

STUDENT INFORMATION

Name: _____ Preferred Name: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Gender at birth: ☐ Male ☐ Female _____ Ethnicity: _____

Height: _____ Weight: _____ SSN: _____ ID# _____

Referral Name: _____ Referral Phone: _____

EMERGENCY CONTACT

Name: _____ Relation to Student: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

MISCELLANEOUS

What are your hobbies
and/or interests: _____

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

- ☐ Alcohol ☐ Cocaine
- ☐ Barbituates ☐ Heroin
- ☐ Nicotine/Tobacco ☐ LSD
- ☐ Marijuana ☐ Prescription/
OTC Pills
- ☐ Methamphetamine ☐ Inhalants
- ☐ Steroids, Anabolic ☐ Other: _____

OTHERS

- ☐ Abusing Others ☐ Pornography ☐ Over
eating
- ☐ Bulimia ☐ Anorexia ☐ _____
- ☐ Workaholic ☐ Same-Sex Attraction
- ☐ Video Games ☐ Gambling
- ☐ Stealing ☐ Abusing myself
- ☐ Sex ☐ 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 _____ ST _____ ZIP _____

Phone: _____ Email: _____

Mother: _____ ☐ Birth ☐ Adoptive ☐ Step-mother

Mailing Address: _____ City _____ ST _____ ZIP _____

Phone: _____ Email: _____

Siblings: _____

Spouse: _____ ☐ Married ☐ Divorced ☐ Separated

Mailing Address: _____ City _____ ST _____ ZIP _____

Phone: _____ Email: _____

| Children or Dependents | M/F | Describe your relationship |
|------------------------|-------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HEALTH

General Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any communicable diseases? **Y/N** Details: _____

Are you currently receiving medical care? **Y/N** Details: _____

Are you on prescribed medication? **Y/N** Details: _____

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

Have you ever received mental health treatment? **Y/N** Details: _____

Additional comments: _____

MILITARY

Have you ever served the military? **Y/N** Details: _____

Type of Discharge:

☐ Honorable ☐ Entry-level Separation ☐ Gender ☐ Bad Conduct

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 |
| <input type="checkbox"/> Disorderly Conduct | Felonies | <input type="checkbox"/> Homicide/Murder | <input type="checkbox"/> Resisting wViolence |
| <input type="checkbox"/> Disorderly Intoxication | <input type="checkbox"/> Aggravated Battery/Assault | <input type="checkbox"/> Lewd Conduct/Indecent Exposure | <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 |
| <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 ☐ No

Method of reporting: ☐ Phone ☐ Letter ☐ In-person

Officer's Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Are you required to register your location as a sex offender? ☐ Yes ☐ No

Are you required to register with the Sheriff's office? Details: _____

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 ☐ No Name of Church: _____

Have you ever committed your life to Jesus Christ? ☐ Yes ☐ No

Are you incorrectly involved in a church or religion? ☐ Yes ☐ No

Describe your involvement: _____

**FINANCIAL INFORMATION**Are you currently employed? ☐ Yes ☐ No

List your most recent jobs:

| Company | Basic Tasks | Dates |
|---------|-------------|-------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
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Are you receiving any of the following:

- ☐ Welfare
 ☐ Worker's Comp
 ☐ Retirement Other
 ☐ Alimony
- ☐ Unemployment
 ☐ Retirement (SS)
 ☐ Disability (SSA or SSI)
 ☐ Other

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 | <div style="border: 1px solid black; width: 150px; height: 25px;"></div> |

Do you have a high school diploma or GED? ☐ Yes ☐ NoWhat 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 Fran Francisco Adult Teen Challenge Center

| | | |
|------------------------|-------|-----------|
| <hr/> | <hr/> | <hr/> |
| Student Name (Printed) | Date | Signature |