: _____ **Date left:** _____

Every question must be answered completely and truthfully in order for the staff of Teen Challenge to be as effective as possible in your treatment. Please answer N/A if the question does not apply to you.

GENERAL:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Referred to Teen Challenge by: _____
Name Phone

What relation is this person to you? _____

PERSONAL:

Driver's License/State ID # _____ Social Security #: _____

Birthdate: ____/____/____ Age: ____ Sex: ____ Weight: ____ Height: ____

Hair: ____ Eyes: ____ Race: ____ Marital Status: _____

Spouse/Ex Spouse: Full name _____

Phone: _____ Cell phone: _____

Address: _____

Date Married: _____ Spouses Occupation: _____

If divorced or separated, reason for breakup: _____

What is the relationship with spouse or ex-spouse: _____

Do you have any children? _____ How many? _____ Name and ages: _____

Who will take care of your children while you are in Teen Challenge? _____

Have you ever been sexually molested/abused? _____ By Whom? _____

How old were you? _____ How many times? _____

Have you ever had a homosexual/lesbian relationship? _____ How long? _____

How recent? _____

Are you eligible for and/or receiving welfare, unemployment, disability payments, work-man's compensations or any other income? _____ If so, what? _____

Have you ever applied for or received food stamps? _____ Where? _____

Do you receive alimony payments? _____ Child support? _____

Do you expect any kind of personal support to come to you while in Teen Challenge from parents, church, family, etc.? _____

Do you pay alimony? _____ \$ _____ Child support? _____ \$ _____

Do you have any outstanding debts? _____ Explain: _____

Does your spouse (ex) agree to stop your child support or alimony payments while in treatment? _____ If so, has she signed the child support release form releasing you from payment? _____ (Last page of application packet)

WORK EXPERIENCES:

What skills/trade do you have? Please Circle: carpentry, plumbing, electrical, masonry, electronics, computer programming, typing, printing, nursing, general mechanics, specialized mechanics, auto body, auto detailing, retail sales, cashier, culinary, horticulture, other: _____

When was the last time you held a job? _____ What type of job was it? _____

How many jobs have you had in the past two years? _____

What has been the average length of time on these jobs? _____

What was the reason you left these jobs? _____

Have you ever been in the military? _____ If so, what branch? _____

What were your job duties? _____

EDUCATION:

Highest grade level completed? _____ Graduated _____ GED? _____

College grad? _____ Courses/Major: _____

Have you ever had a learning disability? _____ If so, what? _____

Are you interested in furthering your education? _____

LEGAL:

Are you on probation or parole? _____ Name of Officer: _____

Address: _____ Phone: _____

Are you legally mandated to participate in a drug treatment program? _____

If yes, by whom? _____ Parole board _____ Court _____ Other _____

Method of reporting: ___phone ___letter ___ in person ___ other: _____

Do you have charges pending? _____ Parish: _____

Nature of charges? _____

Lawyer's Name: _____ Phone: _____

Address: _____ State _____ Zip _____

Do you have any pending court dates? _____ If so, when? _____

List all arrest and convictions:

Date:	Charge:	Convicted?	Sentence	Jail time	Drugs/Alcohol involved
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Have you ever been in jail, correctional institution or prison? If so:

Date	Institution

Staff – Make a duplicate of this page only and place in “blue” legal file.

HEALTH: Part B (Staff – Place these four medical pages in “red” medical file.)

Applicant Name _____

Sex: ___ Male ___ Female Date of Birth ___/___/___ Age: _____ Height: _____

Weight: _____ Blood type: _____ Nationality: _____ Married? _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: _____

Address _____

Phone: Home _____ Cell _____ Work _____

What is your blood type? _____

How would you rate your current health? _____ good _____ fair _____ poor

Do you feel you have any medical problems? _____

Do you have any physical disabilities? _____

Are you presently receiving medical care? _____ For what? _____

Describe any illness, injury, symptom or medical care that you are currently experiencing or being treated for: _____

Are you presently on any medication? _____ What are you taking? _____

Do you have any special diet requirements? _____ What? _____

Do you have any physical ailments that would keep you from manual labor or sitting for a long time? _____ Explain _____

Do you have any problems with your teeth? _____ Eyes: _____ Explain _____

List **all** allergies you have: _____

List any food or medications you might react to: _____

Have you had or do you have any of the following:

		<u>Date & Treatment</u>
Hepatitis	Yes / No	_____
Epilepsy or Seizure	Yes / No	_____
TB	Yes / No	_____
Diabetes	Yes / No	_____
Ulcer	Yes / No	_____
Abscess	Yes / No	_____
Venereal Disease	Yes / No	_____
Asthma	Yes / No	_____
Arthritis	Yes / No	_____
High Blood Pressure	Yes / No	_____
Back Problems	Yes / No	_____
Surgery	Yes /No	_____
Broken bones	Yes/No	_____

Do you wear prescription glasses? Yes _____ no _____ When were your eyes last examined? _____ What were the results? _____

When were your teeth last examined? _____ Are you currently experiencing problems with your teeth? _____yes _____ no? If yes, explain:

If you entered our program, what provisions would be made for the following expenses?

Medical: _____

Dental _____

Vision: _____

Insurance Information: Please list your health insurance coverage if any.

Health Policy #: _____

Company: _____

Address: _____

HAVE YOU EVER EXPERIENCED OR PRESENTLY HAVE A PHYSICAL AILMENT, INJURY, HANDICAP OR MEDICAL PROBLEM THAT WOULD PREVENT YOU FROM PERFORMING MANUALWORK RELATED TASKS WHILE ENROLLED IN ANY TEEN CHALLENGE PROGRAM? _____YES _____NO IF YES, EXPLAIN _____

(use back of page if additional space is required)

Personality & Mental Health History

Is it easy for you to express you feelings? _____yes _____no _____ sometimes

Do you enjoy being around people? _____ Or would you rather be alone? _____

Has a family member or someone closes to you ever attempted or committed suicide? _____ If yes, please explain: _____

Have you ever thought about suicide? _____ Have you ever attempted suicide?

_____ if yes, please explain: _____

Have you ever received mental health treatment not related to drug or alcohol use?

_____ If yes list:

Date: _____ Name of Clinic: _____ Reason & Outcome: _____

Date: _____ Name of Clinic: _____ Reason & Outcome: _____

(use back of page if additional space is needed)

Would you as a student of our program, be willing to authorize doctors or agencies involved in previous treatment to release the above mentioned confidential information to Teen Challenge? _____ yes _____ no

What age did you start using drugs? _____ What was the reason you started? _____

Which drug caused you the most problems? _____

Do you have any feeling why you continue to use drugs? _____

Have you ever been drunk or high for several days? _____

How many of your present friends use drugs or alcohol? _____

Does any member of your family have a drug or alcohol problem? _____

When using drugs/alcohol were you generally: _____ alone _____ w/friends _____ w/family

How many times have you stopped using? _____ Longest time clean? _____

What was your motivation to stop? _____

Why did you return to using? _____

I depend on drugs because? _____

Why do you want to enter the TEEN CHALLENGE program at this time? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Want to get right with God | <input type="checkbox"/> Want to get off drugs |
| <input type="checkbox"/> Want to avoid criminal activity | <input type="checkbox"/> Want to avoid arrest |
| <input type="checkbox"/> Want to improve physical health | <input type="checkbox"/> Want to improve mental health |
| <input type="checkbox"/> Want to get public assistance | <input type="checkbox"/> Forced by the courts |
| <input type="checkbox"/> Pressure by family & friends | <input type="checkbox"/> Could not support my habit |
| <input type="checkbox"/> Get off alcohol | <input type="checkbox"/> Disgusted with my lifestyle |
| <input type="checkbox"/> Want to be self-supporting and not depend on family for support | |
| <input type="checkbox"/> Other: _____ | |

If you stopped using drugs or alcohol, do you believe your life would be:
_____substantially improved _____somewhat improved _____unchanged _____ worsened

What & when was the last time you used? _____

Drug Use History:

Drug Used	Age	Date/Year	How Often	I.V.	Orally	Smoke
Alcohol						
Barbiturates						
Amphetamines						
Heroin						
Cocaine						
Crack						
Hallucinogens						
Codeine						
Inhalants						
Marijuana						
Tobacco						

.....

HEALTH: Females Only:

Are you pregnant? _____ If yes, when are you due? _____
 Is there a possibility you are pregnant? _____ Explain: _____

Are you under a doctor's care for this pregnancy? _____ Dr. Name _____
 Address: _____ Phone: _____

Have you used drugs/alcohol/nicotine during this pregnancy? _____ Name what
 you have used: _____

Are there any known health problems with this pregnancy? _____

Do you intend on keeping your baby? _____

List number of pregnancies: _____ # full term _____ # of miscarriages: _____

When was your last pregnancy? _____

Have you ever had an abortion? _____ When? _____

Have you ever been sexually abused? _____

Have you ever been involved with prostitution? _____ How long? _____

Do you have normal menstrual cycles? _____yes _____no If no, please explain:

Do you have bleeding between periods (please explain)? _____

Have you experienced menopause (change of life)? _____yes _____no When? _____

Have you ever experienced an eating disorder, for example anorexia, bulimia, etc.? _____
 _____yes _____no If yes, please explain in detail, include treatment received for the
 problem _____

PARENTAL & FAMILY HISTORY:

Mother's Name: _____ Phone: _____
Work/cell

Address: _____ Phone: _____

Father's Name: _____ Phone: _____
Work/cell

Address: _____ Phone: _____

What is your current relationship with your parents? _____

When did you last live at home? _____ Last time seen them? _____

Where you adopted? _____ Were you raised by anyone besides your parents?
_____ If so, who? (relationship) _____

Parent's marital status? _____

How many brothers do you have? _____ Sisters? _____ What is your relationship
with them? _____

SPIRITUAL:

Have you ever committed your life to God? _____ If yes, date & place: _____

What are the circumstances that led to this? _____

How many times have you backslid? _____

Denominational background: _____

How often do you attend church? _____ Which church? _____

Are you a member of any church or religion? _____ Which? _____

Do you believe in God? _____ Do you want to? _____

Do you or have you read other religion books other than the Bible? _____ Which
ones: _____

Have you ever been involved in the occult? _____ List occult involvement: _____

Explain you need of God: _____

THE PROBLEM:

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

What have you done about it? _____

What is your greatest need in order of priority? _____

Do you believe you have any serious problems? _____ Explain: _____

Do you believe that other people (family, probation officer, etc.) feel that you have any serious problems? _____ Explain: _____

Have you ever been in a treatment center? _____ Where & When? _____

Are you presently or have you ever received treatment for psychological problems? _____ Explain: _____

Have you ever been in a Teen Challenge program? _____ Where? _____

When? _____ Why did you leave? _____

Why do you wish to be admitted to the Teen Challenge program? _____

What are you expecting (believing) God to do in your life through Teen Challenge program? _____

What would you like to do after completing the program? _____

Please list any information that you see we might need to know: _____

I, _____ do fully acknowledge that the information provided herein is accurate and is true to the best of my knowledge, and I fully understand that if any information in this application is false it could cause disqualification from admittance into the program, whether I am just entering or in the program.

Student Applicant's Signature

Date

IF THIS APPLICATION FORM HAS BEEN COMPLETED OR FILLED OUT BY ANYONE, OTHER THAN STUDENT APPLICANT, PLEASE PROVIDE THE

FOLLOWING:

1. Name of person completing and filling out application form: _____

Relationship to applicant: _____ Date: _____

Explain why student applicant was unable to complete or fill out the enclosed application form: _____

ADMISSIONS
Greater New Orleans Teen Challenge, Inc.
P.O. Box 73681
Metairie, LA 70033

Withdrawal from Substance Addiction Agreement

I, _____ understand that Teen Challenge – Louisiana is a drug, alcohol, and tobacco free residential care center, and do hereby agree to enter the program with the understanding that withdrawal from substance dependence or addiction will be accomplished without medication.

Student Applicant's Signature

Date

Signature of Staff Witness

Date

ADMISSIONS

Greater New Orleans Teen Challenge, Inc.

P.O. Box 73681

Metairie, LA 70033

STATEMENT OF STUDENT RIGHTS

1. You will be fully informed upon admission of your rights and responsibilities and limitation of those rights imposed by the agreements of Teen Challenge.
2. You may voice grievances to your group leader, counselor, to the Director and Executive Director, and to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination or reprisal. Any staff member or volunteer who has any knowledge of an alleged incident involving acts or omissions which may constitute abuse, neglect or exploitation shall make an immediate verbal report to the director or designee.
3. You will be treated with consideration, respect, and full recognition of your dignity and individuality.
4. You will be protected by your leaders at Teen Challenge from neglect; from physical, verbal and emotional abuse (including corporal punishment); and from all forms of exploitation.
5. Teen Challenge will assist you in the exercise of your civil rights.
6. You will not be expected to perform services which are ordinarily performed by the Staff at Teen Challenge.
7. You will be allowed to send personal mail unopened. Mail and packages received will be opened in the presence of a staff.
8. You will participate in the development of the treatment plan for your growth while here at Teen Challenge. You will also receive sufficient information about proposed and alternative interventions and program goals.
9. You will participate in all scheduled activities including class, chapel, church, work and recreation.
10. You will have free use of designated areas in the facility. Consideration will be given regarding privacy, personal possessions and the rights of others.
11. You will be provided privacy and freedom for the use of the bathrooms.
12. Your personal items are subject to approval by the guidelines of Teen Challenge.

13. You will be allowed visits at designated times and places under supervision.
14. Upon admission, you will be allowed to fill out a mailing list of those people you desire to communicate with, which is subject to approval by the Dean of Students.
15. Any alleged incident of child abuse shall be handled in accordance with federal, state and local laws. There is mandatory reporting of all alleged abuse.
16. You have the right to a humane and safe environment, free from abuse, neglect, and exploitation. You shall not be detained against your legal consenters' will. You shall be granted dignity and personal privacy to the extent possible consistent to the staff supervisor's concerns.

Signature of Student

Date

Signature of Staff Witness

Date

ADMISSIONS
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P.O. Box 73681
Metairie, LA 70033

CONFIDENTIALITY OF TEEN CHALLENGE 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 allowed by a court order, 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.

Dated this _____ day of _____ 20____.

Signature of Student

Signature of Staff Witness

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P.O. Box 73681
Metairie, LA 70033

CIVIL RIGHTS WAIVER ACKNOWLEDGEMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Teen Challenge 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 full understand my rights and what I am waiving.

Signature of Student

Date

Signature of Staff Witness

Date

ADMISSIONS
Greater New Orleans Teen Challenge, Inc.
P.O. Box 73681
Metairie, LA 70033

RELEASE OF ALL RIGHTS IN PERSONAL STORY

I do hereby irrevocably authorize Teen Challenge and those acting under its permission and on its authority, to use and publish for any lawful purpose whatsoever, my personal story which I have related to Teen Challenge in whole, or in part, including any photograph of myself.

I hereby waive any right that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Teen Challenge, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Dated this _____ day of _____ 20 _____.

Signature of Student

Signature of Staff Witness

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DISCLOSURE WITH STUDENT'S CONSENT

I, _____, give Teen Challenge authorization to disclose: (kind & amount of information to be disclosed, Ex: you are in the program, how long, etc.) _____

Disclosure shall be made to: (names of people, company): _____

For the purpose of: _____

Signature of Student

Date

Signature of Staff Witness

Date

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.

This consent expires: _____

DISCLOSEE STATEMENT

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Teen Challenge does not maintain "patients", but uses this word because it is required by law. As an evangelical Christian discipleship ministry, Teen Challenge residents are "students" not patients, some of whom are dealing with the life controlling problem of substance abuse.

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STATEMENT OF RESPONSIBILITY FOR LIABILITY

NOTICE: It is hereby understood that Greater New Orleans Teen Challenge, Inc. (also dba: Mt. Grace Teen Challenge for Men, Mt. Grace Teen Challenge for Women, & Ruston Teen Challenge) cannot and will not be held responsible for any personal property, life, lost or Stolen from the premises of the Center.

It is further understood that Greater New Orleans Teen Challenge, Inc. (also dba: Mt. Grace Teen Challenge for Men, Mt. Grace Teen Challenge for Women, & Ruston Teen Challenge) cannot and will not be held responsible for any injury occurring to anyone while in our program.

Any money you bring into the program or any money you acquire while in the program (from family & friends) during the Induction Phase will be held in the office. You may draw on the account never the need arises.

Upon entering and during your stay as a student of the Teen Challenge program, the staff have the right to inspect personal belongings and/or rooms for possession of unauthorized items. These inspections will be done by staff members and may take place without prior notice.

I HAVE READ THE RULES AND REGULATIONS OF TEEN CHALLENGE AND, WITH FULL UNDERSTANDING AGREE TO COOPERATE WITH THEM. I ALSO UNDERSTAND AND AGREE THAT IF I BREAK ANY OF THE RULES, I WILL BE SUBJECT TO DISMISSAL OR LOSS OF PRIVILEGES.

Signature of Student

Date

Signature of Staff Witness

Date

ADMISSIONS
Greater New Orleans Teen Challenge, Inc.
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FINANCIAL POLICY

Teen Challenge has a ***Seven Hundred & Fifty-Dollar Induction Fee.***
This induction fee is non-refundable after entering the program. _____
(initial)

The cost to run this facility breaks down to over sixteen hundred dollars per month per student.

We do not have a set monthly fee, if you (the student) have no means of support, savings, unemployment, social security, etc. However, any amount that could be given on a monthly basis would be appreciated. This would be considered a donation and thus would be tax-deductible.

If you **do** have means of support than some amount (to be given monthly) will be worked out with the bookkeeper. **In the event the income is a regular government check, two thirds of it will come to the center.** The government gives this check for living expenses and since you are living here it is only fair that you help.

Are you receiving a regular check? _____yes _____no
If yes, what check is it and what is the amount? _____

NON COMPLETION OF THE PROGRAM

In the event that you (the student) leave the program or get dismissed you will ***forfeit all monies in your account, including any induction fee.***

This program will not cost you the sixteen hundred dollars it takes to house you as long as you complete the twelve months.

If however, you leave or act out in such a way that you get dismissed your account will go towards the expenses incurred while you were with us.

I fully understand these policies and agree to abide by them.

Signature of Student

Date

Signature of Staff Witness

Date