



Adult & Teen Challenge Heartland

Application for Admission

Confidential Information

Home Center (Please Check Which Applies): _____ Memphis _____ Middle Tennessee

Intake Coordinator: _____ Intake date: _____

Name: _____ Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Hair: _____

Eyes: _____ Race: _____ Gender at birth: _____ Marital Status: _____

Are you an American citizen? _____ Yes _____ No

Have you served in any branch of the military? Yes or No, if so what branch? _____

Substance Abuse History:

Do you have a SA history? _____ Yes _____ No, if so how long have you been using? _____

What has been your drug of choice in the last year? _____

Do you believe you are an addict? _____ What is your drug use frequency? _____

What amounts were you using? _____ What have you used in the last 48 hrs? _____

Do you smoke? _____ Chew tobacco? _____ Dip snuff? _____ Vape? _____

List the substances you have used/abused: _____

I use drugs (check the ones you believe apply):

_____ to cope with life _____ for recreation or pleasure _____ to escape reality _____ to be liked and accepted

Have you been in a TC program before? Yes or No, If so, where & when? _____

Have you been in another treatment program before? If so, fill out the information below.

Program Name	Location	When	Program Length	Completed?	Sobriety Length?

What is the main problem in your life? _____

Why are you wanting to come to ATCMN? _____

What is your sexual preference? _____ Homosexual _____ Bisexual _____ Transsexual _____ Heterosexual

Have you ever been involved in homosexual behavior? _____



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Criminal History:

Have you ever been convicted of a felony? Yes or No _____ if so fill out the information below. List ALL arrests and convictions below:

Dates	Age	Charges	Outcome

Are there any warrants out for your arrest? _____

If so, explain _____

Are you on probation or parole?: ____ Yes ____ No

PO's name: _____ Phone: _____ Email: _____

Fax #: _____ Mailing Address: _____

County of jurisdiction: _____

Has your PO given you permission to enter the program? ____ Yes ____ No

Can you provide written approval from your PO office on letterhead? _____ State the full conditions of your probation/parole as you understand them: _____

Do you have any upcoming court dates? ____ Yes ____ No If so, list below:

Court	Reason	Date

Lawyer's Name: _____ Phone: _____

Fax #: _____

Financial Information:

Do you have any outstanding debts? ____ Yes ____ No

Have you informed creditors that you are entering ATCMN and will not be able to pay? ____ Yes ____ No

If not, how are you going to handle your finances? _____

Do you have means of support while in ATCMN? ____ Yes ____ No, If yes, explain:

Do you receive SSI or other monthly check? ____ Yes ____ No If yes, explain: _____

Do you have credit cards? ____ Yes ____ No /Chck. Acct: ____ Yes ____ No / Sav. Acct: ____ Yes ____ No



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Empolyment History:

Who was your last employer? _____ What was your job? _____

How long? _____ Reason for leaving? _____

What is the longest time you've held one job? _____

List below the most recent jobs you have had:

Name of Employer	Type of Work	Dates	Reason for Leaving

Do you have any special skills, training, trades, or musical abilities? Please explain:

Educational History:

Have you ever been told you have a learning disability? ____Yes ____ No if yes please Explain: _____

How would you rate your reading level: ____ Fair ____ Good ____ Very Good ____ Excellent

Do you believe you can function here academically? ____Yes ____ No if no please explain: _____

Are you a high school graduate? ____Yes ____ No , if not do you have your GED? ____Yes ____ No

What is the highest grade you have completed? _____

Have you been to college? ____Yes ____ No Did you graduate? ____Yes ____ No If yes, what degree did you receive? _____

Medical Questions:

Do you have health insurance? ____Yes ____ No

If yes, please provide insurance carrier information: _____

Are you on any prescription medications? ____Yes ____ No

List them: _____

Psych History:

Have you ever attempted suicide? ____Yes ____ No

If so, when and how:

Do you experience periods of deep depression that are not drug or alcohol related? ____Yes ____ No

If yes, explain:

Have you ever received Psychiatric help? ____Yes ____ No If yes, What was the doctor's diagnosis? _____

Have you ever been hospitalized for mental or emotional disorders? ____Yes ____ No

Name of facility	Reason for Admission	Length of Stay	Outcome of Treatment

Describe your present outlook on life: _____



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Family History:

Birthplace: _____ Where were you raised? _____
 Are both of your parents still living? Father _____ Mother _____
 Are they still married? Father _____ Mother _____
 Have either of your parents/step parents used drugs/alcohol? _____ Yes _____ No
 If yes, explain: _____

Did you suffer any kind of abuse in the home? If so, explain: _____

Were you raised by anyone other than your birth parents? _____

Who are you currently living with? _____

Do you have siblings? _____ Yes _____ NO

If so how many Brothers: _____ Sisters: _____

Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Remarried _____

Spouse's or Ex's Full Name: _____ Phone# _____

Address _____ Date of Divorce: _____

Do you have a girlfriend? ___ Yes ___ No Do you have a fiance? ___ Yes ___ No

Do you have any children? ___ Yes ___ No Do you owe back child support? _____

Name	Age	Mother's Name	Resides With

Spiritual History:

Do you believe in God? _____ Yes _____ No _____ Uncertain

Have you ever committed your life to Christ? _____ Yes _____ No If yes, when? _____

How often do you attend church? _____ Never _____ Sometimes _____ Regularly

Denominational preference: _____

Are you a member of any church or religion? _____ Yes _____ No If yes, where: _____

Explain any recent changes in your spiritual life? _____

Have you ever been involved in the occult? _____ Yes _____ No

Where do you believe you stand with God now? _____

Student Account Refund Policy/ Agreement

1. I understand upon leaving the program prematurely no money will be given to me upon exiting.
2. I understand that no one but the person whose name is on the student account can request a refund.
3. I understand the staff on duty does not have access to student account funds and are unable to assist me in any way with finances.
4. I understand all refunds will be mailed to the address on file unless otherwise specified.
5. I understand that in the event of my dismissal or quitting of the program any money on my student account will first applied to any unpaid tuition before any refunds are given.
6. I understand that all student account refunds must be approved by the Center Director and/or the Executive Director.

I _____ do willingly agree to the terms in this agreement and further state that I am eighteen years or older of sound mind and under no constraints or undue influences, this day _____ of this _____ 20 _____.

Student Signature: _____

Payee Signature: _____ Date: _____

Intake Coordinator: _____ Date: _____



New Student Financial Agreement

New students must provide an active and open credit card that will be charged each month the student is enrolled in the Adult & Teen Challenge of Memphis & Middle Tennessee. **All charges are non refundable.**

New students must pay \$250.00 processing fee using money order, cash or credit card. **All payments are non-refundable.**

New students must pay up front the processing fee and the first month (250 processing + 500 monthly = 750). **All payments are non-refundable.**

New students must sign and agree to \$500.00 per month for the tenure of their enrollment. **All payments are non-refundable.**

The approved credit card will be processed until such time as the student is gainfully employed in the last phase of the program and has received three weeks of consistent employment.

New students will be given the opportunity to pre-pay the full tuition cost (\$5000 tuition + \$250 induction fee \$5250) before intake using cash, money order or credit card and receive a 10% discount off their entire fee. The total amount would adjust to $\$4500 + 250 = \4750 intake processing fee. All payments are non-refundable.

New Students who do not complete blood work prior to entering program are required to have \$125.00 for us to facilitate this being performed.

After 30 days the approved credit card will be charged \$500.00 per month to cover tuition. **All payments are non-refundable.**

Should the student leave the program pre-maturely credit card will no longer be processed for payment.

All credit cards and payments must be current to keep the student in good standing with this Adult & Teen Challenge of Memphis & Middle Tennessee program.

Student Name (print): _____ Date: _____

Student signature: _____

Person responsible for providing payment:

Print Name: _____ Date: _____

Signature: _____ Date: _____

Intake Coordinator: _____ Date: _____



STUDENT MAILING, PHONE AND VISITORS AUTHORIZATION LIST

Student _____

Intake Date _____

Eligibility Date _____

Only immediate family members may be placed on this list. Immediate family members as identified by Adult & Teen Challenge of Memphis & Middle Tennessee are: Grandparents, Parents, Wife, Children, Sister or Brother. Aunts, Uncles, Cousins, Nieces or Nephews, Fiancés and friends of the family are not considered immediate family and will not be approved for contact or visits. Any exceptions must be pre-approved by the Director.

Please include email address for information regarding visitation

Name	Relationship	Address/Phone	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Director approval: _____ Yes _____ No



Please copy approved visitation and phone list and place in the directory at the front desk.

Adult and Teen Challenge of Memphis
33 North Cleveland Avenue
Memphis, Tennessee 38104

Adult and Teen Challenge of Middle TN
130 Corporate Drive
Clarksville, TN 37040

MODEL RELEASE

Dated: _____

For no consideration received, I hereby give Adult & Teen Challenge of Memphis & Middle Tennessee, Inc. Absolute and irrevocable right and permission, with respect to the photographs they have taken of me or in which I may be included with others:

- (a) To copyright the same in their own name or any other name that they may choose,
- (b) To use, re-use, publish and re-publish, the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) Illustration, promotion and advertising and trade, and
- (c) To use my name in connection therewith if they so choose.

I hereby release and discharge Adult & Teen Challenge of Memphis & Middle Tennessee, Inc. from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Adult & Teen Challenge of Memphis & Middle Tennessee, as well as the person(s) for whom they took the photographs.

_____ I am over the age of eighteen, I have read the foregoing and fully understand the contents thereof.

_____ I am a minor and have the consent and signature of my legal guardian or parent.

Witness

(Legal Signature)

(Please Print Name)

(Address)

(City, State, ZIP _____)



STUDENT DISCLOSURE AND CONSENT FORM

I _____ give ADULT & TEEN CHALLENGE OF MEMPHIS & MIDDLE TENNESSEE, Inc. authorization to disclose to the courts and probation & parole the fact that I am currently a student at Adult & Teen Challenge of Memphis & Middle Tennessee and the date I entered into the program. The disclosure of this information shall be made for the purpose confirming my whereabouts and informing the courts that I have had no income while in the program.

Signature of Student: _____ Date: _____

Intake Coordinator: _____ Date: _____

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR prt 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient (student).

(Adult & Teen Challenge of Memphis & Middle Tennessee does not maintain 'patients', but uses this word because it is required by law. As an evangelical Christian ministry of discipleship, Adult & Teen Challenge of Memphis & Middle Tennessee residents are referred to as 'students' and not "patients". Most of whom are dealing with the life controlling problem of substance abuse.)

STUDENT ACKNOWLEDGEMENTS REGARDING WORK ASSIGNMENTS

Statement of Applicant

I understand that if I am admitted as a student, that I will be required to participate in Adult & Teen Challenge Work Program. I acknowledge that I have read and fully agree with ATC Program's description of its work program assignments in helping to build in me a good work ethic. I understand that if I am admitted, I will not be working as an employee of Adult & Teen Challenge, but solely for my benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the workplace. By submitting this application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments. I further understand that if I fail to participate in work assignments, Adult & Teen Challenge may release me from the program for failure to participate.

Name: (print) _____

Signature of Applicant: _____ Date: _____

Intake Coordinator: _____ Date: _____



No Nicotine Policy

I _____ understand that Adult & Teen Challenge of Memphis & Middle Tennessee is a tobacco free environment and I will not be allowed to use tobacco products of any kind on the premises. This includes patches, gums, ecigs, vaping, etc. I also understand I am not to have tobacco products in my possession or use tobacco products during any event or activity in conjunction with the ATCMN program, including passes. Failure to comply with this policy may result in dismissal from the ATCMN program.

Signature: _____ Date: _____

Intake Coordinator: _____ Date: _____

Adult & Teen Challenge of Memphis & Middle Tennessee

WAIVER AND RELEASE OF LIABILITY

Please Read All information Before Signing

In consideration of being allowed to participate in the Adult & Teen Challenge of Memphis & Middle Tennessee program, which includes the work program or any activities and/ or events, the undersigned acknowledges, and agrees that:

- 1) The risk of injury from the activities involved in the work component of the program may include the potential for paralysis, dismemberment and death, and while rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, _____ HEREBY RELEASE AND HOLD HARMLESS Adult & Teen Challenge of Memphis & Middle Tennessee, their officers, and/or employees, other participants, and owners used to conduct the work project, activity or event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature: _____ DATE: _____

Intake Coordinator: _____ Date: _____



**Information Request-Student Authorization
Waiver of Confidentiality Agreement**

Name: _____ D.O.B: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Hospital/Clinic/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ or Fax to: _____

I authorize the following information to be released from my medical record:

_____ Discharge Summary _____ Consultation _____ Emergency Room Report _____ Pertinent Information

_____ Psych. Evaluation _____ Nurses Notes _____ Laboratory Report _____ Other (specify): _____

Reason for requesting information:

_____ Legal _____ Personal _____ Insurance _____ Continuation of Care _____ Other (specify): _____

Release this information to:

Adult & Teen Challenge of Memphis

Address: 33 N. Cleveland

City: Memphis, **State:** Tennessee

Zip Code: 38104

Adult & Teen Challenge of Middle Tennessee

Address: 130 Corporate Drive

City: Clarksville, State; TN **Zip**

Code: 37040

Information released from the medical record may include drug testing, alcohol, HIV and AIDS, and psychiatric information.

Student Signature: _____ Date: ____/____/____

Authorized Representative Signature: _____ Date: ____/____/____ +

Witness Signature: _____ Date: ____/____/____

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization that I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked this authorization will expire on the following date, event or condition: _____. (Not to exceed 12 months). If I fail to specify an expiration date, event or condition, this authorization will expire 90 days from the date signed. This does not include any event that may occur after the date of signing. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may obtain a copy or inspect the information to be use or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about the disclosure of my health information, I can contact the individual or organization making the disclosure. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R part 2), the federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person for whom it pertains. A general authorization for release of medical or other information is Not sufficient for this purpose. The federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

STUDENT ACKNOWLEDGEMENTS REGARDING Covid-19 Vaccine

Statement of Applicant

I understand that if I am admitted as a student, that I will be required to receive the Covid-19 vaccine if I have not already done so. If I have already done so, I will be required to provide proof of vaccination. I acknowledge that I have read and fully agree with ATC Program's description of its vaccine requirement. I further understand that if I fail to participate in said requirement, Adult & Teen Challenge may release me from the program for failure to participate.

Name: (print)

Signature of Applicant:

Date: _____

Intake Coordinator:

Date: _____