

PHILADELPHIA TEEN CHALLENGE MEN'S PROGRAM APPLICATION

INTERVIEWED BY: _____ DATE: _____

ACCEPTED _____ REJECTED _____ WHY _____

NAME _____ PHONE # _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ - _____ SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____

1. Do you have a drug or alcohol addiction or both ? _____

2. What drugs ? _____

3. how often do you use this/these substances ? _____

4. How long have you had this problem ? _____

5. Are you presently on any medication ? _____ If yes, what kind _____

6. Have you ever had a sexual relationship with a man ? _____ If yes, explain if it was drug related or is it a lifestyle ? _____

7. How did/do you support your habit ? _____

8. Do you have any open cases ? _____ If yes, please explain _____

9. Have you spent any time in jail ? _____ How long ? _____

10. Are you on probation or parole ? _____ How long ? _____

Please list name of PO _____ Phone # _____

11. Have you ever been in a mental institution ? _____ When ? _____

12. Have you ever attempted suicide ? _____ How ? _____
When ? _____

13. Do you have any physical limitations ? _____ If yes, please explain _____

14. Do you have any children ? _____ How many ? _____ Ages: _____

15. What is your marital status ? Single _____ Married _____ Divorced _____
Separated _____ Widowed _____

16. What is your church background ? _____
17. Do you attend a church ? _____ Which one ? _____
18. Have you ever been involved in any satanic or occult groups ? _____ If yes, explain _____
19. What grade did you complete _____ What year ? _____
20. What would you consider your reading and writing skills ? Good ____ Fair ____ Poor ____
21. Why do you want to come into Teen Challenge ? _____
22. Are you ready to change your life ? _____
23. Are you coming here on your own free will ? _____
24. Have you ever been in Teen Challenge before ? ____ When ? _____ Where ? _____
25. Why did you leave ? _____ Were you dismissed ? ____ If yes, Why _____
26. Have you been in other rehabs ? ____ If yes, explain _____
27. Do you smoke cigarettes ? ____ If yes, there is no smoking in this program or outside the facility, you must be willing to quit.
28. Do you have a girlfriend/boyfriend ? ____ If yes, list full name _____
29. Do you have any communicable diseases ? ____ If yes, what kind _____
30. Have you ever been HIV tested ? _____ If yes, results _____
31. Do you have any financial problems or situations that would prevent you from completing the program ? ____ If yes, explain _____
32. Are you receiving: Unemployment _____ Social Security _____ Workman's comp _____
Welfare _____ If in Philadelphia list district _____
33. Do you have any lawsuits pending ? ____ If yes, explain _____
34. Are you aware this is a Christian Faith Based Program? _____