



**180 MINISTRIES – UTAH WOMEN'S CENTER
TEEN CHALLENGE OF THE ROCKY MOUNTAINS**

Application for Program Admission

Phone: 435-843-5602 | Fax: 435-843-5603

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PERSONAL DATA AND INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: (____) _____ Work: (____) _____

Sex: ☐ Male ☐ Female Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

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

Driver's License Number: _____ State: _____ Is D/L: Valid ____ Suspended ____ Expired ____

EMERGENCY CONTACT

Full Name: _____ Relationship: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: (____) _____ Work: (____) _____

WHO HAS REFERRED YOU TO TEEN CHALLENGE?

Full Name: _____ Relationship: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: (____) _____ Work: (____) _____

RACE / ETHNIC BACKGROUND (Please check only one)

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

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other _____

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

PERSONAL FAMILY HISTORY

List parents/parenting figures, spouse, girl/boyfriend, brothers and sisters (do not include your children)*:

Name	Relationship	Age	Residence	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Check the word that best describes your relationship with your parents as a child and now:

CHILD:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
NOW:	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Are your parents still living? Father ☐ Yes ☐ No Mother ☐ Yes ☐ No

Are you adopted: ☐ Yes ☐ No Were you raised by anyone other than your parents ☐ Yes ☐ No If yes, please explain: _____

When did you last see your parents? _____

When did you last live at home? _____

Father's Occupation: _____ Mother's Occupation: _____

Parent's marital status: ☐ Married ☐ Divorced ☐ Separated ☐ Remarried ☐ Living Together

If married, how long? _____ If other, how long? _____

How would you rate their marriage? ☐ Very happy ☐ Happy ☐ Average ☐ Unhappy

Growing up, who did you feel closest to? ☐ Father ☐ Mother ☐ Other: _____

How would you rate your childhood? ☐ Good ☐ Fair ☐ Poor Why? _____

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

<input type="checkbox"/> Active	<input type="checkbox"/> Ambitious	<input type="checkbox"/> Self-confident	<input type="checkbox"/> Persistent	<input type="checkbox"/> Anxious	<input type="checkbox"/> Hard-working
<input type="checkbox"/> Impatient	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Temperamental	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excitable	<input type="checkbox"/> Imaginative
<input type="checkbox"/> Calm	<input type="checkbox"/> Serious	<input type="checkbox"/> Easy-going	<input type="checkbox"/> Shy	<input type="checkbox"/> Good-natured	<input type="checkbox"/> Introvert
<input type="checkbox"/> Extrovert	<input type="checkbox"/> Likeable	<input type="checkbox"/> Leader	<input type="checkbox"/> Quiet	<input type="checkbox"/> Inflexible	<input type="checkbox"/> Submissive
<input type="checkbox"/> Self-conscious	<input type="checkbox"/> Lonely	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Follower	<input type="checkbox"/> Easily influenced	<input type="checkbox"/> Valuable
<input type="checkbox"/> Worthless	<input type="checkbox"/> Angry	<input type="checkbox"/> Bitter	<input type="checkbox"/> Disillusioned	<input type="checkbox"/> Happy	<input type="checkbox"/> Other

Are you unsure which words best describe you? ☐ Yes ☐ No

Is it easy for you to express your feelings? ☐ Yes ☐ No ☐ Sometimes Explain: _____

Do you enjoy being with other people or would you rather be alone? Explain: _____

MARITAL / INTIMATE RELATIONSHIP HISTORY

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

List your present living arrangement: *(Please check all that apply)* ☐ Living alone ☐ With parents

☐ With spouse ☐ With others (non-relatives) ☐ With others (relatives, including children)

☐ Other: _____

If you are, or have been married, please list: *(Start with your most recent marriage)*

Person Married To	Month/Year	Ended In (Divorce, Sep., Death)	Month/Year
-------------------	------------	---------------------------------	------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Current Spouse's Full Name: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: (_____) _____ Work: (_____) _____

Describe your relationship with your spouse: _____

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

Name Of Child	Age	Where Living
---------------	-----	--------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

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

Describe any positive or negative aspects of your relationship with your children: _____

Describe any problems or concerns related to your relationship with your spouse: _____

Have you been sexually abused? ☐ Yes ☐ No When? _____ By who? _____

How old were you? _____ Were there multiple instances? ☐ Once ☐ Several times ☐ Ongoing

Do you still have contact with this person? ☐ Yes ☐ No _____

To your knowledge, has anyone in your family ever been sexually abused? ☐ Yes ☐ No

Who: _____ By who: _____

Sexual Lifestyle: *(Please check all that apply)*

☐ Bisexual ☐ Heterosexual ☐ Homosexual ☐ Pornography ☐ Prostitution

Any recently involved? _____ Have you ever engaged in homosexual activities? ☐ Yes ☐ No

Explain: _____

MILITARY SERVICE HISTORY

Have you ever served in the US Armed Forces? ☐ Yes ☐ No If yes, describe: _____

Branch of Service: _____ Entry Date: _____ Discharge Date: _____

Military occupation standing (MOS): _____ Rank attained: _____

Discharge received: ☐ Honorable ☐ Less than Honorable ☐ Dishonorable _____

Eligible for VA medical benefits? ☐ Yes ☐ No ☐ Unknown _____

LEGAL HISTORY

Are you legally mandated to participate in a Teen Challenge type program? ☐ Yes ☐ No

If yes, by whom? ☐ Parole Board ☐ Court ☐ Other (explain): _____

If answer is "Court" please list state and county of origin: _____

Are you currently or will you be under legal supervision? ☐ Yes ☐ No

Method of reporting: ☐ Phone ☐ Teleconference ☐ Other (explain): _____

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

Probation or Parole Officer's Name: _____

Agency: _____ Phone number: _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

Is any of the following pending against you? *(Please check those that apply)*

☐ Arrest warrant ☐ Court appearance ☐ Criminal charges ☐ Sentencing ☐ Other

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

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

List all arrests and convictions:

Date	Charges	Conviction (Y/N)	Sentence	Time in Jail	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 info below:

Date	Institution
_____	_____
_____	_____
_____	_____

FINANCIAL STATUS

If you enter our program, what provisions will be made for the following expenses?

Medical: _____

Dental: _____

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? _____

Do you have any outstanding debts? ☐ Yes ☐ No Explain below:

Owed to	Amount	Address	Phone	Payment

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

Moves: _____

Losses (personal, financial): _____

Physical abuse/neglect: _____

Foster home placement: _____

Institutionalization: _____

Ethnic/cultural influences: _____

Pregnancies: ☐ Yes ☐ No How many? _____

Results of pregnancies (check all that apply): ☐ Birthed Child ☐ Aborted ☐ Miscarried ☐ Adopted

Other (explain): _____

ACADEMIC HISTORY

List the highest grade that you have completed: _____

Are you currently in an education program? ☐ Yes ☐ No If yes, name of school: _____

City of school: _____

If you are no longer in an education program, please explain your reason for leaving school: _____

Are you receiving or have you received vocational training? ☐ Yes ☐ No If yes, list: _____

Type of Trade/Skills	Date of Training (MO/YR to MO/YR)	Certificate Issued (Y/N)

Can you read? ☐ Yes ☐ No ☐ Good ☐ Average ☐ Poor

Can you write? ☐ Yes ☐ No ☐ Good ☐ Average ☐ Poor

Describe your future educational goals and plans: _____

Describe your future vocational training goals and plans: _____

OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? _____

How many jobs have you held in the last two years? _____

List your present employment status:

☐ Unemployment (*Have not sought employment in the last 30 days*)

☐ Unemployment (*Have sought employment in the last 30 days*)

☐ Employed part-time (*Working less than 35 hours per week*)

☐ Employed full-time (*Working 35 hours or more per week*)

List your two most recent jobs: (*Start with your most recent job*)

Name of Employer	Position Held	Dates Employed (Mo/Yr to Mo/Yr)	Reason for Leaving

List your current average monthly income: _____

Describe your future occupational goals and plans: _____

Skills: _____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while you are enrolled in Teen Challenge? ☐ Yes ☐ No

If yes, explain: _____

PSYCHOLOGICAL HISTORY

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

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome

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

Has a family member or someone close to you ever attempted or committed suicide? ☐ Yes ☐ No

Have you ever thought about committing suicide? ☐ Yes ☐ No

Are you currently thinking about committing suicide? ☐ Yes ☐ No

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

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

INSURANCE INFORMATION

List your health insurance type: (Please check) ☐ No health insurance ☐ Medicaid/Medicare ☐ Other private insurance ☐ Other public funds _____

Insurance policy number: _____

Company: _____ Phone: _____

PERSONAL / FAMILY MEDICAL HISTORY

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparent	Father	Mother	Spouse	Brother	Sister	Child
Drug Abuse							
Alcoholism							
Physical problems							
Mental health problems							

Describe any illness and/or developmental problem or concern you experienced as a child: _____

Describe any previous and current medical conditions: _____

List all medications you are currently taking: _____

Allergies? ☐ Yes ☐ No _____

Have you ever struggled with ☐ Anorexia ☐ Bulimia ☐ Abusing self (cutting) ☐ Abusing others ☐ Sex
☐ Pornography ☐ Gambling ☐ Over-eating ☐ Stealing ☐ Video Games ☐ Work-a-holic If yes, explain:

Do you feel that you are addicted to any kinds of foods? If yes, explain: _____

Cigarette packs smoked per day. _____ Our policy is no smoking or tobacco use, are you willing to
abide by this policy? _____

List how often you used 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					
Methamphetamine (Ice, Glass, Gravel, etc.)					
MDMA (Ecstasy, Molly, etc.)					
Marijuana					
Synthetic Marijuana (Spice, K2, etc.)					
Hallucinogenic (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):					
Others (please specify):					

Present physician's name: _____ Phone number _____

Street Address: _____ City: _____ ST: _____ ZIP: _____

SPIRITUAL HISTORY

Are you born again? ☐ Yes ☐ No Date: _____ Place: _____

What is your current spiritual condition? _____

What were the circumstances that led to this? _____

Denominational preference? _____

How often do you attend church? ☐ Never ☐ Occasionally ☐ Regularly

Are you a member of any church or religion? ☐ Yes ☐ No If yes, which church/religion? _____

How often did you attend church as a child? _____

What denomination was it? _____ How old were you when you stopped attending? _____

Why did you stop attending? _____

Do you believe in God? ☐ Yes ☐ No ☐ Uncertain Do you pray? ☐ Never ☐ Occasionally ☐ Often

Do you read books of other religions instead of the Bible? ☐ Never ☐ Occasionally ☐ Often

Which ones? _____

What recent changes have you had in your religious life (if any)? _____

Have you ever been involved with Christian Science, Jehovah's Witness, Mormonism, Scientology, TM, Eastern

Religions, or others? ☐ Yes ☐ No Explain: _____

THE PROBLEM

What is your presenting problem? _____

What steps have you taken? _____

What are your greatest needs in order of priority? _____

Have you ever been in a program before? ☐ Yes ☐ No

Was it: ☐ Religious ☐ Non-religious

How many programs have you been in before? _____

List the programs:

Program Name

Dates

Reason for Leaving

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

Have you ever been in a Teen Challenge program before? ☐ Yes ☐ No

When?_____Where?_____

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

☐ Graduated ☐ Other_____

Why are you applying to Teen Challenge? _____

What are you expecting (believing) God to do in your life through the program?_____

What is your understanding of the Teen Challenge program? _____

What would you like to do after you leave Teen Challenge?_____

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 filled 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 into 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:

1. Name of person completing and filling out application form: _____

2. Relationship to applicant:_____Date: _____

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

TELL US ABOUT YOU

Please give us a chronological, bio sketch about who you are, your childhood, any major issues you have had or are now having. This may include your schooling/education, your relationship with your parents, step parents, siblings, etc. We would like to know anything you would like to tell us about who you are:

[illegible]

CHILD INFORMATION FORM

Fill out one form for each child. Make additional copies if necessary.

Name (last, first) _____ Date of Birth _____

Sex (M or F) _____ Age _____

Who does the child live with at this time? Name _____ Phone # () _____

Address _____

What are the current custody arrangements? _____

Father's Name _____ Phone # () _____

Address (City, State, Zip) _____

If Child Protective Services is involved in the care of this child, please explain.

If the child has any medical problem, please explain.

List all allergies _____

Please provide any additional information important to the care of this child (History of abuse, trauma, behavioral problems, etc.)

PHYSICAL EXAM

Physician's Assistant, Nurse Practitioner , or Medical Doctor must complete everything on this page and sign at the bottom.

Name _____ Date of Birth _____ SS # _____

Present illnesses/complaints/disabilities, if any:

Allergies _____

Medications currently prescribed and reason for use:

Has client been exposed to any communicable disease? Yes _____ No _____ If yes specify. _____

Past history of chronic or major illness, including operations, hospitalizations and respirations:

REQUIRED LAB WORK

Hepatitis B & C _____

V.D.R.L. _____

HIV _____

Pregnancy _____

T.B. Skin Test _____ Chest X-Ray (if T.B. positive) _____

General Comments, assessments or recommendations on above:

Doctor's Name _____ Doctor's Signature _____

Address _____

Phone # _____ Fax # _____ Date of Exam _____

Applicant's Physical and Health Exam: Passed _____ Failed _____
(Examining Personnel circle one)



180 MINISTRIES

**Teen Challenge of the Rocky Mountains
P.O. Box 1099 Tooele, UT 84074
PH 435-843-5602 Fax 435-843-5603**

Dear Potential Sponsor

_____ has applied for entry into the 180 Ministries – Utah Women's program. This Teen Challenge program is a residential program for individuals with life controlling problems such as drug and/or alcohol addiction and abuse. To see more information about our program you may go to 180ministries.net.

Teen Challenge is an international, non-denominational, faith based program. It is a nationally accredited program which is financially an entity of its own and governed by a local board of directors. It is not underwritten by any organization or agency. Teen Challenge is registered under 501(c) (3) allowing all sponsorship donations to be tax deductible.

Each student is asked to acquire sponsors to underwrite cost of the program. This shows her interest and desire in seeking rehabilitation. Sponsors can be family, friends, churches, businesses or other concerned individuals. It costs approximately \$2,700.00 per month to maintain a student in the program. We depend on each student and her family to assist us in securing her portion of this cost.

If you are interested in investing in a life, please indicate on the sponsorship form below your commitment to Teen Challenge and return with payment to the above address.

Name _____ Address _____ City _____

State _____ Zip _____ Phone () _____ Email _____

I will give \$ _____ Montly _____ One Time Gift _____ for _____ while she is in the program. Future montly payments may be sent to the above address or to 180 Ministries – Utah Women 3333 S. Bannock St. Ste. 700 Englewood, CO 80110.

Please enclose a check or call us with a credit card payment to reinforce your financial commitment.



SPONSORSHIP FORM

Name and address of prospective sponsors that sponsorship letters were given to:

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship to Student _____

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