

PHILADELPHIA TEEN CHALLENGE WOMEN'S PROGRAM APPLICATION

INTERVIEW BY _____ DATE _____

ACCEPTED _____ REJECTED _____ WHY _____

.....
NAME _____ PHONE# _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SOCIAL SECURITY# _____

DATE OF BIRTH _____ AGE _____ HEIGHT _____

WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

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? _____ What kind? _____

6. Have you ever had a sexual relationship with a woman? _____ 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 court 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# _____
(need letter(s) from PO stating length of time on probation)

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, explain _____

14. Are you pregnant? _____
15. Do you have any children? _____ How many? _____ Ages: _____
16. Who will care for your children while you are in the program? _____
17. What is your marital status? single _____ married _____ divorced _____
separated _____ widowed _____
18. What is your church background? _____
19. Do you attend a church? _____ Which one? _____
20. Have you ever been involved in any satanic or occult groups? _____ If
yes, explain _____
21. What grade did you complete? _____ What year? _____
22. What would you consider your reading and writing skills: good _____ fair _____
poor _____
23. Why do you want to come into Teen Challenge? _____

24. Do you have any fears about coming into Teen Challenge? _____
25. Are you desperate to change your life? _____

26. Are you coming here on your own free will? _____
27. Have you ever been in Teen Challenge before? _____ When? _____
Where? _____
28. Why did you leave? _____ Were you dismissed? _____ If
yes, why? _____
29. Have you been in any other rehabs? _____ If yes, explain _____
30. Do you smoke cigarettes? _____ If yes, there is no smoking in this
program in or outside the facility, you must be willing to quit.
31. Do you have a boyfriend/girlfriend? _____ If yes, list full name _____
32. Do you have any communicable diseases? _____ What kind? _____
33. Have you ever been HIV tested? _____ Results _____
34. Do you have any financial problems or situations that would prevent you from
completing the program? _____ If yes, explain _____
35. Have you been employed in the last five (5) years? _____ (if so, we need
letters from each employer stating dates of beginning/ending of employment
and the amount of your last salary(s)).
36. Are you receiving: Unemployment _____ Social Security _____ Workman's
Comp _____ Welfare _____ If yes, explain

37. Do you have any lawsuits pending? _____ If yes, explain _____
38. Do you have an eating disorder? _____
39. Are you bulimic or anorexic? _____
40. Do you understand this is a faith based, Bible based, Christian program?
