



The Faith Based Solution for the Drug Epidemic

HOME OF HOPE FOR WOMEN AND CHILDREN
NEW STUDENT APPLICATION (Female 18+)

RESTORATION STUDENT APPLICATION (Graduates ONLY)

Name:

Date:



Children

How Many: _____

FOR INTAKE COORDINATOR OFFICE USE

Intake Date:

Program Completion Date:

Date Left Program:

Restoration Entry Date:

Date Completed Program:

Restoration Completion Date:

Notes:

Notes:

TEEN CHALLENGE OF ARIZONA

tcaz.org

Home of Hope for Women and Children

P.O. Box 10985

Casa Grande, AZ 85130

Phone (520) 836-5030

Fax (520) 836-5042

STUDENT INFORMATION

Full Name:

Phone:

Address:

City:

State:

ZIP:

Social Security Number

Date of Birth

Age:

Emergency Contact Name:

Emergency Phone:

Relationship:

Do you have any charges pending? Explain

 Yes No

Do you have any OUTSTANDING WARRANTS? If so, where are they issued?

 Yes No

Probation/Parole Officer Name and Contact Information

Attorney Name and Contact Information

Do you consider your need for our program urgent?

 Yes No

Do you believe you have a serious problem?

 Yes No

What do you hope to get out of this program?

Check all boxes that best describe why you want to enter this program.

 Free of drugs/alcohol Need discipleship Need to provide for kids To be a good Dad Become a Christian Improve my health Start a new life Help in many areas Family forcing me Probation Officer To avoid arrest/jail Just need housing

PERSONAL AND HEALTH HISTORY

Birth Gender	Height	Weight	Hair Color	Eye Color	
Parents Name			Phone Number		
Parents Address			City, State, Zip		
Marital Status	Single	Married	Divorced	Seeking Reconciliation	
Husband Name			Phone Number		
How would you rate your present state of health?			Good	Fair	Poor
Do you have any medical problems?			Explain medical problems		
Are you presently receiving medical care?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explain if YES:					
Physician's Name			Physician's Phone Number		
Are you now or have you ever been treated for a mental illness?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Physician's Name			Mental Health Physician's Phone Number		
Please list all current medications prescribed for mental illness or chemical imbalance and length of use below.					
Indicate if you are willing to try alternative treatment?					
Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications	Mon./Years	Alternative Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe alcohol and substance use. Use a <input checked="" type="checkbox"/> if currently using OR X if used in the past.					
Alcohol	Marijuana	Glue	Cocaine	Speed	Crystal Meth
Amphetamines	Heroin	Acid	Barbiturates	Other	Other
Other	Other	Other	Other	Other	Other

CHILD INFORMATION

(Fill out the requested information for each child. Copy this page if more than 2 children.)

Child Name and Birth Gender	D.O.B. & Age	SSN	Immunized <input type="checkbox"/> YES	Records Attached <input type="checkbox"/> YES
Hair and Eye Color	Height	Weight	<input type="checkbox"/> Birth Certificate Attached	<input type="checkbox"/> Custody Papers Attached
Who does child reside with?	Relationship	State	<input type="checkbox"/> Phone Number	

Address of who child resides with if NOT you:

Biological Father's Name and Address

Child Name and Birth Gender	D.O.B. & Age	SSN	Immunized <input type="checkbox"/> YES	Records Attached <input type="checkbox"/> YES
Hair and Eye Color	Height	Weight	<input type="checkbox"/> Birth Certificate Attached	<input type="checkbox"/> Custody Papers Attached
Who does child reside with?	Relationship	Phone	<input type="checkbox"/>	<input type="checkbox"/>

Address of who child resides with if NOT you:

Biological Father's Name and Address

Any Custody Arrangements	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> In Process	
CPS Involved in Care of Child	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Case Worker Name	Phone Number

Does your child have medical problems or currently receiving medical care? YES or NO If YES, explain below.

List ANY Allergies	<input type="checkbox"/> Medicines	<input type="checkbox"/> Foods	<input type="checkbox"/> Others	Explain Treatments
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Name and Number of Childs Physician:

Any Current Medications for Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Current Medications for Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information important to the care of your child/children.

ADDITIONAL INFORMATION

Do you believe in God?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Uncertain	Explain if needed:
Are you attending church now?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, which one?	
Is your spouse attending church?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, which one?	
Have you ever belonged to a cult?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Explain if needed:	

Will you go to heaven when you die? Explain:

Check the statements below that are true in your life.

I have a problem with violence	I was abused as a child	I am proud of my sexual activity
I am confused about my sexual orientation	I sometimes or frequently cut/hurt myself	
I want to become sexually pure	I am ashamed of my lifestyle	I consider myself homosexual
I don't think it's wrong to be gay	I've been arrested for sexual conduct	I am suicidal
I don't need help for my problems		I want to change my life at any cost
I hate myself	I love my family	OTHER:

Have you ever been convicted of a felony sex offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, Explain:
Are you registered in any state as a sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DEGREE 1 2 3 And Explain:
Have you been in a TC program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, Where?
Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Did the program applicant complete this application personally? If NO, explain.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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STUDENT'S SIGNATURE

Applicant's Signature:	Date:
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TEEN CHALLENGE OF ARIZONA STATEMENT OF FAITH (PAGES 6 & 7)

Teen Challenge of Arizona (TC) Believes....

The scriptures are inspired by God and declare His design and plan for mankind (2 Timothy 3:15-17).

There is only One True God; revealed in three persons...Father, Son and Holy Spirit (Deuteronomy 6:4).

In the Deity of the Lord Jesus Christ. As God's son Jesus was both human and divine (Matthew 1:23).

Though originally good, Man Willingly Fell to Sin – ushering evil and death, both physical and spiritual, into the world (Genesis 1:26-27).

Every Person Can Have Restored Fellowship with God Through 'Salvation'...trusting Christ, through faith and repentance, to be our personal Savior (Luke 24:47).

In Water Baptism by Immersion after repenting of ones sins and receiving Christ's gift of salvation and Holy Communion as a symbolic remembrance of Christ's suffering and death for our salvation (Matthew 28:19).

The Baptism in the Holy Spirit is a Special Experience Following Salvation that empowers believers for witnessing and effective service, just as it did in New Testament times (Luke 24:49).

The Initial physical Evidence of the Baptism in the Holy Spirit is Speaking in Tongues, as experienced on the Day of Pentecost and referenced throughout Acts and the Epistles (Acts 2:4).

Sanctification initially occurs at Salvation and is not only a declaration that a believer is holy, but also a progressive lifelong process of separating from evil as believers continually draw closer to God and become more Christ-like (Romans 12:1,2).

The Church has a mission to seek and save all who are lost in sin. We believe 'the Church' is the Body of Christ and consists of the people who, throughout time, have accepted God's offer of redemption (regardless of religious denomination) through the sacrificial death of His son Jesus Christ (Ephesians 1:22-23).

A Divinely Called and Scripturally Ordained Leadership Ministry Serves the Church. The Bible teaches that each of us under leadership must commit ourselves to reach others for Christ, to worship Him with other believers, to build up or edify the body of believers-the Church and to meet human need with ministries of love and compassion (Mark 16:15-20).

Divine Healing of the Sick is a Privilege for Christians Today and is provided for in Christ's atonement (His sacrificial death on the cross for our sins) (Isaiah 53:4,5).

In The Blessed Hope – When Jesus Raptures His Church prior to His Return to Earth (the second coming). At this future moment in time all believers who have died will rise from their graves and will meet the Lord in the air, and Christians who are alive will be caught up with them, to be with the Lord forever (1 Thessalonians 4:16-17).

In The Millennial Reign of Christ when Jesus returns with His saints at His second coming and begins His benevolent rule over earth for 1,000 years. This millennial reign will bring the salvation of national Israel and the establishment of universal peace (Zechariah 14:5).

A Final Judgment Will Take Place for those who have rejected Christ. They will be judged for their sin and consigned to eternal punishment in a punishing lake of fire (Matthew 25:46).

TEEN CHALLENGE OF ARIZONA STATEMENT OF FAITH (PAGES 6 & 7)

And look forward to the perfect New Heavens and a New Earth that Christ is preparing for all people, of all time, who have accepted Him. We will live and dwell with Him there forever following His millennial reign on Earth. 'And so shall we forever be with the Lord!' (2 Peter 3:13)

God has ordained marriage and defined it as the covenant relationship between a man, a woman and Himself. TC will only recognize marriages between a biological man and a biological woman.

That God wonderfully and immutably created each person as male and female. These two distinct, complementary genders together reflect the image and nature of God. Rejection of one's biological sex is a rejection of the image of God within that person.

That the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

That any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual behavior, bestiality, incest, and use of pornography) is sinful and offensive to God.

That in order to preserve the function and integrity of Teen Challenge of Arizona as the local Body of Christ, and to provide a biblical role model to the TC clients and staff and the community, it is imperative that all persons employed by Teen Challenge in a capacity, or who serve as volunteers, agree to and abide by this Statement of Marriage, Gender, and Sexuality.

That God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.

That every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and not in accord with Scripture nor the doctrines (policies) of TC.

Addiction is characterized by a progressive loss of control over the use of a substance or behavior. The user becomes obsessed with it despite adverse consequences and often vigorously denies the existence of a problem if confronted.

The faith-based approach of Teen Challenge is that merely abstaining from addiction will not provide a lifetime of success; however, success can be achieved by replacing those addictions with a fulfilling and life-affirming experience with Jesus Christ. In other words, we believe that the void which people often attempt to plug with addictions can be filled, instead, with a new identity in Christ.

The Statement of Faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of TC's faith, doctrine, practice, policy and discipline, our Board of Directors/Executive Management Team is TC's final interpretive authority on the Bible's meaning and application.

GENERAL INFORMATION

TC offers a Christ-centered, faith-based solution to youth, adults and families who struggle with life-controlling problems. We are concerned with the body, mind and spirit of those who come to us for help. We endeavor to help people become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive. *We are confident that a relationship with God, through Jesus Christ, can transform a life.* The discipleship program is based on God's Word – the Bible. TC offers people an opportunity to start over.

Mission Statement:

To provide youth, adults and families with an effective and comprehensive Christian faith-based solution to life-controlling drug and alcohol problems in order to become productive members of society. By applying biblical principles, TC endeavors to help people become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive through Jesus Christ.

Program Phases:

TC, Home of Hope disciples and cares for women 18 years and older, along with their young children. The program is very structured and broken down into 5 phases. Restoration is additional support if needed.

Phase One – Outreach and Evangelism. Many of those who apply to enter the Program first heard about TC through the outreach efforts of one of the TC Centers in Arizona. When someone responds to our outreach efforts and begins the intake process at one of the Induction Centers, they are in Phase One.

Phase Two – Crisis/Induction. The first two weeks to 30 days of the residential program is referred to as "Crisis". What this means for the women in the program is that they are more closely cared for and protected during the first few critical weeks. Students in this phase are introduced to the curriculum and program guidelines and spend most of their time on site.

Phase Three – Training 1. This phase is the first 5 months at the Center. Now that a student has become accustomed to the schedule and is familiar with the Center and staff, she is ready to take on additional challenges and responsibilities associated with the program. In this phase students are evaluated for offsite passes...

Phase Four – Training 2. This phase for the next 3 months will tell if the students are committed to completing the entire program. The curriculum changes and becomes more challenging. Students are given more responsibility, privileges and opportunity for personal growth. The students help with fundraising, store fronts and ministry teams with local churches.

Phase Five – Re-entry. This phase of the program is designed to help students create a transition plan from the program, back into the community as well as Work-Status opportunities. Staff and student work together to establish plans for job/career, education, church participation, family relationships and community involvement. Re-entry students also work on practical things like resume, driver's license and bank accounts during Re-entry.

Internship/Work Status – Upon completion of Re-entry students may apply for a volunteer internship with the TC Home of Hope. Internships typically last for six months and can lead to employment with Teen Challenge. Housing, meals and basic needs are provided by TC during an internship.

Emerging Leaders Program – Interns may apply for the Emerging Leaders Program. Interns enrolled in the ELP have a much greater opportunity to be selected to fill job openings with Teen Challenge.

Restoration – if needed, please contact the Intake Office and or Center Supervisor.

GENERAL INFORMATION continued

Appearance

Teen Challenge services, ministry teams, and fundraisers have a standard in place for appearance and respect. We choose to dress modestly and feminine, appropriate to the occasion. Nothing revealing or too tight. Undergarments must be worn at all times outside of rooms. Hair must be kept clean and neat.

Behavior

Students who arrive 'high' will not be admitted. Use of tobacco, alcohol, and illegal drugs is not allowed. Listening to or playing secular music is not allowed. Gambling is not allowed. Profane language and boasting about past lifestyles is not allowed. Astrology, witchcraft, and discussion or practice of the occult is not allowed. Arguing with Staff, Interns, and other students is not allowed. Proper care of all TC property is expected at all times. TC will not tolerate physical threats, intimidation, violence, theft, use of alcohol or drugs, and will not tolerate any sexually deviant behavior.

Mail & Phone Calls

Mail and phone calls going in and out begin after 2 weeks in the program and are limited to family, pastors, and probation officers, - sorry but no boyfriends or fiancés. TC will monitor and screen all mail and phone calls.

Family Visitation

Visitations will be discussed by the Intake Coordinator and the Center policy on visitations will also be reviewed. Visits will begin after two weeks in the program. Home of Hope reserves the right to approve or deny visits.

Personal Belongings

After 5 months in the program a student can keep \$10 cash on them. All bags/luggage will be checked coming in and going out – up to 2 suitcases per student and 1 per child. Students who leave the program or are dismissed must take all personal belongings with them at the time they leave. TC will not be responsible for items left. NO pets allowed.

Leaving the Program

Students who leave the program before completing and wish to be reinstated must contact the Intake Coordinator. A reinstatement fee of \$100 will be required. Students who are dismissed from the program for House Safety Issues (theft, drug or alcohol use, violence) and wish to be reinstated must contact the Center Supervisor. The reinstatement fee of \$100 will be required.

Students leaving the program must sign the Student Discharge Summary and will be given a phone call to arrange for personal transportation. Out of state students will be offered transportation by TC staff to the bus station or airport. Students who are dismissed for House Safety Issues will be offered transportation by TC staff to a local shelter if needed. Students leaving the program must take their personal belongings with them upon exiting.

Teen Challenge cannot be held responsible for personal items left at the center.

Necessary Items to bring if you are able to acquire them:

Linens – Twin Sheets (Optional), pillow cases, pillows and blankets	Toiletries, towels, washcloths
Undergarments, pajamas, bathrobe	Socks/Nylons – sports, dress
Children's clothing and personal items	Casual clothes – shorts, capris, long pants
Black skirt or pants, black dress shoes	Dress clothes – dresses, blouses, shirts, slacks
Shoes – casual, dress, shower shoes, (3 inch limit)	Bible (no other books allowed)
Pictures of immediate family	Notebook, paper, pen and pencil

Closet space is limited so please bring just enough clothing for one week – laundry is done once per week.

TEEN CHALLENGE OF ARIZONA ENTRANCE AGREEMENT

THIS AGREEMENT is between TC and the program applicant. Please initial each statement below.

Student Signature

Date

- ____ 1. I agree to pay the following fees:
Non-Refundable Application Fee - \$100.00 Arizona resident; \$200.00 Out-of-State resident
\$1,500.00 Intake Fee, plus \$100.00 per child. Monthly fee of \$2,000.00 hereafter.
- ____ 2. I will provide a valid picture identification card/ driver's license and actual Social Security Card.
- ____ 3. I will apply for all applicable Government Benefits and give TC Power of Attorney to manage them while I am in the program.
- ____ 4. If I qualify for Social Security Disability, I agree to contribute a portion to TC to help cover the cost of the program.
- ____ 5. All legal problems must be made known to the Intake Coordinator prior to acceptance. Legal obligations including court appearances, jail time, court mandated classes, etc. must be completed prior to entering and or tracked once enrolled.
- ____ 6. I understand that TC is not responsible for return bus or plane fare.
- ____ 7. I have read and understand the entire Student Application and agree to cooperate with all rules and guidelines therein. Falsification of information may result in denial of Student Application.
- ____ 8. I will strive to complete the 12-15 month program.
- ____ 9. I authorize TC staff to search my person and belongings upon admission and departure and anytime deemed necessary. I also authorize TC to search items given to me by visitors which may be harmful to my progress.
- ____ 10. I understand that my enrollment in the program is contingent upon my general good health and ability to participate in the program. I therefore agree to subsequent medical examinations as required by TC. I accept all financial responsibility for any and all medical/testing expenses, which I may incur.
- ____ 11. I understand that if I am admitted as a student I will be required to participate in the TC Work Experience Program.
- ____ 12. I understand that if I am admitted to TC as a student I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlling substances and to prepare to go back into the work place.
- ____ 13. I further understand that work assignments are non-negotiable and are an important part of my recovery and general participation as a student at the Home of Hope.
- ____ 14. I understand that I am not applying for employment with TC, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.

TEEN CHALLENGE OF ARIZONA ENTRANCE AGREEMENT continued

- _____ 15. I acknowledge that I have read and fully agree with TC's description of its Work Experience Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
- _____ 16. Student must participate in the Student Sponsorship Program.
- _____ 17. I understand that TC will be coordinating fundraising events and activities that generate the funds needed to cover the cost of my care. I further understand that I will be involved in those events and activities.
- _____ 18. I understand that TC serves nutritional well balanced meals as a communal dining facility would and that it is my responsibility to maintain my diet with the food served. If for medical reasons, I am unable to eat an item served, I understand that it is my responsibility to avoid eating it.
- _____ 19. I understand that many of the people enrolled in TC have histories including, but not limited to drug abuse, alcohol abuse, homosexuality, and other sexually deviant behavior, mental and emotional problems. I also understand that while TC meets its own "National Accreditation Standards" it is not licensed by the State of Arizona as a mental health facility. I agree to not hold TC liable for any possible negative consequences, be it physical or emotional, resulting from my living at a TC Center. I understand that my enrollment is voluntary and that I may leave at any time.
- _____ 20. I understand the phases are not achieved automatically by serving time alone. I am not in TC to 'do time', but to do whatever is necessary for me to be a true disciple of Christ. General attitude and curriculum achievements are factors of phase promotion.
- _____ 21. I understand that the counseling I am to receive is not professional, clinical therapy. Staff advisors are engaged solely in spiritual counsel based upon Biblical truth.
- _____ 22. I understand that TC does not provide medically assisted detoxification services and that I will have to immediately stop using alcohol, drugs and tobacco upon entering the program. I further understand that it is my responsibility to indicate to the TC Intake Coordinator if I require assisted detox.
- _____ 23. STUDENTS HAVE THE FOLLOWING RIGHTS:
- The right to give informed consent, or to refuse treatment or medication, and be advised of the consequences of such a decision.
 - The right to a grievance procedure.
 - The right to a humane and safe environment, free from abuse, neglect, and exploitation.
 - The right to dignity and personal privacy.
 - The right to know about the cost and third-party coverage of treatment, including any limitations on the duration of treatment.
 - The right to receive a complete explanation of student rights in clear, non-technical terms in a language the student understands.
 - Student shall not be detained against their will.
 - Students shall be afforded appropriate medical or psychological/psychiatric care either through referral or direct service delivery. The ministry shall communicate who has financial responsibility for these services.

TEEN CHALLENGE OF ARIZONA ENTRANCE AGREEMENT continued

- _____ 24. In consideration of and as a condition to my admission to Teen Challenge of Arizona, Christian recovery and discipleship program, I hereby give Teen Challenge of Arizona, and its sub-licensees, assigns and legal representatives including, but not limited to Teen Challenge USA and Global Teen Challenge the perpetual, unlimited, but revocable worldwide right to use, publish and/or broadcast my name and personal story which I have related to Teen Challenge of Arizona, in whole, or in part, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify and edit any film, videotape, audiotape and photograph taken or made of me during my participation in the program, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them.
- The Licensee will not use any information about me other than what I voluntarily and personally provide. I agree that all recordings, video, film, photography, drawings or other images taken or made of me or by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use of which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.
- I hereby release, discharge and agree to hold the Licensee, its sub-licensees and all persons acting with its permission or authority harmless from any claim, demand or Liability attributable to any use or activity authorized wherein, including without limitation any claim for defamation, libel or invasion of privacy or publicity rights.
- I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.
- I understand that upon ninety days written notice from me to Teen Challenge of Arizona, the Program will discontinue all uses and activities authorized above, and, if it has authorized third parties to make such uses or engage in such activities, it will make reasonable efforts to see that such third party or parties discontinues them as well.
- _____ 25. The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by federal law and regulations (*In accordance with 42 CFR part 2.1 (10/1/91Ed.)*). Federally the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life controlling problem, especially alcohol, or drug abuse illness: *1) The student consents in writing; 2) The disclosure is allowed by a court order; or 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.*
- Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
- I warrant that I have read the above notice prior to its execution, and that I am fully familiar with the contents thereof.
- _____ 26. It is hereby understood that TC cannot and will not be held responsible for any personal property left, lost or stolen, while in the program. When leaving the program, I will take all personal property with me. It is further understood that I release the right to TC to make room searches and also a physical frisk if necessary.
- _____ 27. I understand that if an application fee was paid by me or on my behalf, it is not refundable. I understand that the Intake Fee is refundable according to the refund policy only.
- _____ 28. It is further understood that I will submit to periodical blood or urine analysis drug screening while in the program.

- _____ 29. I release TC from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.
- _____ 30. I give TC permission to open and check both incoming and outgoing mail for anything that might be harmful to the welfare of the program residents. I understand that all phone calls made by me or received for me will be screened and/or monitored.
- _____ 31. It is also understood that a medical examination including blood tests will be required for admittance. Required blood tests will include TB, HIV, and Hepatitis Panel.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I _____ authorize TC to disclose to: (enter up to 5 names of family members, sponsors, pastors who can receive information)

Name	Phone Number	Relationship	Type of Info Given	Purpose for Info Given
1.				
2.				
3.				
4.				
5.				

The information disclosed is from records protected by Federal Confidentiality Rules (42CFR, part2) and state regulations (Arizona Administrative Code R9-20-201, and Arizona Revised Statute 12-2294(F) and 36-664). The federal and state rules prohibit the recipient of the information from making any further disclosure of this information, unless further disclosure is expressly permitted by the patient's written consent, or as otherwise permitted by state and federal regulations. A general authorization for release of medical or other information is NOT sufficient consent for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

A photocopy of this consent is as valid as the original.

Signature _____ Date _____

Witness Signature _____ Date _____

REVOCAION OF CONSENT

(Do not complete unless revocation of consent has been requested)

I, _____, hereby revoke or cancel this consent effective _____.

Signature _____ Date _____

Witness Signature _____ Date _____

Per Federal Regulations: No disclosure may be made on a form, which does not conform to federal regulations and contain the above date. Further, if document appears false or altered, information will not be disclosed.

LIMITED POWER OF ATTORNEY

I, _____, a resident of _____ County, Arizona, hereby make, constitute, and appoint Teen Challenge of Arizona, Inc., an Arizona Corporation, my true and lawful Attorney-in-Fact for me, and in my name, and for my use and benefits to execute, and negotiate, and endorse any and all checks, or other instruments payable to me while in the TC Program. This power of attorney shall not be affected by the disability of the principal and shall remain in full force and effect for a period of one (1) year or as long as I am in the TC Program.

In Witness, whereof, the said principal has hereunto set his/her hand (or willingly directed another to sign for him/her) this _____ day of _____, _____ (year).

State of Arizona
County of _____

On this _____ day of _____, before me, the undersigned notary public, personally appeared, _____, known to me to be the person whose name is subscribed to the forgoing power of attorney and acknowledged that he/she executed the same for the purpose therein expressed. In witness, whereof, I have hereunto set my hand and official seal.

Notary Public Signature _____ Commission Expiration _____

Seal:



The Notary Public signature and seal will serve as verification that the applicant has read and understands the Student Application and Entrance Agreement in its entirety.

Student/Applicant's Signature _____ Date _____



The Faith Based Solution for the Drug Epidemic

PHYSICAL and HEALTH EXAMINATION

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

Name: _____ Date of Birth: _____

Present Illness/complaint/disabilities if any: _____

Allergies: _____

Medication currently prescribed and reasons for use: _____

Has client been exposed to any communicable disease? Yes No

Past History of chronic or major illness: _____

Operations: _____

Hospitalizations: _____

Respirations: _____

General Appearance and Condition – Indicate: Excellent Good Poor

Nutrition: _____

Head: _____

Ears: _____ Hearing R _____ L _____

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

With glasses R _____ L _____

Nose: _____ Throat: _____ Mouth/Teeth: _____

Neck/Thyroid: _____ Chest: _____

Cardiac: _____ Abdomen: _____

Breast: _____ Genitalia: _____

Hernia: _____ Musculo/Skeletal: _____

Neurologic: _____ Skin: _____

Required Lab Work:

Hepatitis Panel: _____

Urinalysis: _____

Pregnancy: _____ V.D.R.L. Testing: _____

HIV: _____

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

General Comments, Assessments, or Recommendations on above: _____

Doctor's Name: _____ Phone: _____

Doctor's Signature: _____ Fax: _____

Date of Exam: _____ **APPLICANTS PHYSICAL and HEALTH EXAM: PASSED or FAILED**

(Examining Medical Personnel check one)