

Family History:

List Parent/Parenting Figures:

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

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

As a Child	Now
Very Good	Very Good
Good	Good
Average	Average
Fair	Fair
Poor	Poor

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

Father's name: _____

Mother's name: _____

Parent's Occupation: Father _____ Mother _____

Were you raised by anyone other than your parents Yes No If Yes, please explain

Are you adopted? Yes No

Parent's marital status: Married Divorced Separated Remarried Unmarried, living together

If married, how long? _____ If living together, unmarried, how long? _____

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

How would you describe your childhood? Good Fair Poor

Why? _____

As you grew up, whom did you feel closest to? Father Mother Other _____

When did you last see your parents? _____

When did you last live at home? _____

Have you ever been sexually abused? Yes No

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

When: _____ Who: _____

When: _____ Who: _____

Personality Information

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: _____

Legal History

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

If yes, by whom? Parole Board Court Other

If Other, Explain _____

If by court appointment, please list county of origin: _____

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

Social Involvement History

Describe your involvement in the following:

Religion _____

Recreation/sport _____

Peer Group _____

Hobbies _____

Other _____

Significant Life Events

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

Moves _____

Personal loss of friends or family members _____

Sexual abuse/rape_____

Physical abuse/neglect_____

Foster home placement or institutionalization _____

Ethnic/cultural influences_____

Other (specify)_____

Academic History

List the highest grade that you have completed:_____

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
_____	_____	_____	_____
_____	_____	_____	_____

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

Are you currently thinking about committing suicide? Yes No

Have you ever received psychiatric care? Yes No

If yes, please explain _____

Health Insurance Information

List your health insurance type: (please check)

No health insurance Other private insurance Blue Cross/Blue Shield

Medicaid/Medicare Other public funds

Insurance Company_____ Phone _____

Insurance policy number_____

Personal and Family Medical History

Please list any mental health, alcohol-related, drug abuse or major physical problems experienced by members of your immediate family members:

Please list any similar problems you may currently have:

Please list your physician's name: _____

Address: _____

Phone number: _____

Who Referred You to Teen Challenge?

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

The undersigned applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and that the application form has been completed and filled out by student applicant in his or her own handwriting. Applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether an applicant is just entering into or is in fact in the program.

(Applicant Signature)

(Date)

If the application form has been completed or filled out by anyone other than the applicant, please provide the following:

Name of person completing and filling out application form: _____

(Signature)

(Date)

Relationship to applicant _____

Explain why applicant was unable to complete or fill out the enclosed application form:
