



**BEFORE ADMISSION INTO THE TEEN CHALLENGE PROGRAM
SEVERAL THINGS ARE REQUIRED**

1. All correspondence including complete physical examination form using the enclosed form & all lab results plus all identification (300% enlarged copies) & application information must be faxed to 717-933-7108 Attention Don Koch/Harrisburg CRC **or** emailed to teenchallengecrc@gmail.com (email is preferred)
2. All fees must be sent to Teen Challenge to address below (money order only).

The above stated items are required to be in my office before an admission date will be given.
Teen Challenge
PO Box 1222
Harrisburg, PA 17108

Please follow these instructions closely:

1. Processing fee of \$250 a *money order* must be made out to "Teen Challenge" with Harrisburg CRC and the student's name in the memo.
2. Entrance fee is \$750; a *money order* must be made out to "Teen Challenge." (Once the \$750 intake fee is received it is nonrefundable).
3. You must also send the return transportation fare. Return fare from the second phase is a minimum of \$100; if you are coming from outside of Pennsylvania, the return fare will be adjusted accordingly. The return fare should be in a **separate** money order made payable to **Teen Challenge**.
4. In order to enter the Teen Challenge program, you must have the following I.D.:
 - a. Social Security Card (**photo copies must be enlarged 300% for legibility**)
 - b. Government Photo I.D. (**photo copies must be enlarged 300% for legibility**)
 - c. Birth Certificate
5. If you are on S.S.I., or receive a monthly check (such as unemployment), you will be required to pay a monthly housing allowance to Teen Challenge in the amount of \$380.
6. You will need the "Employment Termination Verification Form" completed and returned. **This must be received before your entrance into the program.**
7. Ask friends, family, or church members to support Teen Challenge and record their pledges on the Sponsorship Form.
8. **We do not accept clients on any type of psychiatric medications.**
9. Release of Information forms must be completed for family members, and court officers. **If your forms are not complete your admission will be delayed. It is your responsibility to supervise the correct completion of your physical examination form!!!!**
10. All information on page 2 must be completed and returned to the attention of the Intake Coordinator.

Thank You for your cooperation in these areas

Teen Challenge Training Center

Medical History and Physical Examination Form - 4 pages

PHYSICIANS: EVERY LINE WITH * MUST BE FILLED IN!

Name: * _____ Induction Center: * _____

Birthdate: * _____ Social Security # * _____

1. The following lab work is **REQUIRED** for admission to the program and copies included at the time of entrance:

A. RPR – Reactive or Non-reactive (*circle one*) * _____ (date read)

B. Liver Function tests * _____ (date read)

C. Hepatitis Screening, if indicated, based on history or abnormal liver function test results

* Circle pos. or neg. for each: **Hepatitis A** – Pos. or Neg.; **Hepatitis B** – Pos. or Neg.; **Hepatitis C** – Pos. or Neg.

2. TB testing is **MANDATORY** and results included should be no older than 6 months prior to admission to the Induction Center. Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test / PPD	Date: * _____ Size: * _____ Chest X-ray * _____
Tetanus Toxoid	Date :* _____

3. Immunizations should be up-to-date and include:

Measles * _____
date performed

Mumps * _____
date performed

Rubella * _____
date performed

4. Significant Medical Conditions:

	Yes	No	If Yes, please explain.
* ASTHMA			
* CARDIAC			
* CHEMICAL DEPENDENCY			
* DRUGS			
* ALCOHOL			
* DIABETES MELLITUS			
* GASTROINTESTINAL DISORDER			
* HEARING DISORDER			
* HYPERTENSION			
* NEUROMUSCULAR DISORDER			
* ORTHOPEDIC CONDITION			
* RESPIRATOR ILLNESS			
* SEIZURE DISORDER			
* SKIN DISORDER			
* VISION DISORDER			
* OTHER (SPECIFY)			

8. * Physician's observations and comments (be specific):

Motor Activity

- Normal
- Over-activity/agitation
- Motor Retardation
- Tremor
- Posturing
- Ticks
- Poor Coordination
- Repetitive acts

Speech

- Relevant
- Goal Directed
- Slurred
- Pressured
- Loud
- Soft
- Over-productive
- Under-Productive
- Stammering

Thought Content

- WNL
- Suicidal Ideation
- Suicidal plans
- Homicidal Intentions
- Homicidal Plans
- Assaultive Ideas
- Feelings of unreality
- Phobias
- Obsessive ideas
- Compulsions
- Ideas of guilt
- Ideas of worthlessness
- Somatic complaints
- Feelings of persecution
- Suspiciousness

Mood

- Calm
- Anxious
- Fearful
- Neutral
- Cheerful
- Depressed
- Euphoric
- Irritable

Interview Behavior

- Hostile
- Withdrawn
- Defensive
- Manipulative
- Evasive
- Passive
- Dramatic
- Aggressive
- Negative
- Overly Cooperative
- Calm
- Cooperative
- Anxious

Insight into Problems

- Little or none
- Moderate
- Excellent

Hallucinations

- No Hx
- Auditory
- Visual
- Olfactory
- Tactile
- Command
- Other_____

Delusions

- None
- Persecution
- Grandeur
- Reference
- Influence

Judgment

- Poor
- Impaired
- Adequate

Memory

- No problems identified
- Clouding of consciousness
- Inability to concentrate
- Amnesia
- Poor immediate memory
- Poor recent memory
- Poor remote memory
- Confabulation

Orientation

- Time
- Place
- Person

Level of Consciousness

- Alert / awake
- Drowsy / confused
- Stuporous, but arousable
- Nodding off
- Sleeping

Intellect

- Above average
- Average
- Below Average
- Concrete thinking

Next sheet included

9. * General Appearance:

Dress

- Casual
- Atypical
- Seductive
- Disheveled
- Appropriate

Grooming

- Meticulous
- Unkempt
- Clean

*

Name of Examiner *(please print)*

Address *

*

Signature of Physician

Date of Examination *

Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE.

Revised May 19, 2011

*Teen Challenge Training Center * PO Box 98 * Rehrersburg, PA 19550 * 717 / 933-4181*

TEEN CHALLENGE OF PENNSYLVANIA

Referral Questionnaire

PERSONAL

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____ - _____

Social Security # _____ - _____ - _____ Age _____ Birth Date ____ / ____ / ____ Birthplace _____

Religious Background? Yes _____ No _____ If yes, please specify _____

Marital Status: (Circle one) Single Married Divorced Widowed

Military Status: Have been in service: Yes _____ No _____ Branch _____

Educational Status (circle last year completed)

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 5 6+ Degree & Major _____

Voc. Tech./Bus. School _____

Reading/Writing Skills? (Circle one) Good Fair Poor

FAMILY

Father's Name _____ Address _____

City _____ State _____ Zip _____ Phone # (____) _____ - _____

Mother's Name _____ Address _____

City _____ State _____ Zip _____ Phone # (____) _____ - _____

Marital Status of Parents: (circle one) Married Separated Divorced

Names & ages of siblings _____

Wife's/Girlfriend's Name _____ Address _____

City _____ State _____ Zip _____ Phone # (____) _____ - _____

Number of children _____ Age(s) _____ Mother of children _____

Family members that are substance abusers _____

Who has supported you during the past year, and how? _____

In case of emergency, notify _____ Relationship _____ Telephone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

List any significant events in your family history i.e. Divorce(s), Death(s), Abandonment(s), Abuse, Etc. _____

Are you on any of the following? 1) Unemployment Yes/No 2) Social Security Yes/No 3) Workman's Comp Yes/No

4) Welfare Yes/No If so what county and state? _____

Have you been involved in any cult, or in the occult? Yes _____ No _____ If yes, explain _____

Have you ever been sexually abused or involved in any homosexuality? Yes _____ No _____ If yes, explain _____

LEGAL

Have you ever been arrested? Yes _____ No _____ Explain, citing nature & date(s) of arrest(s) _____

Have you ever been incarcerated? Yes _____ No _____ County Jail _____ Prison _____ Length of incarceration _____

Are you currently on parole, probation, under sentence, waiting to be sentenced, awaiting a hearing, trial or arraignment?

Yes _____ No _____ If yes, give a detailed description of all hearing, arraignment or trial dates _____

Officer's Name _____ Address _____

City _____ State _____ Zip _____ Telephone(_____) _____ - _____

Officer's name, full address & telephone number are required for applicants with legal involvement.

DRUG AND ALCOHOL HISTORY

First experience: Type _____

Reason for becoming involved with drugs: _____

Number of years using drugs/alcohol _____ What is your drug of choice? _____

Have you ever been hospitalized or detoxified for drug or alcohol usage? Yes _____ No _____

Have you ever been enrolled in any other drug or alcohol rehabilitation program? Yes _____ No _____

Drug	Age at beginning of usage	Maximum frequency of usage
Alcohol		
Marijuana		
Barbiturates		
Amphetamines		
Cocaine		
Heroin		
Hallucinogenic		
Other (Specify)		
Tobacco Use (Chew or Smoke)		

PRIOR TREATMENT

Date _____ Name of Facility _____

Location _____

Type of treatment (Inpatient / Outpatient / Detox.) _____

Reason for Discharge _____

Date _____ Name of Facility _____

Location _____

Type of treatment (Inpatient / Outpatient / Detox.) _____

Reason for Discharge _____

Date _____ Name of Facility _____

Location _____

Type of treatment (Inpatient / Outpatient / Detox.) _____

Reason for Discharge _____

Date _____ Name of Facility _____

Location _____

Type of treatment (Inpatient / Outpatient / Detox.) _____

Reason for Discharge _____

HEALTH

Rate your physical health: Good ___ Fair ___ Poor ___ Have you been HIV Tested? Yes/No Results? Pos/Neg

Do you have any communicable diseases? Yes/No If yes what? _____

Do you feel you have any medical problems? Yes ___ No ___ If yes, explain _____

Are you presently taking any medication? Yes ___ No ___ If yes, what is the reason for the medication _____

Do you have any dental problems? Yes ___ No ___ If yes, explain _____

Have you had any psychiatric treatment? Yes ___ No ___ If yes, explain _____

Are you taking any medications for depression, anxiety attacks, sleeping difficulty or mood swings? Yes ___ No ___

If yes, what medications are you taking and in what dosage and frequency _____

Have you ever attempted suicide? Yes/No If yes, how and when? _____

CLOTHING ITEMS TO BRING

- Collared shirts or sweaters are required for class or chapel. You may not wear white under-shirts, sleeveless shirts, T-shirts or sweat shirts for class or chapel. T-shirts with band logos, sexual innuendos, and drug and/or alcohol references are not permitted on any occasion
- One white dress shirt
- One pair of black pants...such as Dockers or other brand
- One tie for a dress shirt
- Jeans *without* holes, graffiti or other designs associated with various sub-cultures are permitted for class and chapel.
- Shorts such as golf type shorts may be worn in warm weather months. Athletic style shorts and sweatpants are not permitted for class or chapel.
- Khakis or chinos in colors of your choice are required for church services away from TC
- Belt, socks, underwear are required – slouch look in trousers or shorts will result in the required use of suspenders
- One pair of insulated waterproof work boots – preferably not steel toe.
- Coats and/or jackets according to the season
- Shoes for recreation & shoes for church
- Clothing suitable for work and getting very dirty – not new items
- Work gloves
- Bathrobe & shower shoes

GENERAL

- NIV or ESV Bible
- Stamps
- Calling card
- Ink pens & pencils
- One package of 3x5 index cards
- Loose leaf notebook paper
- 3-ring notebook binder
- Bedding for a regular twin bed
- Pillow
- Towels & washcloths
- Hangers
- Laundry bag (or a small basket)
- An alarm clock without a radio

TOILETRY ITEMS

- Shampoo, deodorant (not aerosol), shaving cream, disposable razors, toothpaste, toothbrush, dental floss, cotton swabs, baby powder, foot powder, & nail clippers.
- Do not bring any type of aerosol products
- Mouthwash with alcohol is not permitted.
- Hair clippers are permitted

NOT TO BRING

- Cell phone
- CD or DVD player or radio
- Electronic games
- Personal books or magazines
- Inappropriate personal pictures
- CDs or DVDs

In addition to the previously mentioned identification pieces, i.e. birth certificate, photo ID, and your Social Security card you will need to provide the following documentation prior to your admission.

- 1) If you have lived with someone who has provided you with room and board you must have a letter from that person with their signature, printed name, complete address and telephone number to document that information.
- 2) If someone, other than you, is paying your intake fee you must have a letter with their signature, printed name, complete address and telephone number to document that information.
- 3) If you have a savings or checking account you must submit a current copy of your bank statement. If you have more than \$200 in your checking and/or savings account you will be responsible to pay to TC, the rent equivalent from public assistance, which is \$380 per month.
- 4) If you own a vehicle you must submit copies of your vehicle(s) registration(s).
- 5) If you have ever been arrested you must submit proof that you do not owe any fines, court costs and/or restitution.
- 6) If you do owe any fines, court costs and/or restitution you must submit a receipt for a current payment on those costs.
- 7) If you have any pensions, 401K accounts or other retirement plans you must submit copies of those accounts. If you have any of these accounts and are ineligible for public assistance benefits you will be responsible to pay to TC, the rent equivalent from public assistance, which is \$380 per month.
- 8) If you are currently receiving unemployment you must submit proof that the unemployment has been terminated.
- 9) If you are currently receiving public assistance benefits in another district, or state, you must submit proof that the case has been transferred to the induction center's district or has been terminated.
- 10) If you have any financial responsibilities which another person is assuming while you are in the program you must submit a letter with their signature, printed name, complete address and telephone number to document that information.
- 11) If you owe child support you must submit documentation to show that you are current on your child support payments or that you have been temporarily released from making payments while you pursue treatment.

Teen Challenge Training Center, Inc.

I, _____, acknowledge that I have made application/desire to be transferred into the program of Teen Challenge Training Center, Inc. (hereafter referred to as the Training Center). This is a written acknowledgment of my awareness of the applicable fees that I will be solely responsible for as well as any voluntary financial support that may be required of me, if applicable.

- _____ (1) I understand that I am responsible for the Teen Challenge of Pennsylvania Processing fee of two hundred and fifty dollars (\$250) and intake Fee of seven hundred-and-fifty dollars (\$750) and that these fees are non-refundable once paid, regardless of my entrance into the Teen Challenge of Pennsylvania formally or my failure/inability to complete the program for any reason.
- _____ (2) I understand that any and all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health and health related issues will be solely my responsibility to pay.
- _____ (3) I understand that there may be a transportation fee for any personal transportation that I may need the Training Center to provide me while in the program. This includes transportation to any non-emergency medical appointments, transportation to public transportation (airport, bus terminal, etc.) for approved passes, and transportation to the same for return to an induction center, other referral sources, or my final departure from the program. I agree to pay the Training Center all transportation fees in advance of appointments being made or travel plans being executed.
- _____ (4) I understand that it is my responsibility to apply for Public Assistance benefits that I may be entitled to while enrolled in Teen Challenge program if the particular center I attend is privileged to such government programs. I understand that I will contribute 88% of any cash assistance benefits to the Center monthly and that I will turn over 100% of all food stamp benefits to the Center monthly in order to help offset the \$20,000 cost of my participation in this program
- _____ (5) I understand that any other sources of income I receive while enrolled in the program (i.e.: disability, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to the Training Center up to the equivalent amount of total public assistance benefits I would have been entitled to were it not for these other sources of income. I will surrender the specific amount to the Training Center monthly.
- _____ (6) I understand that I will be financially responsible for any damage to property of the Training Center which I caused while enrolled in the program.
- _____ (7) I understand that any unpaid fees will necessitate the withholding of the "Certificate of Completion" until all fees are paid, at the Training Center's discretion.
- _____ (8) I understand that any accidental bodily injury incurred by me while fulfilling my work therapy assignment while at the Training Center does not qualify me for Workman's Compensation claim. Accidental Medical Expense coverage, as provided by the Training Center, may cover my accidental medical expenses. Otherwise, I am fully responsible for any and all medical expense that I may incur.

Signature of Applicant

Date: _____

Applicant: (print) _____

Signature of Witness

Date: _____

Witness: (print) _____

**PROSPECTIVE STUDENT ACKNOWLEDGMENTS REGARDING:
WORK FORCE DEVELOPMENT TRAINING ASSIGNMENTS**

Teen Challenge of PA

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 Work Force Development Program that is managed by the New Man Community Development Corporation.
- I acknowledge that I have read and fully agree with TC/NM program description of its' Work Force Development Program, which addresses the importance of my work force development training assignments in helping to 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 force development training assignments not as an employee of Teen Challenge or New Man, 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 force development training assignments.
- I further understand that if I fail to perform my work force development training assignments, Teen Challenge may revoke my status and privileges as a student, not because performance of work force development training assignments are the consideration for the receipt of such status and benefits, but because each student's participation in the Work Force Development Training Program is a necessary and vital part of the recovery process.

Signature of Applicant

Date: _____

Name: (print) _____

Signature of Witness

Date: _____

Witness: (print) _____

Probation / Parole Compliance Letter

This letter is to confirm that:

1) _____ is no longer on
(print name)

probation/parole as of _____ and has satisfied all
(date)

conditions required by his probation/parole officer/supervisor. This includes payment of all court fines/costs.

2) _____ is currently on probation/
(print name)

parole as of _____, and is in compliance with all
(date)

set conditions applied by probation/parole officer, including payments for all court costs/fines.

Probation/Parole officer signature:

_____ Date _____
(signature)

Address: _____

County: _____

Telephone number: _____

ATTN: P.O. – Please mail, email or fax to:

Teen Challenge
P.O. Box 1222
Harrisburg, PA 17108
Tel. # (717) 303-5829
FAX # (717) 933-7108 Attn: Don Koch Harrisburg CRC
teenchallengecrc@gmail.com

Employment Termination Verification Form

***If you have been employed within the last six months,
this form must be completed by that employer***

SS# _____

_____ Reports that he is no longer employed

at _____
EMPLOYER ADDRESS

Please verify the following information for our records:

Last date worked: _____

Date final pay received: _____

Gross amount of final pay: \$ _____

Reason for termination: _____

Are maternity benefits being paid?	YES	NO	N/A
Are workers compensation benefits being paid?	YES	NO	N/A
Are unemployment benefits being paid?	YES	NO	N/A

Signature of Employer

Date

Title of Employer

Telephone #

Thank you for your time and attention.

Please return to Teen Challenge by email teenchallengecrc@gmail.com or fax to 717-933-7108 Attn: Don Koch
Harrisburg CRC