



Applicant,

Enclosed is the information you requested regarding the Adult & Teen Challenge Mid-America discipleship ministry. We hope this information is helpful in making the decision regarding Adult & Teen Challenge Mid-America. The following steps must be completed before admission:

1. Please take the necessary time to carefully read over all materials, completely fill out the application, and sign all forms.
2. Return the completed application and forms with all required signatures to Adult & Teen Challenge Mid-America either by email or mail.
3. After the application is reviewed you will be contacted concerning intake status, unless you are incarcerated, then you will be responsible for contacting our intake coordinator (collect calls will not be accepted).
4. All prescribed medication(s) used by applicants must be approved. The list of unacceptable medications is on page 8 of the student handbook.

If you are currently incarcerated and have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf.

You will be required to enroll for public assistance (food stamps) to help cover boarding. One hundred percent (100%) of your monthly public assistance will be used to cover some of your board.

Signature of Applicant

Date

Sincerely,

Rev. James Bolin

CEO



Student Application for Program Admission

Phone: 573-335-6508

PERSONAL DATA AND INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Work Phone: (____) _____

Gender at Birth: Male Female Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____ - _____ - _____ Birth Date: _____ Age: _____

Driver's License Number: _____ Valid Expired Suspended Never had one

If suspended, explain: _____

EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Work Phone: (____) _____

WHO HAS REFERRED YOU TO ADULT & TEEN CHALLENGE?

Full Name: _____ Relationship: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Work Phone: (____) _____

RACE/ETHNIC BACKGROUND (Please check only one)

American Indian or Alaska Native Asian Black or African American Latino or Hispanic

Native Hawaiian or Other Pacific Islander White Other _____

Are you a United States citizen? Yes Native Naturalized No Explain: _____

MARITAL/ INTIMATE RELATIONSHIP HISTORY

Marital Status: Single Married Common Law Separated Divorced Widowed Remarried

Discribe any concerns related to this relationship: _____

Do you have any children? Yes No If yes, please list:

Name of child	Age	Quality of relationship	Who is caring for (if minor)

(Use the back of this page if additional space is required.)

Do you have Child Protective Service (CPS) involvement? Yes No If yes, who is case worker? _____

_____ Address: _____ Phone: (____) _____

What is your sexual lifestyle: (Please check all that apply)

Bisexual Heterosexual Homosexual Transsexual

Any recent involvement? Yes No Have you engaged in homosexual activities? Yes No

Explain: _____

LEGAL HISTORY

Are you on probation or parole? Yes No

Method of reporting: Phone Letter In person (explain): _____

How often do you report? _____ How long? _____ Time remaining? _____

Probation or Parole Officer's name: _____

Agency: _____ Phone number: _____

Are any of the following pending against you? (Please check all that apply)

Arrest warrant Court appearance Criminal charges Sentencing Other _____

If you have checked any of the above, please explain: _____

List all arrests and convictions:

Date	Charges	Convicted (Y/N)	Sentence	Time served	Drug related? (Y/N)

(Use the back of this page if additional space is required.)

Have you ever been in prison? Yes No If yes, provide information below:

Date	Institution

(Use the back of this page if additional space is required.)

Are you registered as a sexual or predatory offender? Yes No If yes, what level? 1 2 3

Are you required to notify the community? Yes No Police Department? Yes No

FINANCIAL STATUS

Are you eligible for and/or receiving the following: Welfare Disability payments Unemployment compensation Workman’s compensation Other income (explain): _____

Have you ever applied for food stamps? Yes No Where? _____

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment? Yes No If yes, please list:

Date	Name of clinic	Reason for treatment	Outcome

(Use the back of this page if additional space is required.)

Have you ever received psychiatric care? Yes No If yes, explain: _____

Will you, as a student of Adult and Teen Challenge, be willing to authorize doctors and agencies involved in previous treatments to release your medical records? Yes No

INSURANCE INFORMATION

Select your health insurance type: No health insurance Medicaid/Medicare Other private insurance

Insurance company: _____

Policy number: _____

MEDICAL HISTORY

Are you pregnant or think you might be pregnant? Yes No Unknown

Describe any previous or current medical conditions: _____

List all medications that you are currently taking: _____

Allergies? Yes No _____

Have you ever struggled with any of the following addictive behaviors (check all that apply):

- Anorexia
 Bulimia
 Self harm
 Abusing others
 Sex
 Pornography
 Gambling
 Over-eating
 Stealing
 Video Games
 Work-a- holic
 Internet/social media
 Shopping

Explain: _____

Do you use nicotine? Yes No Type of nicotine used (cigarettes, vape, etc.) _____

List how often you use the following drugs:

	Never	Once	Several times	Regularly	Daily
Alcohol					
Benzos (Valium, Xanax, etc.)					
Amphetamines (Adderall, Ritalin, etc.)					
Opiate painkillers (Oxy, Roxy, Hydro, etc.)					
Heroin/Fentanyl					
Methamphetamine (Ice, Glass, Gravel, etc.)					
MDMA (Ecstasy, Molly, Etc.)					
Marijuana					
Hallucinogens (Mushrooms, LSD, etc.)					
Methadone, Suboxone, etc.					
Cocaine (Crack)					
Cocaine (powder)					
Cold Medication (DXM, Triple C, etc.)					
PCP (Sherm, Angel Dust, etc.)					
Kratom					
IV use of any drug (please specify):					
Designer drugs (Bath Salts/UZ/2C-X/7-OH/Spice)					

SPIRITUAL HISTORY

Do you believe in God? Yes No Uncertain

Are you born again? Yes No If yes, date: _____ Place: _____

What is your denominational preference? _____

THE PROBLEM

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

Have you ever been in a recovery program other than Adult & Teen Challenge before? Yes No

Was it: Religious Non-religious

How many programs have you been in? _____

List programs:

Program name	Dates	Reason for leaving

(Use the back of this page if additional space is required.)

Have you ever been in an Adult & Teen Challenge program? Yes No

If yes, when? _____ Where? _____

Why did you leave the program? Completed the program Dismissed by staff Left on your own

Please explain: _____

Why do you wish to join ATCMA? _____

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and that the applicant form has been completed and fill out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance in the program. Whether a student is just entering into or is in fact in the program.

Student Applicant Signature

Date

If the enclosed application form has been completed or filled out by anyone other than the student applicant, please provide the following:

Name of person completing and filling out the application form: _____

Relationship to applicant: _____ Date: _____

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



Adult & Teen Challenge Mid-America ***Admission Requirements***

1. No applicant will be admitted without photo identification, social security card, and a completed application.
2. Applicants requiring detoxification must do so prior to entry.
3. Applicants must be in good health, free of any infections at the time of entry.
4. Medical documentation of any disabilities or medical conditions requiring medication is required to accompany application.
5. Upon entry, applicants will be tested for the Human Immunodeficiency Virus (HIV), Tuberculosis, Syphilis, and Hepatitis.
6. Applicants are required to have read and be familiar with the Student Handbook.

By my printed name and signature at the bottom of this page, I understand that upon admission into Adult & Teen Challenge Mid-America:

- a) I place myself under the authority of the staff of Adult & Teen Challenge Mid-America.*
- b) I do hereby acknowledge that I understand the rules and guidelines in the Student Handbook of Adult & Teen Challenge Mid-America.*
- c) I understand that I will receive disciplinary action, up to and including dismissal from the program, for not following the rules and guidelines of the Student Handbook.*

Printed Name

Signature

Date

Email: dh@atcma.us

Mail to: Adult & Teen Challenge Mid-America
Attention: Deborah's House
P.O. Box 1089
Cape Girardeau, MO 63702-1089