

Dear Applicant,

We understand that you wish to apply for admission to Teen Challenge NorWest Cal / Nevada. We encourage you to continue in this process so that you may receive the care that you need. Please read all of the information carefully and then fill out the enclosed forms. **Please make sure all of the forms are signed, dated, and/or notarized as requested.** Your packet should include the following

Provided in this Packet

General Program Guidelines

- \* Entry Report
- \* Medical Form
- \* Sponsorship Form
- \* Legal Release Form (notarized)
- \* Civil Rights Waiver

You must provide

- \*\* California Driver's License or California I.D. card with photo
- \*\* Birth Certificate
- \*\* Social Security Card
- \* Processing Fee \$500.00
- \* Psychological / Counseling Reports
- \* Parole / Probation Information

**\*THESE MUST BE SENT TO TEEN CHALLENGE.**

**\*\* BRING THESE ITEMS WITH YOU.**

When you have completed everything, return the forms to the intake office at the following address:

**TEEN CHALLENGE NORWEST CAL / NEVADA**

Women's Center

**P.O. Box 13410**

**Las Vegas, NV 89112**

When you have completed the application, call (702) 314-1300 to set up an appointment time and date for an interview. If you are coming from a long distance, arrangements can be made to have the interview over the telephone. In some instances, we will accept a letter, if circumstances warrant this.

Thank you for considering Teen Challenge NorWest Cal / Nevada for your recovery. We pray that God will continue to guide and direct you.

In His Service,

*Carole Reeves*

Carole Reeves  
Receptionist

**Teen Challenge NorWest Cal / Nevada**  
**Administrative Office**  
**P.O. Box 24309**  
**San Jose, CA 95154-4309**  
**408-583-2200**  
**FAX 408-583-2201**

## **OVERVIEW OF TEEN CHALLENGE**

### **HISTORY:**

Teen Challenge was started by Reverend David Wilkerson in New York City in 1958. The story of the beginning has been told around the world in the book and movie, "The Cross and the Switchblade." Today there are Teen Challenge centers in over 60 major cities in the United States and many others worldwide.

### **OUR PURPOSE:**

Teen Challenge is a residential discipleship program that rehabilitates men, women, children, and families with drug and alcohol dependency, and other life-controlling problems. We show them how to break down the barriers of self-deception and negative attitudes, rebuild their self-esteem, live a life free from drug and alcohol addiction, and to live according to Christian principles as a productive member of society.

### **THE PROGRAM:**

The 12-month long program consists of classroom assignments, individual and group counseling, educational and vocational assistance, work-study, and personal attention by the staff in a structured nurturing, and Christ-centered environment.

#### **Level 1:**

The first three months is the induction level. The student must complete certain curriculum requirements, show substantial improvement in attitude and demonstrate a willingness to change their negative behavior before progressing to the next level.

#### **Level 2:**

The goals in the next three months are to continue the required curriculum work and consistently be self-disciplined, trustworthy, honest, cooperative, responsible, and to develop good work habits.

#### **Level 3:**

During this level of 3 months, the student must demonstrate maturity, good judgment, and consistent positive attitudes and relationships, both in the program and outside the program. The student gains more privileges and responsibilities during this level.

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## **OVERVIEW OF TEEN CHALLENGE (Continued)**

### **Level 4:**

In the final 3 months, the student is to show marked improvement in the areas of difficulty that they entered Teen Challenge with, and a continual growth plan. The students in this level should show signs of positive leadership for their fellow students in the program. They must make future plans for employment, continued education or training, plans for a good home environment, and commitment to a church home.

Upon completion of Level 4, the student is eligible for graduation.

The above suggested times of completion of each level may vary depending upon the individual's growth, participation, attitude, and general overall progress.

**It is highly recommended that each student complete an additional 3-6 month internship at the ministry of Teen Challenge that they went through the program at or at another agreed upon Teen Challenge center. This will help the student in the areas of growth and leadership to better help them function in society. It also helps them give back to the ministry where they were helped, and to help others find the hope that they found in changing their lives through the power of Jesus Christ.**

## **TEEN CHALLENGE**

### **GENERAL PROGRAM GUIDELINES**

Keep in mind that these rules are basic guidelines and they are not conclusive of the rules of the program. Teen Challenge is a minimum of 12 months. Teen Challenge is only for those who are sick and tired of the way they are living and are determined to pursue a personal relationship with Jesus Christ.

1. The intent of Teen Challenge is to remove former areas of temptation and difficulty. Helping the student learn self-discipline, and to help the student adjust to living with others in harmony.
2. All conduct and activity will be to compliment the activities and purpose of Teen Challenge.
3. All speech and conduct will be that which manifests Christian love, compassion and consideration for others (no fighting, cursing, talking back, glorifying your past, or disrespectful conduct). Our freedom should not offend the freedom of others in Christ. Student should seek counsel ONLY from staff. No questioning other students.
4. Since the Spirit of God at work in Teen Challenge is constructive, edifying, and creative, there is never to be any type of destructive behavior to the facility or to any Teen Challenge property. You should always help conserve around the center. We need to be good stewards of what God has blessed us with.
5. Once the individual has decided to enter the Teen Challenge program, he/she agrees to submit to the program and the staff. Students are not allowed to leave the property without supervision or approval of staff. Leaving without proper permission is grounds for dismissal.
6. All belongings and persons will be searched upon entrance for drugs or anything which might be harmful to you or to another student's spiritual, emotional, and/or physical well-being. You would not want to jeopardize another student's commitment.
7. Drugs, nicotine, and/or alcohol are never permitted on the property, or in the possession of any student. Prescription drugs will be administered at the appropriate times by authorized staff only. Prescription drugs cannot be kept in the possession of the student.
8. At no time while you are enrolled in the program will you will be allowed to date or pursue any relationship with the opposite sex, with the exception of married students. The decisions on married students will be made on an individual basis. There will be no communication between the male and female students in Teen Challenge. If you are caught in a compromising situation such as passing notes, found to be pursuing a relationship, and/or found alone with a student of the opposite sex, can be grounds for dismissal.
9. Probation officers will be contacted if you are on probation and leave the program of your own free will, or if you are terminated.

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## **STATEMENT OF FAITH**

We Believe...

- The Bible is the inspired and only infallible and authoritative Word of God (II Tim 3:16, II Peter 1:21).
- There is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Ghost (Matt. 28:19; John 15:26; 1 John 5:7).
- In the deity of our Lord Jesus Christ, in his virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal future return to this earth (Matt 1:18-23; 16:16; 28:6-7; Heb. 4:4; Luke 1:26-27; 8:22-25; John 2:11; 14:13; Is. 53:7; I John 2:1-2; 1 Cor. 15:3; Eph. 4:8-10; Rom. 8:34; Acts 1:11; and Rev. 1:7).
- In the blessed hope – the rapture of the church at Christ’s coming (II Thess. 4:16-17). The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ (Rom. 10:9-10; Acts 3:10). The redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
- The sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live an overcoming life.
- In the resurrection of both the saved and the lost – the one to everlasting life and the other to everlasting damnation (II Cor. 5:10; John 5:28-29; Rev. 21:28).
- The baptism of the Holy Spirit, according to Acts 2:4, is given to believers who desire it (Acts 2:4; 2:38-39).
- In water baptism by immersion.

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**REMINDERS**

\*\* A current physical and all medical tests must be on file prior to entrance.

\*\* A completed application must be on file prior to entrance.

\*\* Upon entrance, you will be suggested to pay the following costs:

- \* Processing Fee: \$500.00 (non-refundable)
- \* Tuition: \$2,200.00 per month
- \* Each child resident: \$200.00 per month

We strongly suggest that you begin to pursue the task of raising support for your tuition. You may have family, friends or a church that may be willing to sponsor you. You may also want to look into SSI or State Disability. If you have children, you may be eligible for Welfare Assistance. After you have tried all of the above ways to come up with your tuition and you still need assistance, Teen Challenge has a limited amount of money for scholarships.

**SPECIAL NOTE TO THOSE WHO HAVE CHILDREN OR ARE MARRIED:**

1. If you are a woman with children, you will need to remember that for a period of 30-120 days, you will not have your children living with you at the center. You will need to find alternative care until your Program Director feels you are ready to have your children with you and there is space available.
2. If you are married, please remember that your spouse and you will be residing in separate centers for at least four months. If you have children, the same rule stated above applies. These times may vary in length according to your progress and willingness to change.

If you have any further questions, please feel free to contact the center. We would like to assist you in any way that we can.

**TEEN CHALLENGE NORWEST CAL / NEVADA  
APPLICATION FOR ENROLLMENT**

**SECTION I - PERSONAL INFORMATION**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Sex: \_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**IDENTIFICATION: *Required Information***  
Medical Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_ Expiration: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Birthmarks: \_\_\_\_\_  
Scars or Tattoos: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION II - EDUCATIONAL INFORMATION**

My reading ability is: **Excellent / Average / Poor** Graduated high school: **Y / N** Year graduated: \_\_\_\_\_  
Last grade completed: \_\_\_\_\_ Are you interested in obtaining a G.E.D. Certificate? **Y / N**  
Degrees or diplomas: \_\_\_\_\_ Special abilities or training: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** Please list jobs beginning with the most current. Go back as far as 5 years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**SECTION III - FAMILY INFORMATION**

Marital Status (circle one): **Single / Engaged / Married / Common Law / Separated / Divorced / Widowed**

**IF YOU ARE MARRIED:** Spouse's full name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Briefly describe your relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU HAVE CHILDREN:** Names: \_\_\_\_\_

Ages / DOB: \_\_\_\_\_

Do you currently have custody? (if no, explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were raised by anyone other than your parents, explain: \_\_\_\_\_

\_\_\_\_\_

How many older brothers: \_\_\_\_\_ sisters: \_\_\_\_\_ do you have? How many younger brothers: \_\_\_\_\_ sisters: \_\_\_\_\_?

Have there been any deaths in the family in the past year? \_\_\_\_\_ Who and when? \_\_\_\_\_

\_\_\_\_\_

What kind of relationship do you have with your parents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV - LEGAL STATUS**

Have you ever been arrested? **Y / N** If yes, state the circumstances: \_\_\_\_\_

Charges pending: \_\_\_\_\_ Court Date: \_\_\_\_\_

Place: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parole or probation officer's name: \_\_\_\_\_ Home phone # \_\_\_\_\_

Address: \_\_\_\_\_ Bus. phone # \_\_\_\_\_

How often do you report? \_\_\_\_\_ Are you currently involved in any civil lawsuits? **Y / N**

Divorce proceedings? **Y / N** Are you required to register as a drug offender? **Y / N** As a sex offender? **Y / N**

Attorney or Public Defender's name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ Social Worker's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**SECTION V - HEALTH INFORMATION**

Rate your health (good) **10 9 8 7 6 5 4 3 2 1** (poor) Recent weight change: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Medical Facility: \_\_\_\_\_

**Are you presently taking medication? Y / N What? \_\_\_\_\_ For what cause? \_\_\_\_\_**

**Prescribed by whom?**

\_\_\_\_\_  
Name address phone #

**Do you have any drug allergies? Y / N If yes, to which drugs? \_\_\_\_\_**

Are you willing to sign a release of information so that Teen Challenge may write for psychiatric or medical reports?

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please attach a list all psychological and/or medical evaluations in the last 5 years. **(PLEASE SEND ALL PSYCHOLOGICAL REPORTS, EITHER WITH THIS PACKET OR DIRECTLY FROM THE DOCTOR.)**

Please check any of the following diseases you have had:

Anemia\_\_\_ Asthma\_\_\_ Bladder Infections\_\_\_ Cancer\_\_\_ Diabetes\_\_\_ Epilepsy\_\_\_ Eye Disease\_\_\_  
Heart Trouble\_\_\_ Hepatitis\_\_\_ Herpes\_\_\_ High Blood Pressure\_\_\_ Kidney or Bladder Disease\_\_\_ Malaria\_\_\_  
Pneumonia\_\_\_ Skin Infection\_\_\_ Stomach or Peptic Ulcer\_\_\_ Stroke\_\_\_ Tuberculosis\_\_\_ Venereal Disease\_\_\_

List important present or past allergies, illnesses, injuries or handicaps: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been pregnant? **Y / N** Are you expecting now? **Y / N** Have you ever had an abortion? **Y / N**

(Attach a page explaining your "Yes" answers.)

Have you ever had homosexual tendencies? **Y / N** Have you ever participated in homosexual activity? **Y / N**

Was this with a friend / relative / other? \_\_\_\_\_

Have you ever been involved in solicitation? \_\_\_\_\_

Have you ever been sexually molested, abused or raped? \_\_\_\_\_ How old were you? \_\_\_\_\_

(Attach a page explaining your "Yes" answers.)

Do you have a communicable disease? (includes lice, crabs, scabies) **Y / N** If yes, which disease and what treatment are you receiving?

\_\_\_\_\_  
\_\_\_\_\_

- **YOU MUST HAVE A MEDICAL RELEASE STATING THAT YOU ARE FREE FROM COMMUNICABLE DISEASES BEFORE ENTERING THE HOME.**

Have you ever had syphilis or gonorrhea? \_\_\_\_\_ Have you had a blood test for either? \_\_\_\_\_

Which disease was it and what treatment are you receiving? \_\_\_\_\_

**SECTION VI - SUBSTANCE ABUSE / ADDICTIONS**

Do you use tobacco? **Y / N** What do you use (cigarettes, cigars, chewing)? \_\_\_\_\_

How many times per day? \_\_\_\_\_ At what age did you start? \_\_\_\_\_

Do you drink alcohol? **Y / N** How often do you drink? \_\_\_\_\_ How long have you been drinking? \_\_\_\_\_

At what age did you start? \_\_\_\_\_ When was the last time you drank? \_\_\_\_\_

What did you use last? \_\_\_\_\_ How much? \_\_\_\_\_

Are you addicted to alcohol? **Y / N** Have you ever kicked alcohol? \_\_\_\_\_

Have you ever used drugs for any purpose other than medical reasons? **Y / N** What? \_\_\_\_\_

Please check the drugs you have used:

Anti-Depressants\_\_\_ Barbiturates\_\_\_ Cocaine\_\_\_ Crack\_\_\_ Crank\_\_\_ Hallucinogenics\_\_\_ Hash\_\_\_ Ice\_\_\_  
 LSD\_\_\_ Marijuana\_\_\_ Methadone\_\_\_ Heroin\_\_\_ Opium\_\_\_ Stimulants\_\_\_

What is your drug of choice? \_\_\_\_\_

What drug do you use most often? \_\_\_\_\_ How much do you use? \_\_\_\_\_

What did you use the last time? \_\_\_\_\_ When was the last time you used? \_\_\_\_\_

At what age did you start using drugs? \_\_\_\_\_ Why? \_\_\_\_\_

Are you addicted to drugs? **Y / N** Have you ever kicked any drugs? **Y / N** What? \_\_\_\_\_

How? \_\_\_\_\_

Have you ever overdosed? **Y / N** On what? \_\_\_\_\_

Name of Drug	Year of First Use	Frequency of Use	Date of Last Consumption

Please use the space below to write anything else about you history of substance abuse that we might need to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VII - PERSONALITY INFORMATION**

Have you ever had a severe emotional upset? **Y / N** \_\_\_\_\_

Have you ever tried to commit suicide? If yes, why? \_\_\_\_\_

Have anti-depressants ever been prescribed for you? **Y / N** If yes, what was the dosage? \_\_\_\_\_

How often were they taken? \_\_\_\_\_ What were they taken for? \_\_\_\_\_

Have you ever been under psychiatric care of any kind? **Y / N** Please detail in the following chart:

	Where	Dates	How long?
Group Therapy			
Psychiatric			
Hospitalization			

What was the outcome? \_\_\_\_\_

Circle any of the following words that best describe you now:

Active Ambitions Calm Easy-Going Excitable Extrovert Good-Natured Hard-Boiled Hard-Working Imaginative  
Impatient Introvert Leader Likable Lonely Moody Nervous Often-Blue Persistent Quiet Self-Confidant Serious  
Shy

Briefly answer the following questions:

1. What problems are you having (why do you want to come to Teen Challenge)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What kind of help do you expect from Teen Challenge?

\_\_\_\_\_  
\_\_\_\_\_

4. What occurred in your life to cause you to come to Teen Challenge?

\_\_\_\_\_  
\_\_\_\_\_

5. Is there any information Teen Challenge should know?

\_\_\_\_\_  
\_\_\_\_\_

Three words that best describe you are: \_\_\_\_\_

Three wishes: \_\_\_\_\_

Three life goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which historical or Biblical person reminds you most of yourself? (Explain why): \_\_\_\_\_

\_\_\_\_\_

Explain how you think other people view you: \_\_\_\_\_

\_\_\_\_\_

Have you ever been tested for Attention Deficit Disorder? (If so, explain the outcome): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VIII - RELIGIOUS BACKGROUND**

Denominational Preference \_\_\_\_\_ Church attendance (times/ month) \_\_\_\_\_

Did your family attend church when you were a child? **Y / N** Have you received Jesus as your personal savior? **Y / N**

Have you been baptized in water? **Y / N** Do you pray? **Y / N** Describe any religious training \_\_\_\_\_

\_\_\_\_\_

Describe any recent change in your spiritual life: \_\_\_\_\_

\_\_\_\_\_

**SECTION IX - MISCELLANEOUS**

List other programs you have been in, including other Teen Challenges:

\_\_\_\_\_

Name of Program	Dates	Reason(s) for Termination
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have filled out the above information to the best of my ability. To my knowledge, all information is correct.

\_\_\_\_\_  
Prospective Student

\_\_\_\_\_  
Date

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**LEGAL RELEASE**

**Please initial  
after reading  
each point**

\_\_\_\_\_ It is hereby understood that Teen Challenge cannot be held responsible for any personal property left, lost or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I will take all personal property with me. I also understand that I will not steal any property that does not belong to me. In the event this occurs, I understand it is immediate grounds for dismissal from the program.

\_\_\_\_\_ I understand that any personal property left at Teen Challenge will be disposed of.

\_\_\_\_\_ It is further understood that I release the right to Teen Challenge to make room searches and physical searches, if need be.

\_\_\_\_\_ I release Teen Challenge from all responsibility, both physical and financial, in the case of accident, injury, illness or other imponderable misfortune.

\_\_\_\_\_ I give Teen Challenge permission to open both incoming and outgoing mail to check for drugs or anything that might be harmful to the welfare of the program and the students. I also give permission for Teen Challenge staff to monitor incoming and outgoing telephone conversations.

\_\_\_\_\_ It is also hereby understood that a medical examination or a blood test will be taken at the discretion of the director. All necessary medical and dental expenses are NOT the responsibility of Teen Challenge they are my responsibility.

\_\_\_\_\_ It is understood that if I damage any property, it is my responsibility to pay the repair costs for the damaged property.

\_\_\_\_\_ It is also understood that while in the program, I will participate in various work-study assignments and fundraising events. Should I be hurt or injured on any of these events, I will not hold Teen Challenge responsible. I am willingly attending these events as part of my training program while at Teen Challenge.

\_\_\_\_\_ **COUNSELING AGREEMENT:** I give permission to the counselor of Teen Challenge to divulge pertinent information to the Executive Director, Program Director and/or any other staff if he/she feels the information is needed for the health and well-being of you, the student, as well as other students in this program. Please make certain you understand this agreement before signing it, as some confidential information may have to be revealed for your benefit.

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**LEGAL RELEASE (Continued)**

\_\_\_\_\_ **FINANCIAL AGREEMENT:** I understand that the cost of the program is \$2,200.00 per month and if the student brings children into the Women & Children’s Center or the Family Center, there is an additional expense of \$200.00 per month, per child. I understand that if I am not receiving monthly support and/or not paying a full month’s sponsorship, I agree to give Teen Challenge 85% of any source of income I receive up to the total tuition costs of the program (room, board and other rehabilitation services). This may include but not be limited to Social Security, disability, or tax refunds. I understand that the other 15% belongs to me, excluding any phone charges or transportation costs incurred during that month. The remaining balance, if any, will be returned to me upon leaving or completing the Teen Challenge program.

\_\_\_\_\_ **In the event that I leave Teen Challenge, I understand the money I have already paid to Teen Challenge is non-refundable.**

\_\_\_\_\_ **AIDS STATEMENT:** Teen Challenge does not discriminate against those who are HIV positive in it’s admissions procedures. Because a large number of intravenous drug users have been infected by the HIV virus at any given time, there may be one or more students in the program who are HIV positive. This center does not require students that are HIV positive to disclose their status to staff or other students in the program.

\_\_\_\_\_ Teen Challenge is not a medical care facility and is unable to provide 24-hour on-site medical care. Therefore, all students entering the program must be in good health and able to participate in all activities in the program. If a student’s health deteriorates to the point where they are no longer to participate in daily activities in the program, or the medical condition requires 24-hour care, that person should leave the Teen Challenge program.

\_\_\_\_\_ **SUBSTANCE ABUSE WITHDRAWAL:** It is understood that the applicant will be subject to Teen Challenge policy for withdrawal from substance abuse. Upon entering the program, the student understands and agrees that withdrawal will be without the aid of any type of medication.

\_\_\_\_\_ **VEHICLE RELEASE:** As a student of Teen Challenge, I will not hold Teen Challenge responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles are described as follows:

- \_\_\_\_\_ 1. Staff cars.
- \_\_\_\_\_ 2. Approved Volunteer’s cars.
- \_\_\_\_\_ 3. Students’ and/or their family’s cars.

\_\_\_\_\_ **FOOD STAMP AGREEMENT:** I agree to sign up for Food Stamps and have a Teen Challenge representative pick up any Food Stamps that I may receive while a resident here. I also understand that any Food Stamps I receive while I am a resident here will be used by Teen Challenge to buy food for the house.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE



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**MEDICAL EXAMINATION FORM**

Upon examination of \_\_\_\_\_, I have found him/her, in my medical

**Prospective Student**

opinion, to be free from communicable disease including:

**\*VDRL** \_\_\_ **\*TB** \_\_\_ **\*Hepatitis Screen** \_\_\_ and in (good, average, poor) health physically,

**(Please Send Actual Test Results)**

**(Circle One)**

(good, average, poor) health mentally, and (good, average, poor) health emotionally.

**(Circle One)**

**(Circle One)**

Handicaps (Physical, Mental, Emotional): \_\_\_\_\_

\_\_\_\_\_

Specific Treatment: \_\_\_\_\_

\_\_\_\_\_

Drug Allergies: \_\_\_\_\_

\_\_\_\_\_

Pregnancy: \_\_\_\_\_

\_\_\_\_\_

Medications currently prescribed: \_\_\_\_\_

\_\_\_\_\_

In my opinion, this person is stable enough physically, mentally and emotionally to participate in a long-term group program involving teaching, learning, taking of responsibilities, and strict discipline to help produce a self-disciplined life.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*I understand that incomplete testing will delay processing of my application.**

\_\_\_\_\_ Date: \_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_

NOTARY SIGNATURE

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**Dr. Randy R. Rowe, Executive Director**

Dear Donor:

\_\_\_\_\_ has applied for entry into Teen Challenge's 12-month live-in program.

Teen Challenge is a non-profit organization operated as a Christian ministry, and is financed through voluntary contributions from board members, friends, churches and other individuals and organizations interested in its work with hurting people.

Teen Challenge depends upon the availability of enough donors to cover the normal operating expenses for each student accepted into the program. These expenses are estimated at \$2,200.00 per month for each student enrolled. If the student brings children into the Women & Children's Center or the Family Center, there is an additional expense of \$200.00 per month, per child.

In order for all cash donations to be considered tax-deductible, no support will be specifically designated for the personal benefit of any given student, but will be applied to the general operating expenses of Teen Challenge.

It is our goal to provide the highest quality rehabilitative environment for each of our enrolled students. You have been given this letter to provide you with an opportunity to make the difference in the lives of hurting men, women, teens and children. Should you wish to do so, please fill out the enclosed form and return it right away to the address below.

All donations are to be sent to Teen Challenge NorWest Cal / Nevada, Administrative Office, P.O. Box 24309, San Jose, CA 95154-4309, so that a valid tax receipt can be issued to the donor from our office. This money will go to the general operating expenses of Teen Challenge. Funds sent by a spouse, parents, or legal guardians are not tax deductible. Teen Challenge does not discriminate against any qualified person on the basis of age, sex, handicap, race, color or national or ethnic origin.

*Randy R. Rowe*  
Randy R. Rowe, Ph.D.  
Executive Director

**Teen Challenge NorWest Cal / Nevada** · Administration: P.O. Box 24309, San Jose, CA 95154-4309

I understand the program at Teen Challenge NorWest Cal / Nevada is designed for 12 months. I will commit to send my monthly pledge for this length of time.

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I pledge monthly:

_____ 1 day @ \$70	_____ 2 days @ \$140	_____ 3 days @ \$210
_____ 4 days @ \$280	_____ 5 days @ \$350	_____ Full month @ \$2,200
\$_____ Other		\$_____ One time donation

Student's Name (optional): \_\_\_\_\_

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