



*Josie's House*

TEEN CHALLENGE COLUMBUS-JOSIE'S HOUSE  
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COLUMBUS, OH 43224  
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APPLICATION / INTERVIEW

INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Referred here by: \_\_\_\_\_

**I. PERSONAL HISTORY**

Family Medical History of - - - Grandparents - - Parents - - Spouse - - Brother - - Sister - - Child

Alcohol related Problems: \_\_\_\_\_

Drug Abuse: \_\_\_\_\_

Mental Health Issues: \_\_\_\_\_

Physical Health Problems: \_\_\_\_\_

(Example: heart disease, high blood pressure, diabetes, etc.)

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Current spouse (full name): \_\_\_\_\_

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

(Street) (City) (State) (Zip)

Is your spouse (Supportive) \_\_\_\_\_ (Non-Supportive) \_\_\_\_\_

Do you have any Children? \_\_\_\_ Yes \_\_\_\_ No

Name of Child	Age	Where Living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship with children (Positives) \_\_\_\_\_  
(Negatives) \_\_\_\_\_

Have you experienced any of the following? Miscarriage \_\_\_\_ Y \_\_\_\_ N Abortion \_\_\_\_ Y \_\_\_\_ N

How many Miscarriages? \_\_\_\_\_ How many Abortions? \_\_\_\_\_

Rate your own health in the last year to the present: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Do you have any female problems such as: Heavy or irregular periods? \_\_\_\_\_

Cysts on your ovaries? \_\_\_\_\_ Surgery? \_\_\_\_\_

Do you think you might be pregnant now? \_\_\_\_\_

Please describe any concerns medical or otherwise that affected you as a child? \_\_\_\_\_

\_\_\_\_\_

Are you on any type of special diet **prescribed** by a Doctor? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

Are you experiencing any current Medical or Dental Problems / Concerns? \_\_\_\_\_

\_\_\_\_\_

**\*\*If yes, you must take care of all medical or dental needs before entering the program.**

Do you have any allergies we should be aware of? \_\_\_\_\_

Have you had any serious medical conditions in the past five years? \_\_\_\_\_

\_\_\_\_\_

Please list the Medications you are currently taking & why? (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_

**\*\*Narcotics, Mood Altering, or Mind Controlling drugs are not permitted while in our program. Prospective Students must be off all Narcotics, Mood Altering or Mind Controlling medications for 3 weeks, with a Doctor's note, prior to entering Teen Challenge.**

Are you on any kind of herb? \_\_\_\_\_ Herbs may not be brought in without a doctor's prescription.

### **RELATIONSHIPS:**

\_\_\_\_\_

Have you ever been sexually abused? \_\_\_\_ Yes \_\_\_\_ No

Have you received counseling about the occurrence /s? \_\_\_\_\_

Sexual Life style: (*check all that apply*) \_\_\_\_ Bisexual \_\_\_\_ Heterosexual \_\_\_\_ Homosexual

## **II. LIFE CONTROLLING PROBLEM**

1. Do you have a problem with Drug / Alcohol Abuse? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_  
\*\*If the answer is "NO" please go directly to question # 2.

How do / did you support your Drug / Alcohol dependency? \_\_\_\_\_

Are you currently using? \_\_\_\_ Yes \_\_\_\_ No If "No" what was date of last use? \_\_\_\_\_

At what age did you start using? (Drugs) \_\_\_\_\_ (Alcohol) \_\_\_\_\_

2. If Drugs and / or Alcohol are not the problem – what life-controlling problem do you struggle with?

\_\_\_\_\_

## **III. LEGAL**

Are you on Parole? \_\_\_\_ Yes \_\_\_\_ No Are you on Probation? \_\_\_\_ Yes \_\_\_\_ No

The reason Parole or Probation? \_\_\_\_\_

P. O.'s Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

## **COURT HEARINGS**

Reason for Hearing(s)?

Dates(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Judge's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any other charges pending? \_\_\_\_ Yes \_\_\_\_ No If so, what are the charges?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the date(s) of your next court appearance? \_\_\_\_\_

\_\_\_\_\_  
Are you aware of any outstanding warrants? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain?

\_\_\_\_\_  
Has everything been set in place with the Judge, your P.O. or Attorney in order to apply for entrance to Teen Challenge? \_\_\_\_ Yes \_\_\_\_ No If not what do you still need to do? \_\_\_\_\_

\_\_\_\_\_

**\*\*When coming in from the legal system, we must have copies of all parole / probation papers, legal documents, court orders, etc. We must have these papers at our Center before an entrance date will be set.**

Have you ever been convicted of a Sexual or Violent crime? \_\_\_\_ Yes \_\_\_\_ No If yes, explain

Have you ever been convicted of arson? \_\_\_\_ Yes \_\_\_\_ No If yes explain

Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Year Sentenced: \_\_\_\_\_

Amount of time served: \_\_\_\_\_

County & State served in: \_\_\_\_\_

#### **IV. THE PROBLEM / SOLUTION**

Why are you seeking help at this time?

\_\_\_\_\_

\_\_\_\_\_

Why do you feel you need the Christian Discipleship Program of Teen Challenge Columbus? \_\_\_\_\_

\_\_\_\_\_

How do you feel Teen Challenge will benefit you? \_\_\_\_\_

\_\_\_\_\_

Have you tried other ways to change your life before now? (Moved, changed friends, etc.) \_\_\_\_ Yes \_\_\_\_ No

Explain:

\_\_\_\_\_

Have you ever been in a program before? \_\_\_\_ Yes \_\_\_\_ No If yes, how many? \_\_\_\_\_

Was it religious or non-religious? \_\_\_\_\_

Have you ever attended a Teen Challenge Program before? \_\_\_\_ Yes \_\_\_\_ No

Year: \_\_\_\_\_ Location: \_\_\_\_\_

Completed? \_\_\_\_\_ If not completed, please describe the circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you see in your life that needs to be changed? \_\_\_\_\_

\_\_\_\_\_

Do you believe in God? \_\_\_\_ Yes \_\_\_\_ No

Are you ready to let God help you change your life? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

How would you describe your current spiritual condition? \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor

Please explain your answer? \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_ Yes \_\_\_\_ No Please share with me a little about it: \_\_\_\_\_

Did you attend church as a child? \_\_\_\_ Yes \_\_\_\_ No If so, how often? \_\_\_\_\_

Did you ever stop attending? \_\_\_\_ Yes \_\_\_\_ No If so, how old were you? \_\_\_\_\_

Which denomination was it? \_\_\_\_\_

Do you attend church now? \_\_\_\_ Yes \_\_\_\_ No If so, which denomination is it? \_\_\_\_\_

Have you ever been involved in other religions besides Christianity? \_\_\_\_ Yes \_\_\_\_ No  
(example – Jehovah’s Witness, Mormonism, New Age, Satanism, Scientology.....)

If yes, please name them: \_\_\_\_\_

Have there been any recent changes in your religious life? \_\_\_\_ Yes \_\_\_\_ No If yes, what has changed? \_\_\_\_\_

## **V. ACADEMIC HISTORY**

Highest grade you have completed? \_\_\_\_ If, not completed High School do you have a GED? \_\_\_\_

Are you currently in an education program? \_\_\_\_\_

Have you received vocational training? \_\_\_\_\_

How well do you read? \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor

How well do you write? \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor

Do you have any interest in furthering your education? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you or do you receive any type of food stamps, cash or medical benefits? If so, for whom  
\_\_\_\_\_? State \_\_\_\_\_ and County \_\_\_\_\_

## **INFORMATION ABOUT THE TEEN CHALLENGE PROGRAM**

1. Our program is a 14 month (**or longer**) program. The program includes a variety of classes, Bible Study and Work Duty. Through out the program, students learn accountability and practical daily living skills in the community, family etc..
2. There is no smoking, drugs or alcohol allowed – our program is Drug Free.
3. We offer a Christ centered approach to treatment at Teen challenge Columbus.
4. A typical day looks like but not limited to: Morning chores/ Personal devotions/ Chapel / Work time/ Learning Center/ Group devotions, 12Step program.
5. We attend church as a group.
6. The ladies are required to wear dress pants, skirts or dresses when attending Church.
7. Phone privileges are Tuesday evenings. Calls are monitored. Calls are to be collect or phone cards.
8. There is to be no contact with a ‘significant other’, no boyfriends etc
9. Students will have an ‘Approved Persons’ List for receiving & writing letters and telephone calls.
10. Teen challenge reserves the right to inspect all baggage, packages and mail (incoming/outgoing).

11. If coming from the court, jail or legal system we must have copies of all Parole / Probation papers, legal documents, court orders, etc. **We must have these papers at our Center before an entrance date will be scheduled.**
12. A physical examination report by a Medical Doctor – stating student is physically able to participate in the program. Also labs screens for a Hepatitis Panel, HIV, and a TB skin test. **Teen Challenge must have proof that these have been performed before an entrance date will be scheduled.**
13. **Copies** of your Birth Certificate, Social Security Card, and Driver's License or State ID Card must be sent to Teen Challenge via email or fax **before an entrance date will be scheduled.**
14. You will have limited access to medical and dental care while at Teen Challenge, **unless it is an extreme emergency.**

### **STUDENTS MUST HAVE AND BRING WITH THEM:**

The initial cost to come to Teen Challenge is \$900.00 plus the price of a ticket from Greyhound bus. The cost is broken down as follows:

1. \$900.00 Induction Fee which is non-refundable.
2. Funds equivalent to a return home travel ticket + \$23 cab fee
3. Are you receiving any type of Government subsidy (such as SSI or SSD)? \_\_\_\_ Yes \_\_\_\_ No  
 \*\*Anyone receiving SSI, SSD or any type of Government subsidy is required to give 85% of their subsidy to Teen Challenge. Any remaining funds will be placed into the student's personal account. **Fees must be paid in the form of a Cashier Check , Money Order, or Cash.**

4. The Identifications you must have and bring with you are the original:

Birth Certificate,  
 Social Security Card,  
 Drivers License or  
 State Picture I.D.

8. Phone Cards need to be used in making your calls while at T.C. or you will call collect. You do not receive incoming calls unless in cases of emergencies.
9. A Wal-Mart card may also be brought for student's personal needs. (Wal-Mart cards are for necessary items only).
10. Stamps/stationary

Please Sign:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date