



## NEW STUDENT FORMS CHECKLIST

			S	A	
		<b>Discovery</b>			<b>Notes</b>
		Website			
		Facebook			
		YouTube			
		Church visit			

		<b>Student Inquiry</b>			<b>Notes</b>
		Follow-up Script			
		Email			
		Phone Call			
		Letter			
	1	<b>Follow-up inquiry Script/ Pre-Initial Interview Appointment Form</b>			

		<b>PRE INITIAL INTERVIEW</b>			<b>Notes</b>
		<b>Disqualified</b>			
		If disqualified - put notes in student inquiry folder and plan to check-in in 1 month. If will never qualify, write summary and file away with closed files			
		<b>Qualified</b>			
	2	New Student Form Checklist			
		<b>Email or Mail Pre-Initial Interview Items</b>			
x	3	1. Student Application			
x	4	2. Medical Form			
x	5	3. Entrance Agreement			
x	6	4. Goals, Hopes & Dreams			
x	7	5. Authorized Communication Form			

	INITIAL INTERVIEW ITEMS			Notes
	2	New Student Form Checklist		
		<b>Collect These Items &amp; Review</b>		
x	3	1. Student Application		
x	4	2. Medical Form		
x	5	3. Entrance Agreement		
x	6	4. Goals, Hopes & Dreams		
x	7	5. Authorized Communication Form		
		<b>Do These Items at the Initial Interview</b>		
x	4	Drug Test ( <i>bottom of Medical Form</i> )		
x	8	Authorization for release of information		
		<b>Go Over These Items in The Initial Interview</b>		
x	9	Work Experience Program & Agreement		
x	10	Personal Story & Media Release		Appointment for in take
		<b>Give or Email a Copy of these Items</b>		
x	11	1. SFATC Center Schedule Sample		
x	12	2. Child Visitor		
x	13	3. Notice of Residency		
x	14	4. What to Bring		
	IN-TAKE INTERVIEW ITEMS			Notes
		Introductory Information		
		<b>Prepare Documents</b>		
x	15	1. Highlighted Agreements		
x	16	2. Student Handbook		
x	17	3. Student Chore Assignments SAMPLE		
x	18	4. New Student Location Assignments		
x	19	5. Student Bank Book		
		<b>Collect These Items &amp; Review:</b>		
		<i>These items were given or emailed after Initial Interview</i>		
x	12	2. Child Visitor		
x	13	3. Notice of Residency		
		<b>Go Over These Items</b>		
x	20	Confidentiality of SFATC		
x	21	Injury Liability Waiver		
x	22	Civil Rights Waiver Acknowledgement		
x	23	Duty to Warn		
x	24	Christian Conciliation & Arbitration Agreement		
x	25	Property Check-In		
		<b>Do These</b>		
		Tour		
x		Work Call Skills Assessment		
		Drug Test		
		Food Stamp Sign-up		

**STUDENT INFORMATION**

Name:  Preferred Name:

Mailing Address:  City, State, Zip:

Phone:  Email:

Gender: ☐ Male ☐ Female Ethnicity:

Height:  Weight:  SSN:  Driver's License:

Referral Name:  Referral Phone:

**EMERGENCY CONTACT**

Name:  Relation to Student:

Address:  City, State, Zip:

Phone:  Email:

**MISCELLANEOUS**

What are your hobbies and/or interests:

**ADDICTION INFORMATION** (Check all that apply)**CHEMICALS**

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol         | <input type="checkbox"/> Cocaine                     |
| <input type="checkbox"/> Barbituates     | <input type="checkbox"/> Heroin                      |
| <input type="checkbox"/> LSD             | <input type="checkbox"/> Nicotine/Tobacco            |
| <input type="checkbox"/> Marijuana       | <input type="checkbox"/> Prescription/OTC Pills      |
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Inhalants                   |
| <input type="checkbox"/> Steroids        | <input type="checkbox"/> Other: <input type="text"/> |

**OTHERS**

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Abusing    | <input type="checkbox"/> Pornography    | <input type="checkbox"/> Over eating |
| <input type="checkbox"/> Bulimia    | <input type="checkbox"/> Anorexia       | <input type="checkbox"/> _____       |
| <input type="checkbox"/> Workaholic | <input type="checkbox"/> Same-Sex       |                                      |
| <input type="checkbox"/> Video      | <input type="checkbox"/> Gambling       |                                      |
| <input type="checkbox"/> Stealing   | <input type="checkbox"/> Abusing myself |                                      |
| <input type="checkbox"/> Sex        | <input type="checkbox"/> Internet       |                                      |

What is the central struggle in your life?

What are your greatest needs, in order of priority?

Why do you want to be admitted into SFATC?

What do you hope to gain from SFATC?

Have you attended any other programs?

Details:

**FAMILY INFORMATION**

**Father:**  ☐ Birth ☐ Adoptive ☐ Step-father

Mailing Address:  City, State, Zip:

Phone:  Email:

**Mother:**  ☐ Birth ☐ Adoptive ☐ Step-mother

Mailing Address:  City, State, Zip:

Phone:  Email:

**Siblings:**

**Spouse:**  ☐ Married ☐ Divorced ☐ Separated

Mailing Address:  City, State, Zip:

Phone:  Email:

Children or Dependents		Describe your relationship
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**HEALTH**

General Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any communicable diseases: ☐ Yes ☐ No If yes, please provide details:

Are you currently receiving medical care? ☐ Yes ☐ No If yes, please provide details:

Are you on prescribed medication? ☐ Yes ☐ No If yes, please provide details:

Do you have any restrictions: ☐ Dietary ☐ Physical ☐ Allergic ☐ Other Details:

Have you ever received mental health treatment? ☐ Yes ☐ No Details:

Additional comments:

**MILITARY**

Have you ever served in any branch of the military? ☐ Yes ☐ No

Type of Discharge: ☐ Honorable ☐ Entry-level Separation ☐ General ☐ Bad Conduct ☐ Dishonorable ☐ Other than Honorable

Additional Comments:

**LEGAL****Misdemeanors**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Assault/Battery     | <input type="checkbox"/> Petty Theft                      | <input type="checkbox"/> Forgery                 | <input type="checkbox"/> Trespassing          |
| <input type="checkbox"/> Criminal Mischief   | <input type="checkbox"/> Stalking                         | <input type="checkbox"/> Grand Theft             | <input type="checkbox"/> Other Misdemeanor    |
| <input type="checkbox"/> Disorderly Conduct  | <b>Felonies</b>   | <input type="checkbox"/> Homicide/Murder         | <input type="checkbox"/> Resisting w/Violence |
| <input type="checkbox"/> Disorderly          | <input type="checkbox"/> Aggravated Battery/Assault       | <input type="checkbox"/> Lewd Conduct/Indecent   | <input type="checkbox"/> Robbery Offense      |
| <input type="checkbox"/> False Crime Report  | <input type="checkbox"/> Battery on an Officer            | <input type="checkbox"/> Practicing with License | <input type="checkbox"/> Sexual Conviction    |
| <input type="checkbox"/> Indecent Exposure   | <input type="checkbox"/> Burglary                         | <input type="checkbox"/> Probation Violation     | <input type="checkbox"/> Tampering            |
| <input type="checkbox"/> Loitering/Prowling  | <input type="checkbox"/> Child Abuse/Neglect              | <input type="checkbox"/> Shoplifting             | <input type="checkbox"/> Weapon Offenses      |
| <input type="checkbox"/> Obstructing Justice | <input type="checkbox"/> False Imprisonment or Kidnapping | <input type="checkbox"/> Soliciting/Prostitution | <input type="checkbox"/> Other Felony         |

If yes, provide details:

Are you currently on probation or parole? ☐ Yes ☐ NoMethod of reporting: ☐ Phone ☐ Letter ☐ In-personOfficer's Name:  Phone Address  Email City  State  Zip Are you required to register your location as a sex offender? ☐ Yes ☐ NoAre you required to register with the Sheriff's office? ☐ Yes ☐ No Reason: Attorney's Name:  Phone Address  Email City  State  Zip Pending Actions: ☐ Warrants ☐ Court appearances ☐ Sentencing ☐ Other

If yes, provide details:

**SPIRITUAL**Do you believe in God? ☐ Yes ☐ NoHave you ever committed your life to Jesus Christ? ☐ Yes ☐ NoAre you incorrectly involved in a church or religion? ☐ Yes ☐ No If yes, which church? Describe your involvement:

**FINANCIAL INFORMATION**

Are you currently employed? ☐ Yes ☐ No

List your most recent jobs:

Company	Basic Tasks	Dates

Are you receiving any of the following:

<input type="checkbox"/> Welfare	<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> Retirement Other
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other
<input type="checkbox"/> Disability (SSA or SSI)	<input type="checkbox"/> Retirement (SS)	<input type="checkbox"/>

If yes, provide details:

Do you have any outstanding debts?

*Include information regarding child support, alimony, court fines, probation fees, or other ongoing financial responsibilities.*

If yes, provide details:

Additional Notes:

**EDUCATION**

Highest Grade Level Completed:

HIGH SCHOOL				COLLEGE				OTHER
9	10	11	12	F	SO	J	SE	

Do you have a high school diploma or GED? ☐ Yes ☐ No

What are your educational and/or vocational goals?

**ACCURACY OF INFORMATION**

I certify the information in this application and it's attachments are true and accurate to the best of my knowledge. I understand that if this information is not true and accurate it may risk my ability to participate in the San Francisco Adult Teen Challenge Center

<div></div>	<div></div>	<div></div>
Student Name (Printed)	Date	Signature



## MEDICAL FORM

Date

Upon examination of  PATIENT'S NAME , I found him, in

MY medical opinion, to be free from communicable disease and in ☐ GOOD ☐ AVERAGE ☐ POOR

Health physically, and in ☐ GOOD ☐ AVERAGE ☐ POOR, health emotionally.

Conditions ( physical, mental, emotional):

  
  
  

Specific Treatment ( physical, mental, emotional):

  
  

Drug Allergies:

Any evidence of MRSP (Macrolide Resistate Streptococcus Pneumoniae)?

Chlamydia:  
Gonorrhea:  
Herpes:  
Syphilis:  
T.B. Skin Results:  
Hep. A, B, & C:  
HIV Test:

In my professional opinion, this person is stable enough physically, mentally, and emotionally to participate in a 12-month minimum residential program at San Francisco Adult Teen Challenge Men's Center.

Doctor's Signature:

Office Address:

Phone:

City:

State:

Zip:



## PROGRAM ENTRANCE AGREEMENT

THIS AGREEMENT AND ACCEPTANCE is made and entered in to this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
Between said Student: \_\_\_\_\_ and San Francisco Adult Teen Challenge.

### TERMS AND CONDITIONS OF PROGRAM ENTRANCE-AGREEMENT AND ACCEPTANCE

Initial each item  
below

Whereas, the above student chooses to enter the San Francisco Adult Teen Challenge (SFATC) program and SFATC has expressed a willingness to accept him/her in order to overcome his/her life - controlling problem(s) and to receive Christian discipleship through enrollment in its program.

Now therefore, it is AGREED by and between SFATC and myself, in consideration of the potential help offered to me by the program, that:

#### 1 COMPLETED APPLICATION REQUIREMENTS AND PROCEDURES

I confirm that I understand, accept and complied fully with all application requirements and procedures and that knowingly, I have not withheld any information that might jeopardize my eligibility and entry into the program. I understand and accept that such nondisclosure, incomplete information or false statements made on the application, associated entrance forms, or future consultation with SFATC staff, may constitute an automatic and immediate disqualification, suspension, or termination from the program.

#### 2 STUDENTS TO ASSUME PERSONAL RESPONSIBILITY FOR THEIR ACTIONS

I understand that it is primarily my responsibility to face the reality of dealing with and handling my problems on a day-to-day basis. I also understand that I assume full responsibility for keeping the terms of this agreement (*abiding by or breaking rules*). Infractions on my part, therefore, constitute my decision not to cooperate with the program as agreed. Such failure to comply with any of the terms of this agreement, or any directives by SFATC, will subject me to possible dismissal by SFATC and from the program and I agree to bear the responsibility for any disciplinary or dismissal consequences. In such case, SFATC and SFATC staff will be entitled to recourse to any legal action provided by law.

#### 3 SAN FRANCISCO ADULT TEEN CHALLENGE IS A CHRISTIAN DISCIPLESHIP PROGRAM

I understand SFATC is not a "drug rehabilitation program". It is a Christian discipleship program which is aimed at those with life-controlling problems. As such, I realize that building a relationship with Jesus Christ is the heart of the program. Extra peripheral helps, such G.E.D. training, vocational guidance and training, etc., are only secondary.

#### 4 PROGRAM IS NOT RESPONSIBLE FOR STUDENT MEDICAL OR DENTAL EXPENSE

I understand that SFATC shall not be responsible for the medical or dental needs of a student prior to entry or during program attendance. Student's medical and dental expenses incurred by students while enrolled in SFATC shall be the responsibility of each individual student. This shall include an accident or injury while student is enrolled and participating in the program.

#### 5 SUBSTANCE WITHDRAWAL WHILE IN PROGRAM

I understand that withdrawal from drugs, alcohol, tobacco, or any other chemical will be done "cold turkey" (*without a graduated chemical detoxification*) aided by prayer.

#### 6 STUDENT HAS READ AND WILL COMPLY WITH STUDENT CONDUCT PROGRAM GUIDELINES

I have read and understand the SFATC program Student Conduct Policies and Guidelines manual and agree to conduct appropriate attitude, behavior, commitment, and responsibility in accordance with SFATC policies and guidelines.

#### 7 STUDENT TO PARTICIPATE IN PROGRAM WORK EXPERIENCE ACTIVITIES

I understand and agree that I will participate in the work experience programs of the SFATC as long as I am in the program, will work willingly, and I will complete all assignments given to me. Student work experience assignments are an integral part of the program, not only in terms of character, responsibility, honesty and good work habits; but also as a way of financial support basis for the program. Students shall not be paid for work performed will in the program.

#### 8 STUDENT TO PARTICIPATE IN ALL SCHEDULED PROGRAM ACTIVITIES

I understand and agree to participate and complete the program's educational curriculum, treatment plan, work experience assignments by following policies and procedures adopted by the program.

#### 9 NOT IN THE PROGRAM JUST TO DO TIME

I understand that each phase isn't achieved automatically by time alone. I am not in SFATC to "do time"; but to do whatever is necessary for me to be a true follower of Christ.

#### 10 TERMS OF PROGRAM

I understand that if it is determined I am not following after the Lord in a cooperative and teachable manner, that I will be asked to leave (and referred elsewhere as appropriate).



## 11 COUNSELING

I understand that the counseling I am to receive is not professional clinical counseling. It will be Biblical counseling, and for the most part "Peer Counseling".

## 12 NOT LICENSED BY THE STATE

I understand that many of the people living at SFATC have histories including, but not limited to, drug and alcohol abuse, mental and emotional problems. I also understand that, while SFATC meets its own National Certification Standards, it is not licensed by the State as a mental health facility. I agree not to hold SFATC liable for any possible negative consequence, be it physical or emotional, resulting from my living here. I understand that I am here voluntarily and that I may leave at any time.

## 13 SEARCH AND MONITORING OF STUDENT, PERSONAL PROPERTY, ROOMS, MAIL, AND PHONE CALLS

I authorize the SFATC staff to search my person and my belongings upon admission into the program. It's further understood that I release the right to SFATC to make room searches and also my physical search of my person as deemed appropriate by SFATC. I also authorize SFATC to search my incoming and outgoing mail or any items brought in later by visitors for drugs, information, or any matter that might be harmful to my progress or to other students. I understand that all phone calls made by or received for me will be screened and/or monitored.

## 14 STUDENT RESPONSIBLE FOR PERSONAL PROPERTY WHILE IN PROGRAM

I understand that SFATC or SFATC staff shall not be held responsible for any of my personal property while I am in the program in case of damage, fire, loss or theft, or left upon leaving. I understand that when I leave the program, I must take all my personal property with me unless left, by special arrangement with the Program Director, for a period of up to 24 hours. Otherwise, they may become property of the program. Any funds credited to my account, return ticket, etc., may be forfeited to the general fund if I fail to comply with program procedures.

## 15 CONFIDENTIALITY OF STUDENT RECORDS

I agree that San Francisco Adult Teen Challenge may reveal information about me to any or all of the SFATC staff. I understand that SFATC has a policy of maintaining the confidentiality of all my private communications between SFATC and me. Generally, such confidential communications will not be disclosed to a person or persons outside the SFATC program, including my family members, unless I have signed the Authorization for Release of Confidential Information for the release of such information and/or records. Even then, SFATC reserves the right to privileged information unless required by law in accordance with Federal Law 42 CFR Part II. This means that SFATC has no duty to notify or inform family members about any program communication (s) between SFATC and myself. If SFATC does make such disclosures as they believe are in my best interest, I waive any objection to such disclosures as per my signing a form: Authorization for Release of Confidential Information.

## 16 TEEN CHALLENGE NOT RESPONSIBLE FOR

Furthermore, in consideration for the opportunity to obtain this program ministry, I promise that I will not take any legal action in the future for anything said, done or omitted by SFATC during enrollment in the program. I agree to hold SFATC harmless for any legal claims of negligence or damage of any sort which a person could assert relating to the program ministry. I specifically release SFATC and its staff from any and all financial or legal responsibility in case of accident, injury, illness, or other imponderable misfortune, and release SFATC and its staff from all liability of any kind whatsoever as a result of this agreement and my participation with them.

## 17 CONSENT TO SUBMIT TO URINALYSIS OR BREATH ANALYSIS

I understand that SFATC shall reserve the right to require me to submit to drug testing upon demand and that such test (s) shall be paid for by the program. I further acknowledge that my refusal to submit to such testing will be choosing to leave the program, requiring an Accountability Hearing.

## 18 STUDENTS RESPONSIBILITY FOR ATTITUDE AND BEHAVIOR

I understand and agree to accept personal responsibility for my own attitudes and behavior while in the program. I further understand that inappropriate behavior as set forth in the program policies, procedures and directives shall be confronted and in a required manner in or outside the facility. All my behavior and attitudes shall manifest Christian love, compassion, consideration, cooperation and respect for each other. All things should edify and build one-another up in Christ.

## 19 CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

I understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. I also understand that Teen Challenge Monterey Bay is an evangelical Christian discipleship ministry for people with life-controlling problems. Therefore, since I choose to be a Student in this program, then I also realize and submit to the ministry's expectations to attend Christian religious activities as coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regularly monitor my communications while in the program, in accordance with the program's policies and procedures.

## 20 ENTRANCE AGREEMENT

By signing this form, **ENTRANCE AGREEMENT**, I acknowledge that I have examined and read this agreement, the Student Handbook and confirm that I understand them. I do hereby agree to abide by all rules, regulations and conditions of SFATC program.

In Witness Whereof

San Francisco Adult Teen Challenge and said Student have caused this Entrance Agreement to be executed.

San Francisco Adult Teen Challenge Student

Date

San Francisco Adult Teen Challenge Staff Witness

Date



## GOALS - HOPES - DREAMS

Trust in the LORD with all your heart and lean not on your own understanding;  
in all your ways submit to him, and he will make your paths straight.  
Proverbs 3:5,6

What are your plans, goals, hopes, and dreams? Do you set your focus on today or the future? Are you working towards a goal with a plan to follow through with steps?

**GOALS** *the object of a person's ambition or effort; an aim or desired result*

**HOPES** *a feeling of expectation and desire for a certain thing to happen*

**DREAMS** *a cherished aspiration, ambition, or ideal*



### GOALS

It is important to set short term goals in order to have smaller successes, as well as long term goals that will require steps to achieve.

#### Short Term Goal -1-3 months

1

2

#### Long Term Goals - 6-12 months

1

2



### HOPES

What are some hopes you have for your life? A hope is different than a goal because a feeling of expectation for something to happen lives in the heart.

### DREAMS

Dreams are a sparkling motivation way off in the future. It is good to have a dream or two for the future.



Student Signature

Date

Staff Signature

Date

**AUTHORIZED COMMUNICATION FORM**

List no more than five (5) people/or groups that you wish to communicate with by mail, phone, or visitation while in the program. Only mail is allowed in the Black Out/Crisis Phase

Student Name:

Contact Name:  Relationship:

Address:  Phone:

City:  State:  Zip:

Type of Communications/limitations:

SFATC Staff Signature:  Date:

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Student Name:

Contact Name:  Relationship:

Address:  Phone:

City:  State:  Zip:

Type of Communications/limitations:

SFATC Staff Signature:  Date:

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Student Name:

Contact Name:  Relationship:

Address:  Phone:

City:  State:  Zip:

Type of Communications/limitations:

SFATC Signature:  Date:

Student Name:

Contact Name:  Relationship:

Address:  Phone:

City:  State:  Zip:

Type of Communications/limitations:

SFATC Signature:  Date:

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Student Name:

Contact Name:  Relationship:

Address:  Phone:

City:  State:  Zip:

Type of Communications/limitations:

SFATC Signature:  Date:

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