

Family

Emergency Contact Person: _____ Relationship: _____

Phone # (____) _____ Address _____

City _____ State _____ Zip _____

Spouse (Only for legally married students) Name _____

Phone (____) _____ Address _____

City _____ State _____ Zip _____

Do you have a girlfriend boyfriend?

Are you presently engaged to be married? Yes No If yes, Name _____

Phone (____) _____ Address _____

City _____ State _____ Zip _____

Do you have any children? Yes No If yes, how many? _____

Are they living with you now? Yes No If yes, who will care for them while you are enrolled in the program?

Spouse Grandparent Relative Other (Please Explain) _____

Drug Use History

Have you been in any detox or rehabilitation programs before? Yes No

Drug(s) of choice _____

Age you began using: _____

Longest period of abstinence: ____ Days ____ Months ____ Year(s)

Do you use tobacco products? Yes No

Medical

Do you have MediCal? Yes No If yes, which county _____

If you do not have MediCal, do you have health insurance? Yes No If yes, with what company?

Do you have any disabilities physical problems? Yes No If yes, please explain _____

Do you have dental insurance Yes No If yes, with what company?

Allergies? Yes No If yes, please explain _____

Are you currently taking any prescribed medications? Yes No If yes, please list them.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Have you ever had any psychiatric treatment? Yes No If yes, please explain: _____

Are you using any of the following medications? Psychiatric Yes No / Antidepressants Yes No / Antianxiety Yes No If yes, which one(s) and for how long?

Have you ever attempted suicide? Yes No If yes, how long ago _____

Education

Last grade level completed: _____ What year? _____

College or University? Yes No If yes, what degree did you earn? _____

Vocational training Yes No If yes, in what field? _____

How would you rate your reading and writing skills? Excellent Good Fair Poor

Legal Issues

Are you currently on: Probation Yes No Parole Yes No If yes to either, please explain:

Probation or Parole officer's contact information: Name _____ Phone _____

Complete mailing address _____

Probation / Parole conditions _____

Criminal Record

Date	City / State	Charge	Status

Cases Pending: _____

Length incarceration time: (Please place the time in the box provided)

In county	In state	In federal

Finance

Explain your financial circumstances:

Can you provide the \$500 per month program fee? Yes No

If yes, how will that be given? _____

If no, would you be willing to raise the funds as you progress through the program? Yes No

Do you currently receive any of the following?

SSI Yes No

State Disability Yes No

EBT Yes No

General Assistance Yes No If yes, what is your source? _____

Spiritual

Do you currently attend a church? Yes No

Church Name: _____

Pastor's Name: _____

Address: _____ City _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Are you a 'born-again' Christian with a personal relationship with Jesus Christ? Yes No

If yes, what words or phrases best describe you as a Christian?

- Believe but don't attend church
- Confused
- Curious
- Dedicated

- Faithful to church
- Read my Bible often
- Secret believer
- Worshiper

Preparatory Checklist to enter Adult and Teen Challenge Network

Please read through the Introductory Packet before proceeding. (Available online and in person at the center) If this is filled out online, you will need to cover this material with the interviewer before entrance can be granted.

When the application has been filled out and the assessment interview completed you will know if you are accepted. However, we may not be able to get you in right away. You will need to know the following. Answer them as needed and indicate yes or no to show you have read and understand each one.

1. Do you need a place to stay while in the process of getting in? Yes No
2. Do you know you will need to get a medical exam and history form filled out prior to entry? Yes No
 - a. (If you are 21 or under, discuss your possible need to qualify for Medical with your interviewer.)
3. Do you know that if there is a waiting list you must call weekly on the prearranged day? Yes No.
4. Do you know what phone number you need to call (get this from your interviewer). Yes No
5. Do you know that if you have children that you need to find a suitable and safe place for them before you enter the program? Yes No
 - a. When you have done that, call us back for an appointment to be admitted before one week (7 days) passes. (If you cannot do it in one week you must call and request more time. Do not assume your position will be held.)

6. Do you know that you must get your "house in order" because once in the center there will be no time for such distractions? Yes No.
7. Once admitted into the program I understand I will not be excused to take care of personal needs of any kind, except in the case of emergencies. Yes No (An emergency is qualified by the staff in consultation with the student)
8. Do you understand that ATCFHN will do a sex offense background check prior to being admitted to the program? Yes No. Do you authorize this background check? Yes No
9. If you have any future court dates that you will need to appear at, do you have family or friends committed to drive you there and back again? Yes No If yes, who? _____
10. Do you know ATCFHN does not provide medical detox? Yes No
11. Do you have questions about what to bring? Yes No
12. Do you know in order to take prescription drugs you must have your prescriptions in a container with your name, dosage, date, doctor names and the instructions clearly visible? Yes No
13. Do you understand that if you come to us from outside the area (beyond Stanislaus county) you must bring a return ticket with you or the money for a ticket? Yes No If yes, bring a ticket or at least \$100 for in state, \$500 for out of state.
14. Do you agree to **not** allow any outside relationships to be a distraction to the development of your relationship with the Lord Jesus Christ? Yes No
15. Do you understand that ATCFHN holds to the biblical principle that marriage is one man and one woman entering a covenant relationship before God and man, and it must be a legal and licensed union? Yes No.
16. Do you understand you will need to let us know if you can or can't help pay for your care in full or in part? Yes No (The cost per student is \$2500 to \$3000 per month. Anything you can do to assist us with this is greatly appreciated. No one will be kept out for lack of finance. We want to help you get the care you need but your ownership in the process is essential.)
17. Do you also understand that upon entering the program you will be asked to provide us a list of family members and friends who we can request to sponsor you as you go through this life-transforming program? Yes No

Applicant's Printed Name

Signature

Date

OFFICIAL USE ONLY

Interviewing Staff Member _____

Assessment: Acceptable Not acceptable Postponed

<p>Megan's Law</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p> <p>www.nsopw.gov</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not approved</p>
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