Adult & Teen Challenge
South Carolina

Application for Admission

General

Name: _____ SSN: _____ - _____ - _____
Last   First   Middle

Address: _____
Street   City   State   Zip

Birthdate: ____ / ____ / ____   Phone: _____

Spouse's Name: _____ Are you an American citizen? Yes ____ No ____

Last Grade Completed: 3 4 5 6 7 8 9 10 11 12

College Completed: 1 2 3 4   Degree/Major: _____

Hobbies/Recreation: _____

Special Abilities: _____

What significant changes have occurred in your life recently? _____

_____

Legal

Have you ever been arrested? Yes____ No____ How many times? _____

Date	Charge	Convicted	Sentence	Jail Time
_____	_____	Yes No	_____	Yes No
_____	_____	Yes No	_____	Yes No
_____	_____	Yes No	_____	Yes No
_____	_____	Yes No	_____	Yes No

Are you on probation or parole? Yes ____ No ____   Time Remaining: _____

Drug History

Explain your first drug experience: _____

_____

Why did you become involved with drugs? _____

_____

Explain any patterns of drug/alcohol abuse: _____

_____

Drugs Used	Date first used	Date last used	Rarely (1x/month)	Monthly (1-3x/month)	Weekly (1-5 days/week)	Daily (6-7 days/week)
Alcohol						
Amphetamines (uppers)						
Barbiturates (downers)						
Crack/Cocaine						
Hallucinogens						
Heroin						
Inhalants						
Marijuana						
Methadone						
PCP						
Tobacco						
Others (specify)						

Why do you depend on drugs?

_____ To cope with life   _____ To be "in" with the crowd

_____ For pleasure   _____ To perform better (school, sports, etc.)

_____ To escape reality   _____ Other:

Habit cost per day: _____ Longest period of time clean: _____

Treatment

What is the main problem as you see it? _____

_____

_____

What are your greatest needs? _____

_____

_____

Have you ever been in a treatment program before? Yes_____ No_____

Program Name	Date	City	State	Reason for Leaving	Religious
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Have you ever been involved in an Adult & Teen Challenge program? Yes_____ No_____

When? _____ Where? _____

Why did you leave? Dismissed_____ Completed Program_____ Left AMA_____

Explain why you left or were dismissed:

_____

_____

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_____

What are you expecting God to do in your life through the program?

_____

_____

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Signature

I CERTIFY THAT ALL THE INFORMATION RECORDED HERE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN FULLY COMPLETED BY ME. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISQUALIFICATION OF ANY APPLICATION OR FOR ENTRANCE AND/OR PARTICIPATION IN THE ADULT & TEEN CHALLENGE PROGRAM.

Applicant's Signature: _____ Date: _____