



Teen Challenge of Baltimore

101 N. Potomac St.
Baltimore, MD 21224
443-848-7399

Application & Medical History/Physical Examination

Thank you for your interest in the Teen Challenge program. The application and physical forms need to be filled out *completely* and the student handbook read and signed.

Admission cannot be processed until all this information is completed and returned to us.

***IMPORTANT: On the physical form the physician must complete every single line.**

Once we receive the completed forms, you will be placed on our waiting list. The waiting period may be just a couple days, or several weeks. You must call the intake director once a week to keep us informed of your desire to enter. This is a general application and consists of the basic requirements of the Teen Challenge Training Center, Inc. Induction Centers. Please contact the induction center to get approval of other articles.



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Belongings Checklist:

- ___ 1 Bible
- ___ 1 set of linens for a twin bed (sheets)
- ___ 1 comforter
- ___ 1 pillow
- ___ 2 sets of dress clothes (this includes 1 button-up shirt, 1 polo-type shirt, 2 pairs of dress pants, 2 pairs of dress socks, dress shoes, 2 neckties)
- ___ *1 pair of tan dress pants **mandatory**
- ___ 5 sets of casual clothes
- ___ 2 sets of work clothes
- ___ 7 pair each underwear and socks
- ___ 2 towels
- ___ 2 washcloths
- ___ 1 pair shower shoes
- ___ 1 bath robe
- ___ 1 pair work boots
- ___ 1 pair sneakers / gym shoes

Toiletries/Misc:

- ___ Toothbrush
- ___ Toothpaste
- ___ Deodorant
- ___ Shaving Supplies
- ___ Soap
- ___ Shampoo
- ___ Mouthwash (Non-alcoholic)
- ___ Hangers
- ___ Laundry Bag-**full-vent/heavy-duty only**
- ___ Writing paper / Notebooks
- ___ Pens / Pencils / Highlighters
- ___ Hand Sanitizer (non-alcoholic)

- *Telephone calling cards recommended (500 mins.)
- *\$50 + Personal Money recommended (cash ok)
- ___ **\$750 Intake Fee (non-refundable)**
- **certified check or money order only*
- ___ **\$100 Emergency Money** (i.e. trans, meds, etc.)
- **certified check or money order only*
- **whole or unused portion refundable*

Do Not Bring:

- ___ Jewelry *(only a watch, wedding ring or a medical ID bracelet)
- ___ Medical, dental or legal/court appointments *(must be taken care of before you begin TC)
- ___ Cigarettes, chew, snuff, drugs, alcohol, nicotine withdrawing substances of any kind, etc.
- ___ Magazines, books or any literature *(only your Bible)
- ___ Electronics - cell phones, mp3 players, computers, etc.
- ___ Guns, knives, scissors, any other sharp instruments, or any other weapon
- ___ Food, snacks, drinks, etc.
- ___ Nutritional supplements, vitamins, etc.
- ___ Aerosols - (body spray, deodorant, hair spray, etc.)
- ___ Checkbooks, credit cards, debit cards, or ATM cards.

*All medications are to be announced to the Intake Coordinator or Director prior to your arrival at the Induction Center

No mind-altering narcotic medications allowed! OTC medications may be provided by the center. Please contact the induction center to learn their policies on this subject.



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APPLICATION

GENERAL INFORMATION

1. Name _____
Last First Middle

2. Address _____
Street City State/Zip

3. Birth Date ____/____/____ Telephone # (____) _____

4. Spouse's Name _____

5. What significant changes have occurred in your life recently? _____

6. Are you an American Citizen? ____ Yes ____ No

7. Hobbies/Recreation _____

8. Last Grade Completed: 4 5 6 7 8 9 10 11 12

College Completed: 1 2 3 4 5 6 Degrees or Major _____

9. Do you have any special abilities? _____



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LEGAL

1. Have you ever been arrested? ____ Yes ____ No

How many times? _____

Date	Charge	Convicted	Sentence	Time in Jail
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____

2. Are you on probation/parole? ____ Yes ____ No Time remaining _____

PROBATION/ PAROLE POLICY

This policy is to be adhered to regarding probation/parole requirements.

- a) The probation/parole officer may visit the student on campus by contacting the student's counselor to schedule the visit.
- b) If the student is to report to the probation/parole office, the student must ask family or a Christian Mentor (i.e. Pastor, Elder, etc.) to take him to the probation/parole office.
The students' counselor must approve this Christian mentor. The probation/parole officer may also transport the student to probation/parole.
- c) The staff shall not transport any student to probation/parole on or off company time.
- d) The students' counselor will update the probation/parole officer by mail, fax, phone, or e-mail on a monthly basis.

Signature of Applicant date

Signature of Witness date



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DRUG HISTORY

1. Explain your first drug experience _____

2. Why did you become involved with drugs? _____

DRUGS USED	Date first used	Date last used	Rarely Less than 1 time/mo.	Monthly 1 – 3 times/mo.	Weekly 1 – 5 days/wk	Daily 6 – 7 days/wk
Alcohol						
Amphetamines (uppers)						
Barbiturates (downers)						
Cocaine/Crack						
Hallucinogens (LSD, etc.)						
Heroin						
Inhalants						
Marijuana						
MDMA (Ecstasy/Molly)						
Methadone						
PCP						
Tobacco						
Others (specify)						

3. Explain any patterns of drug/alcohol use _____

4. I depend on drugs:

_____ to cope with life

_____ to be “in” with the crowd

_____ for pleasure

_____ to perform better (school, sports, etc.)

_____ to escape reality

_____ other: _____

5. Habit cost per day _____ Longest period clean _____



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TREATMENT

1. What is the main problem as you see it? _____

2. What are your greatest needs? _____

3. Have you ever been in a program before? _____ Yes _____ No

Program Name	Date	City	State	Reason for Leaving	Religious	Non

4. Have you ever been involved in a Teen Challenge program? _____ Yes _____ No

When? _____ Where? _____

Why did you leave? _____ Dismissed _____ Completed Program _____ Left on own

Explain why you left or were dismissed _____

5. What are you expecting God to do in your life through the program?

I CERTIFY THAT ALL THE INFORMATION RECORDED HERE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN FULLY COMPLETED BY ME. I UNDER-STAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISQUALIFICATION OF ANY APPLICATION OR FOR ENTRANCE AND/OR PARTICIPATION IN THE TEEN CHALLENGE PROGRAM.

Applicant's Signature _____ Date _____



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AUTHORIZATION TO RELEASE INFORMATION TO TEEN CHALLENGE OF BALTIMORE FROM MEDICAL FACILITY

I, _____, do hereby authorize
Your Name

Medical Facility

to release information from my medical records to Teen Challenge. The purpose for this release of information is to complete my entrance requirements with Teen Challenge, in accordance with the Health Department to coordinate continuing health care.

I understand that I need not consent to the release of any information concerning me or treatment rendered to me. I choose to do so willingly and voluntarily for the purpose specified above. The duration of this authorization is no longer than one year, unless I specify a date, time, event or condition upon which it will expire sooner. I also understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on my consent.

Client's Signature _____ Date _____

Witness' Signature _____ Date _____

This consent will automatically expire in one year or upon the following date, time, event or condition:



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Medical History and Physical Examination Form

Name: _____ Induction Center: _____

Birth date: _____ Social Security #: _____

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

RPR – Reactive or Non-reactive (circle one) Date read: _____

Liver Function tests – Date read: _____

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

Hepatitis A - Positive Negative

Hepatitis B - Positive Negative

Hepatitis C - Positive Negative

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 _____ Mumps _____ Rubella _____
 Date Performed Date Performed Date Performed



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4. Significant Medical Conditions:

CONDITION	YES	NO	If YES, please explain.
Asthma			
Cardiac			
Chemical Dependency			
Drugs			
Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Vision Disorder			
Other (specify)			

***IMPORTANT: PHYSICIAN MUST COMPLETELY FILL OUT ALL PAGES OF THIS FORM**

5. Current / routine medications:

Medication	Dosage
1)	
2)	
3)	
4)	

6. Please list any allergies you have to any medications, foods, or other substances:



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7. Report of Physical Examination

	Normal	Abnormal	If Abnormal, please explain...
Height (Inches)			
Weight (Pounds)			
Temperature			
Pulse			
Blood Pressure			
Hair/Scalp			
Skin			
Eyes—Visual Activity			
Eyes—Color Vision			
Hearing			
Nose and Throat			
Teeth and Gingival			
Lymph Glands			
Heart—Murmur, etc.			
Lungs—Adventurous Findings			
Abdomen			
Genitalia			
Neuromuscular System			
Extremities			
Spine (Presence of Scoliosis)			

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

9. General appearance: _____

Name of Examiner *(please print)* _____ Address _____

Signature of Physician _____ Date of Examination _____

Form will be unacceptable if examiner's title and address are illegible.



PROSPECTIVE STUDENT ACKNOWLEDGMENTS REGARDING FEES AND VOLUNTARY FINANCIAL SUPPORT

I acknowledge that I have made application for admission into the program of Teen Challenge of Baltimore (hereafter referred to as the Center). This is my written acknowledgement of my awareness of the applicable fees or costs 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 Intake Fee of seven hundred and fifty dollars (\$750) and that this fee is non-refundable once paid regardless of my entrance into the program formally or my failure/inability to complete the program for any reason.

(2) I understand that all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health care and health related issues would 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 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 source, or my final departure from the program. I agree to pay the Center all transportation fees in advance of appointments being made or travel plans being executed.

(4) I understand that I will be expected to apply for Public Assistance benefits that I may be entitled to while enrolled in the Teen Challenge program if the particular center I attend is privileged to such government programs. I will consent to contribute 88% of any cash assistance benefits to the Center monthly. I will turn over 100% of all food stamp benefits to the Center monthly.

Signature of Applicant

date

Signature of Witness

date



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MEDICAL POLICY

All students upon admission to the T.C.B. shall adhere to the following policy. This policy is in effect immediately and supersedes any previous policy or procedure. The student may be afforded more liberal medical visits in the training center pending the training center's medical care policy due to staff availability.

- a) All medical problems shall be addressed prior to admission to the Teen Challenge of Baltimore.
- b) The student shall have a 30 day supply of any and all medications with a minimum of four refills on the prescribed medication prior to admission to the LIC.
- c) In the case of a medical emergency, the student will be taken to the nearest emergency room immediately.
- d) The student will be allowed to have one post emergency visit and remain at the T.C.B. Any further medical attention will require a medical leave for a minimum of 30 days and/or until the medical condition is rectified and the student is cleared to return to the T.C.B, in writing from a medical doctor. The student's return also is subject to bed availability and approval by the T.C.B. director. (the student will be required to contact his counselor every week and adhere to the requirements of the 30-day suspension policy) [Also the induction fee is non-refundable after 60 days.] The student will be responsible for the entrance fee in full upon return to the LIC (\$750.00) after the 60-day period.
- e) The student who is returning after medical leave must have a 30-day supply of medication and at least four refills on any and all medications.
- f) The student who needs blood tests, doctors visits, physical therapy, eye exams, glasses or contacts, or any and all medical attention other than an emergency and one follow-up to the medical emergency; will be given a medical leave.

Signature of Applicant

date

Signature of Witness

date



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Dental Visit Policy

All students upon admission to the Teen Challenge of Baltimore shall adhere to the following dental visit policy. This policy will be in effect immediately and supersedes any previous policy or procedure. The student may be afforded more dental liberties in the training center pending the training center policy regarding dental care due to staff availability.

- a) The student will take care of all dental problems prior to admission to the T.C.B.
- b) The student will be allowed one emergency dental visit while in the T.C.B, and one post-emergency visit. This post visit does not include oral surgery, orthodontist, etc. The dentist the center uses is the only service provided to the student. Any further dental work will result in medical leave for a minimum of 30 days or until the dental situation is resolved by the student. The student must phone his counselor each week and follow the 30-day suspension guidelines per his counselor's assignment. The T.C.B. entrance fee is non-refundable after 60 days. The student must pay \$750 upon return to the T.C.B. after the 60-day period.
- c) The dental visit does not include cleaning or maintenance, oral surgery, etc. The dental visit is the initial emergency visit and one post emergency visit.
- d) The student's return from dental/medical leave is subject to bed availability and approval by the T.C.B. Executive Director.
- e) All dental requests will be in writing to the lead counselor only. The student will await a reply from the lead counselor within 24 hours or upon the lead counselor's return to work in the case of a weekend or holiday, etc.

Signature of Applicant

date

Signature of Witness

date



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PSYCHIATRIC CLEARANCE FORM

I, _____ understand that the Teen Challenge program
(Print Name)

is not a dual diagnosis facility, and I understand that persons who are taking psychiatric medications to treat any psychiatric condition are not eligible for drug and alcohol treatment at Teen Challenge. I affirm that I am not currently under psychiatric treatment of any kind, and I affirm that I have not been under psychiatric treatment for the past 12 months. I affirm that to my knowledge, I am in need of no form of psychiatric medication, and that I have not been prescribed any form of psychiatric medication within the past 12 months. I understand that I may be immediately terminated from the Teen Challenge program if any of the above affirmations are untrue.

_____ Signature of Applicant	_____ date
_____ Signature of Witness	_____ date



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Marital/Non-Marital Communication Agreement

I, _____ agree with and will adhere to the following regulations concerning marital and non-marital communication/visitation.

-Non-married Students: are not to have contact of any kind with female friends, girlfriends, fiancés, or mothers of children they have fathered.

* Mothers of children which student has fathered are allowed to transport student's children to center for scheduled visitations. The mother of the student's children *may not* participate in the visit. They are not to be in communicable proximity to student while student is visiting with the children. An immediate family member *of the student* is suggested during visits to act as a liaison to properly facilitate the visit.

* Students claiming to have fathered any children born of a non-marital relationship must provide proof of fatherhood. This must be submitted to student's counselor prior to visitation of children.

-Married Students: must provide proof of marriage by way of a valid and current marriage license/certificate.

This must be submitted to student's counselor prior to visitation.

**It is suggested that all proof of fatherhood and/or marriage be brought to the program at time of intake and submitted to intake director.*

As a newly student enrolled in the Teen Challenge of Baltimore I have read and understand the above mentioned regulations concerning marital and non-marital contact and visitation and agree to its terms.

Signature of Applicant

date

Signature of Witness

date