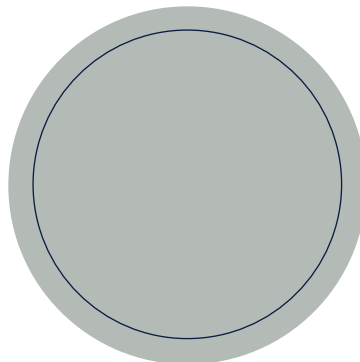
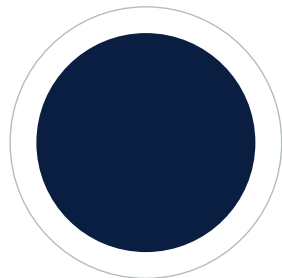
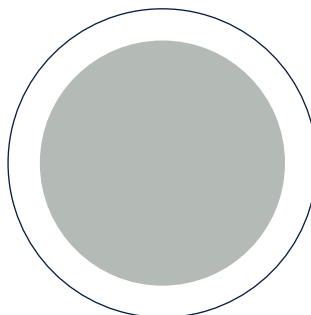
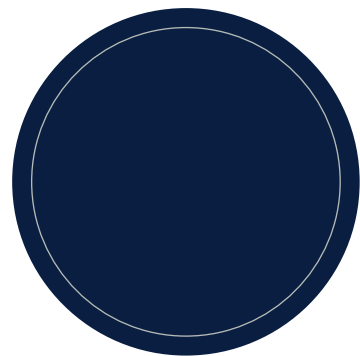
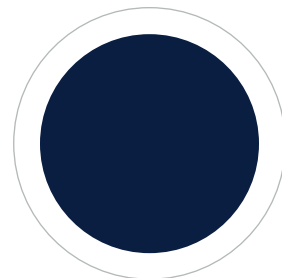


# APPLICATION PACKET



## TEEN CHALLENGE NORWESTCAL NEVADA

Adolescent Girl's Center  
P.O. Box 1136  
Sparks, Nevada 89432



# APPLICATION FORMS



In order to ensure fast processing of your file please complete this checklist to be sure your packet is completed before sending to Teen Challenge. You may fax or scan your application for an admissions decision, but all originals must be received prior to the student's enrollment in the program.

Return this form (or a copy) with your packet.

\_\_\_\_\_ Student Application (5 pages) - Ideally have your daughter complete. If she does not, the parent must do what they can to fill in these answers on her behalf.

\_\_\_\_\_ Parent's Report (3 pages) - Please ensure page 3 has been signed by the parent.

\_\_\_\_\_ Medication(s) - Prescriptions must be notated on Medical Form.

\_\_\_\_\_ Financial Form - Must be completed and signed.

\_\_\_\_\_ Sponsorship Information (When approved for hardship rate)

\_\_\_\_\_ Names of Sponsors (When approved for hardship rate)

\_\_\_\_\_ Medical Form with the following tests verified - Completed and signed by a Doctor.

\_\_\_\_\_ HIV

\_\_\_\_\_ VDRL

\_\_\_\_\_ TB

\_\_\_\_\_ Hepatitis B and C

\_\_\_\_\_ Processing Fee - \$100.00 Money order.

\_\_\_\_\_ School Transcripts - Last school attended. Unofficial is accepted.

\_\_\_\_\_ Psychological Report(s), if completed within the last year.

\_\_\_\_\_ Immunization Records and copy of birth certificate

\_\_\_\_\_ Probation Report (when applicable).

AFTER YOU HAVE COMPLETED ALL OF THE FORMS, RETURN THEM TO:

Admissions Office  
Teen Challenge NorWestCal Nevada  
P.O. Box 1136  
Sparks, NV 89432

Include a \$100.00 money order for the clerical processing fee. This fee is not refundable.

# APPLICATION FORMS

## STUDENT APPLICATION

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Gender at Birth \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Race or Ethnic Origin \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Scars or tattoos (describe) \_\_\_\_\_

\_\_\_\_\_

Last grade completed \_\_\_\_\_ Name of School? \_\_\_\_\_

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

Special abilities or training: \_\_\_\_\_

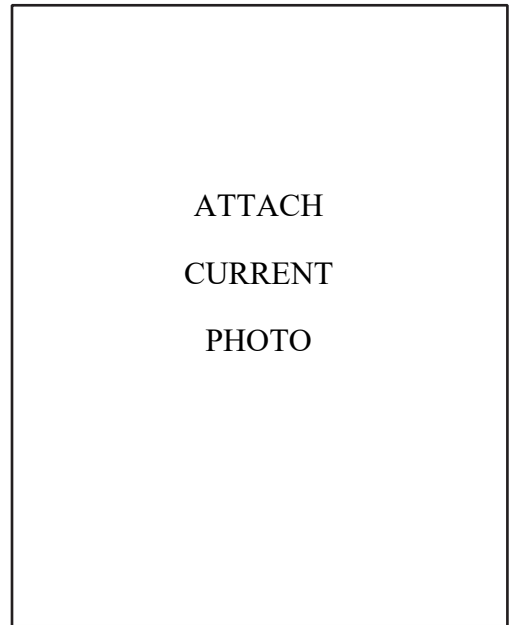
\_\_\_\_\_

\_\_\_\_\_

### **IMPORTANT - In case of emergency: (*Must be legal guardian*)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_



# APPLICATION FORMS

## STUDENT APPLICATION

### FAMILY INFORMATION:

If you were raised by anyone other than your own parents, briefly explain. \_\_\_\_\_

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

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

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? Explain \_\_\_\_\_

### STUDENT INFORMATION:

Therapeutic History			
	Where	Dates	How Long?
Group Therapy			
Psychiatric			
Hospitalization			

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

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

Active	Self-confident	Ambitious	Persistent	Nervous	Hard-working
Impatient	Moody	Impulsive	Often-blue	Excitable	Serious
Imaginative	Calm	Easy-going	Shy	Good-natured	Introvert
Extrovert	Likable	Quiet	Lonely	Hardened	Leader

# APPLICATION FORMS

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## STUDENT APPLICATION

Have you ever felt people were watching you? \_\_\_\_\_

Do people's faces ever seem distorted? \_\_\_\_\_

Do you ever have difficulty distinguishing faces? \_\_\_\_\_

Do colors ever seem too bright? \_\_\_\_\_ Too dull? \_\_\_\_\_

Are you sometimes unable to judge distance? \_\_\_\_\_

Have you ever had hallucinations? \_\_\_\_\_

Do you hear more things than other people do? \_\_\_\_\_

Do you have problems sleeping? \_\_\_\_\_ Average hours of sleep per night? \_\_\_\_\_

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 problems? \_\_\_\_\_

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

3. What are you expecting from Teen Challenge? What kind of help? \_\_\_\_\_

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

4. What occurred in your life to cause you to want/need to come to Teen Challenge? \_\_\_\_\_

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

5. Is there any other information that Teen Challenge should know? \_\_\_\_\_

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

# APPLICATION FORMS

## STUDENT APPLICATION

Three words that best describe you? \_\_\_\_\_

Three wishes? \_\_\_\_\_

Three life goals? \_\_\_\_\_

What is your most memorable night dream ? \_\_\_\_\_

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

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

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

\_\_\_\_\_

Describe your biggest problem: \_\_\_\_\_

\_\_\_\_\_

Do you have any behavioral problems? (Explain): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Substance of Choice: \_\_\_\_\_

Alcohol/Chemical Use History			
Name of Drug	Frequency of Use	Date Last Used	What is Your Method of Use?

# APPLICATION FORMS



## STUDENT APPLICATION

### LEGAL

Have you ever been cited/arrested? \_\_\_\_\_

If yes, state the circumstances and charges: \_\_\_\_\_

\_\_\_\_\_

Court Date: \_\_\_\_\_ Place: \_\_\_\_\_ Probation Officer's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Interstate Compact Required? \_\_\_\_\_

### IDENTIFICATION

Student's Driver License (State & No.):	Student's Social Security No.:
Legal Guardian's Social Security No.:	Medical Insurance Company (Name & Policy No.)

### 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. Also included with this information is a \$100.00 money order to cover the processing fees.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

# APPLICATION FORMS

## PARENTS REPORT

Father's Name: _____	Step Mother's Name: _____
Address: _____	Address (if different): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Marital Status: _____	Marital Status: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Mother's Name: _____	Step Father's Name: _____
Address (if different): _____	Address (if different): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Marital Status: _____	Marital Status: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Please describe any custody arrangements:       	Additional Caregiver/Guardian information:
	Name: _____
	Address (if different): _____
	City: _____
	State: _____ Zip: _____
	Home Phone: (_____) _____
	Marital Status: _____
Occupation: _____	
Employer: _____	

1. Considering what has led up to this point in which your child needs intervention from a residential program, please describe each of the following: the family events from the birth of the child in question to the present time, include history of your marriage(s), any traumatic events, etc. *(Be specific and detailed).* Use **additional sheets of paper as necessary.**





# APPLICATION FORMS

8. Please list the names and addresses of any friends, relatives etc. from whom you do not wish your child to receive mail, phone calls, or visits.

9. Check all that your child has participated in:

- |  |  |
|--|--|
| <input type="checkbox"/> Suicide attempts        | <input type="checkbox"/> Sexually acting out |
| <input type="checkbox"/> Body carving/self-harm  | <input type="checkbox"/> Theft               |
| <input type="checkbox"/> Eating disorder         | <input type="checkbox"/> Insomnia            |
| <input type="checkbox"/> Runaway                 | <input type="checkbox"/> Drug sales          |
| <input type="checkbox"/> Violence towards people | <input type="checkbox"/> Medical problems    |
| <input type="checkbox"/> Property Destruction    | <input type="checkbox"/> Phobias             |
| <input type="checkbox"/> Prostitution            | <input type="checkbox"/> Panic Attacks       |
| <input type="checkbox"/> Gang involvement        |  |

*Any checked areas, please provide details such as frequency and severity for each item.*

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FORMS

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## FINANCIAL INFORMATION FORM

The tuition for Teen Challenge is \$3,950 per month or \$129.77 per day. All payments are due on the same day of the month that the student entered the program. For instance, if the student entered the program on April 18th, then payments will be due on the 18th of every month. The monthly tuition is due even for those months when the student may have returned home for a visit (example: Christmas Vacation).

### Financial Assistance:

How much financial assistance can Teen Challenge of Nevada, Inc. depend upon receiving from you personally?

Monthly pledge amount \$ \_\_\_\_\_

How much financial assistance can Teen Challenge of Nevada, Inc. depend upon receiving from donors you have personally contacted?

Monthly pledge amount \$ \_\_\_\_\_

Other financial assistance (Please be specific) \_\_\_\_\_

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Note: In cases where parents or guardians cannot personally afford to pay the full amount of operating expenses related to the enrollment of a student, a complete current financial statement including the most recent tax return and current payroll stubs must be submitted before financial assistance will be considered.

Additional fees and deposits include:

- \$100.00 Application Fee (non-refundable), to be paid before this packet will be processed.
- \$ 500.00 One-time Education Fee for school set-up (non-refundable).
- \$ 300.00 Damage Deposit (refundable).
- \$ 200.00 Student Account/Medical/prescription copays (unused balance is refundable)
- \$ 200.00 Student Return Fare
- \$900.00 Clothing Fee (Non-refundable)

All fees and deposits are due and payable when the student is accepted into the program.

I have read the information above and understand that I am pledging to pay the amount of support I have indicated above as well as all additional fees and deposits indicated.

---

Parent or Guardian Signature

---

Date

# APPLICATION FORMS



Please fill out completely. Blood test results must be provided before your child may enter the program.

## Physician's Statement

Upon examination of \_\_\_\_\_, I have found her, in my medical opinion, to be free from communicable diseases including:  VDRL  TB  HIV  Hepatitis B  Hepatitis C; and

Her overall physical health is  Good  Average  Poor;

Her overall mental health is  Good  Average  Poor;

Her overall emotional health is  Good  Average  Poor.

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

Specific treatment: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

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

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

Office Address: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please send records of immunizations.

- I understand that incomplete testing will delay the processing of my child's application.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Teen Challenge | P.O Box 1136 | Sparks | Nevada | 89432  
Phone: 408.703.2001 | Fax: 408.703.2002 | [www.teenchallenge.net](http://www.teenchallenge.net)