



Dear Prospective Student,

Thank you for your interest in becoming a student at Teen Challenge House of Promise. This may be the most important decision you will ever make for yourself and your child(ren).

Enclosed is an information packet for Teen Challenge House of Promise. Please read it over carefully. If, after reading, you desire to become a student at Teen Challenge House of Promise, please follow **all** of the steps that are listed on the next page.

The application process is much easier than it looks. Please, do not be overwhelmed by all the paper work. Also, do not be overwhelmed with the financial requirements. Almighty God wants to provide everything you need before and during your stay. Ask Him to provide.

Teen Challenge of the Rocky Mountains, Inc., does not discriminate on any basis including race, creed, color, age, sex, or national origin.

Due to the fact that Teen Challenge cannot accommodate a person that would require continued doctor's supervision, Teen Challenge does not allow any anti-depressants or psych medications to be taken while you are here. You will need a doctor's written release from them before entering our program.

This is a great program if you are serious about changing your life! If you have any questions, please free to contact us.

Sincerely,

Vicki A. Proffit
Director
Teen Challenge House of Promise

STEPS REQUIRED FOR INDUCTION

COMPLETE ALL OF THE FOLLOWING STEPS:

- 1. Read all the enclosed information thoroughly
- 2. Complete and sign Teen Challenge application and all enclosed forms
- 3. Medical tests: TB skin test, physical, HIV, RPR, Hepatitis panel and physical. Results must be in writing. Results acceptable within 90 days.
- 4. Mail the application, medical test results and the non-refundable application fee of \$150 (cashier's check or money order) to Teen Challenge House of Promise.
- 5. Deliver at least 5 copies of the sponsorship letter to individuals who might be willing to support the program while you are here. Provide a complete list of individuals that you gave the letter to using the "Sponsorship" sheet.
- 6. These items are a MUST! Do not arrive without them!
 - Social Security card
 - Picture ID
 - "Sponsorship" Form
 - Return Bus Fare: A check or money order to equal the amount of return bus or plane fare to your home town. This will be used if you decide to leave the program or are dismissed. (This applies to students entering the program from outside of the Olathe area).
 - Any and all legal papers that you are presently working with.
 - Current immunization record, custody papers and birth certificate for yourself and each child entering the program with the student.
 - \$2000 intake fee brought on date of intake by cash, cashier's check or money order. If this is impossible, discuss this with the Intake Coordinator beforehand.
 - See the list of "Personal Items to Bring"

7. The following matters must be resolved to be considered for entry.

Medical: Teen Challenge does not provide medical care for students in the program. All current medical conditions must be addressed prior to entrance into the program. If you require medical attention while you are in the program you must provide your own insurance or be willing to seek attention at the local health clinic for indigent care.

Legal: All legal situations past and present must be made known to the staff prior to acceptance. You will not be considered for entry if you have outstanding warrants. Pending hearings, trials, probation, or other obligations requiring your personal appearance that are deemed conflicting with the program may result in disqualification for entry.

IMPORTANT INFORMATION

WHAT IS THE TEEN CHALLENGE PROGRAM?

The TEEN CHALLENGE program is a Christian based program designed to help young men and women find a meaningful answer to the problems, habits and conflicts that control them.

WHO DOES TEEN CHALLENGE HOUSE OF PROMISE HELP?

1. Any woman 18 years of age or older who has a life controlling problem:
 - **Drug or alcohol habit:** consistent use and abuse
 - **Emotional problems:** problems that stem from drug, alcohol or other abuse. Others will be considered on an individual basis.
 - **Behavioral problems:** problems due to lack of taking responsibility, lack of self-discipline, lack of motivation, lack of self-esteem or laziness.
2. Women who are willing to enter the program voluntarily and are willing to change their present life-style.
3. Women willing to accept a structured, disciplined Christian environment in order to overcome their problems.

We suggest that the prospective student should have attempted help from professional counseling, getting help from a pastor or local church and/or drug or alcohol clinics or program before considering TEEN CHALLENGE'S residential program.

WE ARE UNABLE TO ACCEPT INDIVIDUALS WHO:

- Are on certain mood altering medications
- Has exhibited signs of psychotic behavior or dangerous tendencies
- Have been convicted of a crime that is sexual in nature against a minor
- Have a warrant for their arrest
- Have court ordered probation reporting requirements or classes that interfere with the structure or influence of the program.
- Have a known communicable disease
- Have medical conditions that exceed our ability to provide adequate attention.

HOW DOES THE PROGRAM WORK?

The TEEN CHALLENGE of the Rocky Mountain's House of Promise program consists of an 9 step program. The program is approximately 24 months long. The program length is determined on an individual basis and is determined by completion of the academic requirements for each step, compliance with rules and polices and personal growth to be evaluated by the staff. It is our desire to provide opportunity for each student to thoroughly deal with all addiction related behavior and thinking.

KEY ELEMENTS INCLUDE:

- Guidance (individual and group)
- Biblically based studies
- Chapel and church services
- Prayer and devotion times
- Work therapy
- Recreation
- Parenting and life skills
- Firm discipline
- 12 month re-entry program

WHAT DOES THE TEEN CHALLENGE PROGRAM OFFER?

TEEN CHALLENGE is concerned with the "total person". The program structure is aware of each person's spiritual, mental, physical, social and educational needs.

SPIRITUALLY: TEEN CHALLENGE deals with the person's problems as symptoms that relate to deeper problems and conflicts. Zeroing in on a person's spiritual need is when and where healing in that life begins. Through faith in Christ individuals find the changing power that gives the ability to cope with problems and live a more effective life.

MENTALLY: The rebuilding of the used and abused mind is of key importance. The consistent study of the Bible along with a Bible based life skills curriculum are the tools used to enhance mental growth by serving as the foundation for the restructuring of broken down thought patterns, creating new, more stable ideas and principles.

PHYSICALLY: TEEN CHALLENGE provides an environment that includes shelter, food, and basic needs as well as work, rest, and recreation. As students begin to function in a drug free environment, physical health usually begins to improve greatly.

SOCIALLY: Through the benefits of a group living situation, students are taught the biblical perspective of relationships and conflict management and thus helped to more successfully relate to family, peers and authority.

WHAT DOES A DAILY SCHEDULE AT TEEN CHALLENGE HOUSE OF PROMISE INCLUDE?

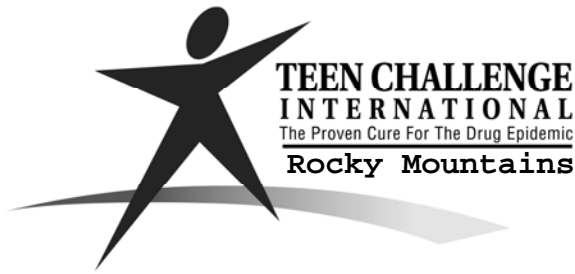
- Group class
- Individualized studies class
- Chores
- Devotion time
- Prayer time
- Chapel
- Work time
- Meals
- Free time

A completion graduation service is held to honor the students who complete the program.

TAKE SPECIAL NOTE:

WITHDRAWAL FROM DRUGS AND ALCOHOL IS WITHOUT MEDICATION AND WE HIGHLY RECOMMEND THAT YOU GO THROUGH A DETOXIFICATION CENTER BEFORE ENTERING THE PROGRAM.

EVEN IF YOU FEEL YOU WOULD FIT INTO THE PROGRAM, WE RESERVE THE RIGHT TO DENY YOUR APPLICATION. NON-COMPLIANCE WITH ALL STEPS OR DECEPTIVE INFORMATION CONSTITUTES GROUNDS FOR DENIAL OF APPLICATION.



Dear Prospective Student,

RE: Cost of the program

Teen Challenge is an international, non-profit, interdenominational, church related program ministering to people with life-controlling problems. Teen Challenge of the Rocky Mountains is a nationally standardized 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.

While we do not bill you, Teen Challenge is not a free program. It costs approximately \$2000 per month to maintain each woman and her child(ren) in the program. We realize that this a substantial amount of money, both for you and for us.

You will be required to

- a. Assist with fundraising projects while you are enrolled in the program.
- b. Pay a nonrefundable application fee of \$150 before entering the program.
- c. Endeavor to secure sponsorship up to \$2000 per month to support you and your child(ren) while you are in the program. Any sponsorship funds that you raise will be used to pay for your room, board, training, and other expenses incurred while you are in Teen Challenge.
- d. If you qualify for Social Security Disability or receive child support, you must agree to contribute the entire amount toward your tuition, up to \$2000 per month.

Please read the attached ***Sponsor Letter*** thoroughly. Make as many copies of the ***Sponsor Letter*** as you need to present to friends, family, churches, businesses, or other concerned individuals who you think would be willing to sponsor you. As you receive commitments from these people, please have them fill out the information on the Sponsorship Form and return it along with any checks to **Teen Challenge House of Promise, P.O. Box 784, Olathe, CO 81425.**

We ask that you do your best to secure these funds. You must put forth an effort if you are to receive help and overcome your problems. There is no set amount that you are required to raise, but you are required to make a strong effort. Contact the Induction Coordinator if you have any questions.

I, _____, certify that I have read this "Cost of Program" letter and fully agree to help in any way I am able.

SPONSORSHIP FORM

NAMES AND ADDRESSES OF PROSPECTIVE SPONSORS THAT SPONSORSHIP LETTERS WERE GIVEN TO:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:

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ADDRESS:	CITY:	STATE:	ZIP:

NAME:		RELATION TO STUDENT:	
ADDRESS:	CITY:	STATE:	ZIP:



Potential Sponsor:

RE: _____
(applicant's name)

The above named individual has applied for entry into Teen Challenge House of Promise, a 24 month, residential program for individuals with life-controlling problems such as drug and/or alcohol addiction and abuse. You will find more information on Teen Challenge on the internet at www.teenchallenge.com.

Teen Challenge is an international, non-profit, interdenominational, church related program ministering to people with life-controlling problems. Teen Challenge of the Rocky Mountains 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.

Each student is asked to acquire sponsors. This shows her interest and desire in seeking rehabilitation. This is also our way of underwriting the operational costs of the program. Sponsors can be family, friends, churches, businesses or other concerned individuals. Since it costs approximately \$2000 per month to maintain a student and her child(ren) in the program, we must depend on student sponsorship.

Each student and her family is asked to assist us in securing sponsors; however, if a deserving student has attempted and is unable to secure any or all of her support she will not be turned away.

If you are interested in being a sponsor, please indicate on the sponsorship form below your commitment to Teen Challenge and return it with your check to:

**Teen Challenge House of Promise
P. O. Box 784
Olathe, CO 81425**

All sponsorship donations are tax deductible. If you have any questions you may contact us at 970-323-6013.

Name _____ **Date** _____

Address _____

City, State, Zip _____ **Phone** _____

I have promised to give \$ _____ monthly to Teen Challenge in support of
_____ **while she is in the program.**

General Rules

The rules listed are not the complete set of rules that you will be required to abide by but rather are a sampling to give you a basic understanding of the requirements.

Teen Challenge reserves the right to search your belongings at anytime. Periodic police drug dog searches may be conducted. Anyone found with drugs in their possession will be arrested by the police.

Appearance

1. Hair must be kept neat and clean. Unacceptable hairstyles must be changed.
2. Piercing jewelry, except for pierced earrings at lobe of ear, are not allowed.
3. Appropriate, modest clothing is required for each activity.
4. Personal hygiene must be maintained in a neat and clean manor.

Behavior

1. No student will be admitted into the program if she arrives intoxicated or high.
2. No drugs, alcohol or tobacco in any form is allowed.
3. Secular music, gambling and card playing are not allowed. The center director will approve music and reading material.
4. Profanity and bragging about past life of sin is not allowed.
5. Anyone threatening anyone in anyway will be dismissed.
6. Occult practices of any form are not allowed.
7. Disrespect and arguing with staff members will not be tolerated.
8. Proper care of Teen Challenge property is required. Students are financially responsible for any malicious damage.

Mail

1. Students are allowed to write and to receive mail from family, pastors and one other individual approved by the staff.
2. Incoming and outgoing mail will be screened.
3. Students will not be allowed to correspond with boyfriends.

Phone Calls

1. Students are allowed to make phone calls after second week in the program. Calls may be made to immediate family and a pastor. The Director must approve anyone else.
2. Students will be assigned a weekly designated phone call night. Phone calls will not be made during business hours.
3. All students must bring a phone card into the program that will be used for all long distance calls.
4. Calls may be monitored by staff.

Visitation

1. Visits are allowed after the two weeks in the program. Visits are limited to two per month.
2. Visitors are limited to immediate family and pastors. Boyfriends and common-law marriages are not immediate family.
3. All visits must be approved by the staff at least 3 days prior to the visit. Teen Challenge reserves the right to deny a visit.
4. Bedrooms are off limits to visitors.

Personal Belongings

1. All student money will be kept in the office in an account. Students may have a maximum of \$30 on account.
2. Students are not allowed to have pets or personal vehicles of any kind.
3. Students shall not bring valuables to Teen Challenge.
4. Each student is allowed a minimum of suitcases. Suitcases and clothing are subject to search when entering or leaving the program.
5. All students who are dismissed or who voluntarily leave the program must take all of her personal belongings with her at the time she leaves. Teen Challenge will not be responsible for any belongings left at the center.

Other

1. Students who leave the program prematurely will have a 30 waiting period before they will be considered for re-enrollment.
2. Teen Challenge will not tolerate physical threats, intimidation, or violence.
3. Teen Challenge will not tolerate any sexually deviant behavior.

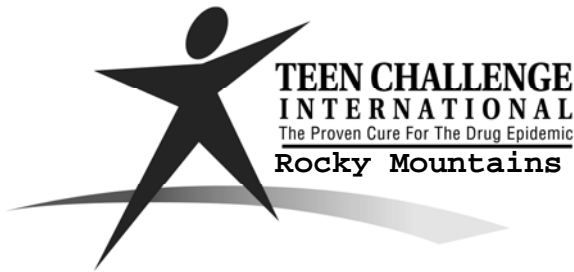
I _____ **certify that I have read and understand these Teen Challenge rules. I realize that these are only a sampling of the rules and that they are subject to change at any time. I agree to abide by all of the Teen Challenge rules.**

student signature

date

witness signature

date



**TEEN CHALLENGE
HOUSE OF PROMISE**

P.O. Box 784
Olathe, CO 81425
Phone: 870 222 4012

Teen Challenge of the Rocky Mountains, Inc. – Release of Responsibility

Read each statement and initial. Your initial and signature at the bottom of this page indicate you have read and agree to accept these policies. Also have a witness's signature.

_____ I understand that Teen Challenge can not and will not be responsible for any of my personal property that is left, lost or stolen while in the Teen Challenge program. When leaving Teen Challenge I will take all of my personal property with me.

_____ I also understand that I release to Teen Challenge the right to make searches of personal belongings and conduct a personal frisk if need be.

_____ ***Teen Challenge reserves the right to search your belongings at anytime. Police drug dog searches may be conducted. Anyone found with drugs in their possession will be arrested by the police.***

_____ ***I also understand that I may be required to conduct a drug and/or nicotine urine test at any time during the program.***

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

_____ I give Teen Challenge permission to open and check both incoming and outgoing mail for drugs and anything else that they believe might be harmful to the welfare of the program, myself, and the other residents. I understand that all phone calls made or received by me will be screened and monitored.

_____ I understand that a physical, a TB skin, HIV, pregnancy, and RPR tests and Hepatitis panel will be required prior to entering the program.

_____ Teen Challenge does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be students in the program that are HIV+. This center does not require students who are HIV+ to notify other students in the program of their HIV status.

_____ I have read the "Student Rules and Policies" manual and agree to comply with these standards and procedures.

_____ Student application fees, including processing, curriculum, and medical test costs are non-refundable.

signature

date

witness

date

Statement of Faith

We believe...

1. The Bible is the inspired Word of God (**2 Timothy 3:16-17; 1 Thess. 2:13, 2 Peter 1:21**)
2. In one true God (revealed as Trinity of Persons in relationship & association, Father, Son, and Holy Ghost) (**Deut. 6:4; Isaiah 43:10; Matt. 28:19; Luke 3:22**)
3. In the Deity of the Lord Jesus Christ (**Matt. 1:23; Luke 1:35; Acts 2:32; Romans 1:4; Phil. 2:9-11; Hebrews 1:3**)
4. In the fall of man (**Genesis 1:26; 2:17; 3:6; Romans 5:12-19**)
5. In the Salvation of man (**Luke 24:47; John 3:3; Romans 10:13-15; Eph. 2:8; 4:24; Titus 2:11-12; 3:5-7; Romans 8:16**)
6. Ordinances of the church:
 - a. Baptism in water (**Matt. 28:19; Mark 16:16; Acts 10:47-48; Romans 6:4**)
 - b. Holy Communion (**Matt. 26:14-30; Mark 14:17-26; Luke 22:14-30; 1 Cor. 11:23-24**)
7. The Baptism of the Holy Spirit (**Matt. 3:11; Mark 1:7-8; Luke 3:16; John 1:26; Acts 1:4-8**)
8. The evidence of the Baptism of the Holy Spirit (**Acts 2:4; 10:44-46; 11:15-17; 15:7-9; 19:6**)
9. Sanctification (**Romans 12:1-2; 1 Thess. 5:23; Hebrews 12:14; 1 Peter 1; 15-16**)
10. The Church and its mission:
 - a. Agency for evangelizing the world (**Matt. 28:19-20; Mark 16:15; Acts 1:8; Eph. 3:10**)
 - b. Corporate body for worshipping God (**John 4:23,24; 1 Cor. 12:13**)
 - c. Channel for edifying the saints (**1 Cor. 12:28; 14:12; Eph. 4:11-16**)
11. The ministry (**Mark 15:15-20; Eph 4:11-16; 1 Tim 3:1-7; Titus 1:5-9**)
12. Divine Healing (**Isaiah 53:4-5; Matt. 8:16,17; James 5:14-16**)
13. The Blessed Hope (**Romans 8:23; 1 Cor. 15:51,52; I Thess. 4:16-17; Titus 2:13**)
14. The Millennial Reign of Christ (**Zech 14:5; Matt 24:27,30; Rev. 19:11-14; 20:1-6**)
15. The Final Judgment (**Matt 25:46; Mark 9:43-48; Rev 19:20; 20:11-15; 21:8**)
16. The new Heaven and the new Earth (**2 Peter 3:13; Rev. 21:22**)



ITEMS TO BRING FOR STUDENT AND CHILD(REN)

- Bras and panties
- Socks and /or hose
- Work clothes
- Dress clothes for church
- Casual clothes
- Shoes
 - Dress
 - Casual
 - Athletic shoes
 - Slippers

- Long shorts (3 inches above knee or longer)
- Jacket and coat
- Robe & pajamas
- Notebook, paper, pens and pencils
- Bible (no other books)
- Pictures of immediate family (maximum of 3)
- Phone card

- Toiletries
 - razor
 - shampoo/hairspray
 - toothpaste
 - toothbrush
 - deodorant
 - soap
 - Hairbrush/comb

No other items are allowed.

When packing please take into consideration that

---closet space is very limited

---and laundry is done on a weekly basis.

Please mark all items with your name.

All straps must be at least two inches wide. Slits in skirts may not be above knee.



**TEEN CHALLENGE
HOUSE OF PROMISE**

P.O. Box 784
Olathe, CO 81425
Phone: 970-323-6013

STUDENT APPLICATION

PERSONAL INFORMATION

Name (last, first, middle)			Age	
Date of application		Date of Birth		Race
Address (street)		City	State	Zip
Social Security #		Drivers License # and state		
Daytime phone #		Evening phone #		

Referred by (person or organization)		Relation:	
Address		Telephone #	

EMERGENCY NOTIFICATION In case of emergency please notify:

Name		Relationship		Telephone #	
Address		City		State	Zip

LEGAL STATUS Are you on probation? Yes No Are you on parole? Yes No

Probation/Parole officer – Name		Telephone #:	
Public Defender/Attorney – Name		Telephone #:	
Do you have any of the following that are pending: <input type="checkbox"/> Warrants <input type="checkbox"/> Court appearances <input type="checkbox"/> Sentencing <input type="checkbox"/> Other If so, explain.			

Are you legally mandated to participate in a drug treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.			

Method of reporting: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____			
Comments/Instructions:			

MILITARY HISTORY Have you ever served in the US Armed Forces? yes no

Branch of service:	Date of entry:	Date of discharge:
Rank attained:	Type of discharge:	

PARENTS: married divorced mom deceased dad deceased

Mother's Name:	Phone #:
Address	
Dad's Name:	Phone #:
Address	

FAMILY HISTORY

Are You Adopted? <input type="checkbox"/> yes <input type="checkbox"/> no	Age at adoption?	Were you raised by someone other than your parents? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, who?
Describe your relationship with your parents when you were a child.			

Describe your relationship with your parents now.			

Does your family have a history of drug or alcohol abuse? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain.			

SIBLINGS: List the names and ages of any brothers or sisters.

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

Describe your present relationship with your siblings.

MARITAL STATUS: single married separated divorced remarried widowed

Husband's Name:	Phone #:
Address	
If you are married, describe your current relationship with your husband.	

CHILDREN: List the names and ages of your children

Name	DOB	Name	DOB

Name	DOB	Name	DOB
Name	DOB	Name	DOB

Explain living arrangements of your children while you are in the program:

Explain your current relationship with your children.

HEALTH: How would you rate your present state of health: good fair poor

Are you presently receiving medical care? yes (Explain and give doctor's name and phone #) no
 Also explain any serious medical problems including ailments, injuries, handicaps or dental problems.

Are you on any prescribed medication including psychiatric? yes no
 If yes, give name of medication, reason for prescription and dates used.

Do you have any special diet requirements? yes no
 If yes, explain.

Have you ever received mental health treatment? yes (Explain and give doctor's name/phone #) no
 If yes, explain reason and extent of treatment.

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual, work related tasks while enrolled in Teen Challenge? yes (Explain) no

Have you ever thought about suicide?..... yes no
 Are you currently thinking about suicide?..... yes no
 Have you ever attempted suicide?..... yes (Date of most recent attempt: _____) no

Do you smoke or use tobacco in any form? yes no I did but I stopped _____ months ago
 Age at which you first started smoking/using: _____
 Amount you are currently smoking/using per day: _____
 Teen Challenge has a no smoking or tobacco use policy. Are you willing to abide by this policy? yes no

DRUG USE HISTORY: Fill in information and circle the names of drugs that were your primary drugs of choice.

Type of	Currently Using?	Age when	Frequency of use	How was it	If applicable give specific name of drug
---------	------------------	----------	------------------	------------	--

Drugs used	Yes √	No √	first used	(once; few times; several times; frequently; regularly)	administered? (iv, smoked, etc.)	
Alcohol						
Marijuana						
Cocaine						
Crack						
Methamphetamine						
Heroin						
Opium						
LSD						
PCP						
Ecstasy						
Prescription Drugs						
Inhalants						
Other:						

ARRESTS AND CONVICTIONS

Date	Charges	Conviction Yes/No	Sentence	Time in Jail	Were Alcohol or Drugs involved

Explain any circumstances you think important.

ACADEMIC HISTORY Highest grade level completed: High School: _____ College: _____

College or Trade School Completed	Date of Training (Month/Year) to (Month/Year)	Completed? Y/N

Explain your educational and/or vocational training goals.

SOCIAL HISTORY

Hobbies including recreation and sports: _____

Other interests: _____

JOB HISTORY Are you presently employed? yes no List your 3 most recent jobs.

Name of Employer	Employment dates M/Y to M/Y	Position	Reason for leaving

Describe work experience and skills.

Explain your job goals and plans.

What is your vocational trade or profession.	What is the number of jobs you have held in the last two years? _____
--	---

FINANCIAL STATUS: Do you have any outstanding debts, including child support? yes no If yes, list.

Owed to whom	For	Amount Owed	Payment amount

Do you have a means to cover payments while you are in the program? yes no Explain.

Are you receiving any of the following: welfare disability payments unemployment compensation workman's compensation other: _____

SPIRITUAL HISTORY Are you a Christian? yes no I'm not sure

Explain your involvement with church and/or other religions or occult practices.	Denominational preference:
<hr/> <hr/> <hr/>	

Describe Your Current Spiritual Condition _____

Have you been in any other programs (including Teen Challenge)? yes no If yes, List programs.

Name of program city/state	Reason for entrance	Dates attended: from/to	Completed? yes/no	Reason for leaving

SIGNIFICANT LIFE EVENTS

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

Name: _____ Date of Birth _____ Gender: Male or Female

Present illness/complaint/disabilities if any: _____

Allergies: _____

Medication currently prescribed and reasons for use: _____

Has client been exposed to any communicable disease: Yes__ No __ If "yes" specify _____

Past history of chronic or major illness: _____

Operations: _____

Hospitalizations: _____

Resperations: _____

General appearance and development (include signs of drug abuse)

Nutrition: _____

Head: _____

Ears: _____ Hearing R _____ Hearing L _____

Eyes: _____ Vision w/o glasses R _____ L _____

With glasses R _____ L _____

Nose: _____ Throat: _____ Mouth/Teeth: _____

Neck/Thyroid: _____ Chest: _____ Breast: _____

Cardiac: _____ Abdomen: _____ Genitalia: _____

Hernia: _____ Musculo/Skeletal: _____ Neurologic: _____

Skin: _____

REQUIRED LAB WORK

Hepatitis Panel: _____

V.D.R.L.: _____ Urinalysis: _____

HIV: _____

Pregnancy: _____

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

PHYSICAL EXAM (continued)

General comments, assessments, or recommendations on above: _____

Doctors Name: _____ Doctor's Signature _____

Address: _____

Phone Number: _____ Fax Number: _____ Date of Exam _____

APPLICANTS PHYSICAL AND HEALTH EXAM: Passed OR Failed

(Examining Medical Personnel Circle one)

Child Information Card

Children must be 0-5 years of age to accompany their mother into the program.

Fill out one card for each child. Make additional copies as needed.
Attach a birth certificate, immunization records and custody papers for each child.

Personal Information

Name (Last, First) Social Security No. DOB

sex age hair color eye color

Who does child live with at this time: Name: _____

Phone: _____ Address: _____

What are the current custody arrangements?: _____

Father's name _____ Address _____

City _____ State _____ ZIP _____ Phone _____

Is Child Protective Services involved in the care of this child? YES/NO Explain _____

CPS Case Worker Phone No.

Does the child have any medical problems? YES/NO Explain _____

Doctor's Name Phone No.

LIST ANY ALLERGIES _____

LIST ALL CURRENT MEDICATIONS AND WHY THEY WERE PRESCRIBED
Medication Why is the child taking the medicine:

Please provide any additional information important to the care of this child (i.e. history of abuse, trauma, and behavioral problems). _____
