

# Teen Challenge of Baltimore Center Application & Medical History/Physical Examination Form

Thank you for your interest in the Teen Challenge program. The application and physical forms need to be filled out **completely** and student handbook read and signed. Admission cannot be done until all this information is completed and returned to us. The physical form is to be completed and signed by a Doctor. **\*IMPORTANT: Every single line must be completed on physical form by the physician.**

Once **ALL** the above is sent to us, 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.

**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
- 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/hvy duty only**
- \_\_\_ Writing paper / Notebooks
- \_\_\_ Pens / Pencils / Highlighters
- \_\_\_ Hand Sanitizer (non-alcoholic) \_\_\_ 1 pair

*\*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)
- \_\_\_ Radios, walkmans, clock radios, alarm clocks, etc.
- \_\_\_ Guns, knives, scissors, any other sharp instruments, or any other weapon
- \_\_\_ Food, snacks, drinks, etc.
- \_\_\_ Nutritional supplements, vitamins, etc.
- \_\_\_ No aerosols of any kind (body spray, deodorant, hair spray, etc.)
- \_\_\_ No 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.



**LEGAL**

1. Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No

How many times? \_\_\_\_\_

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

2. Are you on probation/parole? \_\_\_\_ Yes \_\_\_\_ No Time remaining

\_\_\_\_\_

## DRUG HISTORY

1. Explain your first drug experience

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2. Why did you become involved with drugs?

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### DRUGS USED

Weekly    Daily

Rarely

Monthly

	Date first used	Date last used	Less than 1 x/mth	1 – 3 times/mth	1 – 5 days/wk	6 – 7 days/wk
Barbituates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine/Crack						
Hallucinogens (LSD, etc.)						
Alcohol						
Inhalents						
Tobacco						
Marijuana						
Methadone						
PCP						
Others (specify)						

3. Explain any patterns of drug/alcohol use \_\_\_\_\_

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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 \_\_\_\_\_

## 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

Leaving	Program Name		Date	City	State	Reason for
	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

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

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**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 Pennsylvania Department of Health and 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:

\_\_\_\_\_

# Teen Challenge of Baltimore

## 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 and copies included 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 or Negative (Circle one)

**Hepatitis B** - Positive or Negative (Circle one)

**Hepatitis C** - Positive or Negative (Circle one)

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 \_\_\_\_\_

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			
Respirator Illness			
Seizure Disorder			
Skin Disorder			
Vision Disorder			
Other (specify)			

**\*IMPORTANT: PHYSICIAN MUST COMPLETELY FILL-OUT BOTH PAGES OF THIS FORM EVERY SINGLE LINE!!**

5. Current / routine medications:

Medication	Dosage
1)	
2)	
3)	
4)	

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

\_\_\_\_\_

\_\_\_\_\_

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—Murmer, 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.**

OFVFS.M

## **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 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 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.
- (5) I understand that any other sources of income I receive while enrolled in the program (i.e.: disability benefits, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to the 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 specified amount to the Center monthly.

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant  
Name: (print) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature of Witness  
Date:  
Date:

**\*IMPORTANT:** (read carefully)

**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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INTAKE MEDICATION POLICY**

If you have been prescribed any medication or medications for any ongoing condition or conditions, you must bring **at least a 30 day supply** of these medications with you on the day of your intake, **or you WILL be terminated from treatment.**

Examples of the types of medications you should bring if you have been prescribed them:

- Asthma medications
- High Blood Pressure medicines
- Heart Medications
- Insulin or other diabetes medications
- Medications for acid reflux or other gastrointestinal maladies

I, \_\_\_\_\_ have read the above  
(Print name)

information, and I understand that I will be terminated from treatment if I do not bring, the day of my intake, a 30 day supply of medication for any ongoing medical conditions that I have.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## PSYCHIATRIC CLEARANCE FORM

I, \_\_\_\_\_ understand that the Teen  
(Print Name)

Challenge program **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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*IMPORTANT:** *If student is on medication currently or has been within the last 12 months a psychiatric clearance letter must be completed and*

***signed by psychiatrist. This must then be submitted to Intake along with all other required admissions paperwork prior to entrance.***

## **CRIMINAL HISTORY INQUIRY**

- 1 Please complete the enclosed form and bring it to your interview. Be sure to complete both the front & back of the form. If you have a probation / parole officer we must have their name and phone number.
- 2 If you are on probation or parole at this time, please bring verification from your officer that you are in compliance.
- 3 If you have any fines & costs to be paid please bring verification that you are on an approved payment plan.

## CRIMINAL HISTORY INQUIRY

Many people with criminal records can still get benefits.

### HAVE YOU EVER:

- 1 been sentenced for a felony or a misdemeanor offense?
- 2 been charged criminal fines, or costs, or ordered to make restitution related to a criminal conviction?
- 1 been convicted of a felony offense involving a controlled substance?
- 2 been convicted of fraudulent misrepresentation of residence in order to receive cash or medical assistance, food stamps, or Supplemental Security Income in two or more states?
- 3 been place on probation or parole?
- 4 been issued a summons or a warrant to appear as a defendant at a criminal court proceeding?
- 5 fled to avoid prosecution, or custody, or confinement following a conviction for a felony?

If you answered no to all the above – **STOP**, no further information is necessary; sign the certification below.

If you answered yes to any of the above, we need to know more to see if you are eligible for benefits.  
**PLEASE ANSWER ALL THE QUESTIONS BELOW.**

Specify the offense and the state and county or jurisdiction in which you were sentenced.

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3. Have you ever been placed on parole or probation?

NO       YES

Have you ever failed to pay all fines or costs or make restitution or failed to comply with an approved Payment plan?

NO       YES

If your answer was yes to either question above, in what state and county or jurisdiction?

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Name, Address, and Phone Number of probation or parole officer

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4. Have you ever been issued a summons or had a bench warrant issued for you?

**NO**       **YES**

Have you ever failed to appear as a defendant in a criminal court proceeding?

**NO**       **YES**

Did you later appear and were than released?

**NO**       **YES**

If your answer was yes to any of the three questions above, in what state and county or jurisdiction?

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Has the warrant or summons been withdrawn?

**NO**       **YES**

If your answer was yes to the above question, in what state and county or jurisdiction?

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5. Have you ever been convicted of a felony offense related to possession, use or distribution of a controlled substance?

**NO**       **YES**

**WHEN:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM                  DD                  YY

If your answer was yes to the question above, in what state and county or jurisdiction?

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6. Have you ever fled to avoid prosecution, or custody, or confinement following a conviction for a felony, or in the state of New Jersey, a high misdemeanor, or a violation of parole or probation?

**NO**       **YES**

If your answer was yes to the question above, in what state and county or jurisdiction?

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***TEEN CHALLENGE OF BALTIMORE  
MEDICAL POLICY***

- I. The following policy shall be adhered to by all students upon admission to the T.C.B. This policy is in effect immediately and supercedes 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.

II. The following dental visit policy shall be adhered to by all students upon admission to the Teen Challenge of Baltimore. This policy will be in effect immediately and supercedes 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 any and 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.

Student Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

Staff Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

***Teen Challenge of Baltimore***  
***PROBATION PAROLE POLICY***

- I. The policy is to be adhered to regarding probation/parole requirements.
  - A. The probation/parole officer may visit the student on campus by contacting the students' 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. This Christian mentor must be approved by the students' counselor. 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.

Student Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

Staff Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

