

TEEN CHALLENGE OF CENTRAL CANADA

414 Edmonton St. Winnipeg, MB R3B 2M2
 Phone:204-949-9484 FAX:204-949-9479

PLEASE
 ATTACH
 A
 RECENT
 PHOTO
 OF
 YOURSELF

Residential Program Application -- Please Print Clearly

Instructions: Give FULL and COMPLETE answers to ALL questions. Please answer all questions on this application *after you have read the program manual and admissions information sheet*. Misleading/incomplete information may jeopardize your entrance. If questions are not applicable, enter N/A. Entrance fee:\$1000 (non refundable) payable on admission day into Teen Challenge.

GENERAL INFORMATION

First Name			Last			Middle			Gender (circle) M F		
Current Address						City/Town			Postal Code/Zip		
Date of Birth: D Month Y		Age		Social Insurance Number			Phone number where to reach you ()				
Person to contact in case of any emergency:				Relationship to you:			Their home phone ()				
Their address:				City/Town			Their work phone ()				
Do you have prov. health coverage?		If 'Yes', state your Reg.# I.D.#			Religious preference or denomination						
State your current Marital status: Single, Married, Common-law, Separated, or Divorced?						Spouse's Name			Number of Children:		
Does your spouse support you coming into the Teen Challenge program?						Spouse's home phone ()					
Have you read the program manual in its entirety?			Have you ever been in Teen Challenge anywhere previously?			If 'Yes', state location and date of entry:					
Do you fluently read, write and speak English?			Please state last grade completed:			State any post secondary school training you have taken:					
Please give comment on how you feel in general about the program rules:											
Are you willing to obey the rules in their entirety?			Do you understand that our approach is cold turkey? No drugs, alcohol or cigarettes.				Do you understand that the program is 12 months?				
By whom were you referred? Please give name, agency or group:						Their phone ()					
Do you consider yourself to be a drug addict or an alcoholic?				Specifically what drugs have you used and for how long?							
Do you understand that Teen Challenge is a Christian centered treatment program?				Why do you wish to enter this program?							

MEDICAL INFORMATION

Are you seeing a medical or psychiatric doctor for any reason?			If 'Yes', give date last seen and for what purpose:								
Name of current Physician			Physician's address				Physician's telephone: ()				
Have you ever, or are you now receiving psychiatric treatment?			If 'Yes', for what purpose, and for how long?								
Are you presently taking any prescribed medication?			If 'Yes', state medication, for what purpose, and for how long?								
What is the general condition of your health?			Do you have any physical limitations that would hinder you doing normal manual labour?								
Have you ever been treated for AIDS?			Have you recently had any communicable disease?				If 'Yes', please give further info:				
Do you have high or low blood pressure?		Have you ever had cancer?		Do you have asthma?			Do you have diabetes?				
Do you have heart trouble?		Do you have epilepsy?		Do you require a special doctor prescribed diet?			Do you smoke?				
Current weight:		State your Height:		Do you have any allergies?			If yes, please state to what you are allergic to:				

PLEASE CHECK HERE IF YOU ARE CURRENTLY IN JAIL.

PLEASE COMPLETE ALL QUESTIONS, USE OTHER SIDE IF REQUIRED

LEGAL/OTHER INFORMATION

Are you on Probation, Parole OR bail?		If 'Yes', give Expiry Date	
Are you currently in Jail?	If 'Yes', give details, release date and name of institution:		
Probation/Parole officers' name		P.O.'s address	P.O.'s telephone number ()
If applicable, give Probation or Parole reporting details			
Do you have any court cases pending?		If 'Yes', give details:	
Do you have outstanding debts and/or fines?		How do you plan to pay for these?	
Name of your Lawyer:		Address	Lawyer's telephone number ()
Are you aware of any warrants for your arrest?		If 'Yes', give details:	
Have you ever been convicted for any crimes of violence?		If 'Yes', give details:	
Are you on a Disability pension or other pension currently?		If 'Yes', give details:	
Are there other financial matters we should be aware of?		If 'Yes', give details:	
Please mention any other information you feel we should be aware of::			

I have read the Program Manual and rules of Teen Challenge Central Canada Inc. and its residential program and herein acknowledge my full understanding and commitment to co-operate with them. I also understand and agree that a breach of these rules and/or principles will subject me to disciplinary action and/or loss of privileges and/or dismissal from the program.

Dated at _____ this _____ day of _____, _____
(city) (date) (month) (year)

Applicant's Signature _____

Witness _____

FOR YOUR INFORMATION:

Please be reminded that the \$1000 (non refundable) entrance fee is due and payable on your entrance day into the Teen Challenge program. Also, we generally have a 4 to 6 week waiting list for a bed to become available.

INTERVIEWS ON SITE: After you have read the program manual, please inform the receptionist. A staff member will be with you shortly to conduct a personal interview. After your interview, a tour of the facilities will be provided.

INTERVIEWS BY MAIL OR FAX: Please be sure you have answered all questions BEFORE you mail or fax your application. When we receive your completed application, our Intake and Admissions office will be contacting you by telephone shortly.

INTERVIEWS FROM JAIL: When we have received your application, you will be notified in writing by Teen Challenge with an explanation on how you will be interviewed and other questions you may have concerning this program.

FOR OFFICE USE ONLY

Interviewed by		Interviewed in person or by telephone?		Date of Interview D Month Y	
Applicant accepted?	2nd Interview required?	Decision to wait 48 hours?		health ins. process started?	
Was the interview checklist used?	Waiting list procedure explained?	Tour given?		Viewed video?	
General Comments Action taken and/or Observations				Was information checked for accuracy?	Staff Initials