

APPLICATION FOR ADMISSION-
 Eastern Appalachian Teen Challenge-PO Box 19385 Roanoke VA 24019
 540-473-8148 Fax/Phone

Form 001

CONFIDENTIAL

STUDENT NAME

Name _____ Age _____ DOB _____
 Address _____
 SSN# _____ Hair Color _____
 Eye Color _____ Height/Weight _____
 Drivers License No. (if applicable) _____

FATHER INFORMATION

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

STEPFATHER INFORMATION if applicable

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

MOTHER INFORMATION

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

STEPMOTHER INFORMATION if applicable

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

LEGAL GUARDIAN INFORMATION if applicable

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

CONFIDENTIAL 001**LEGAL GUARDIAN INFORMATION** if applicable

Name _____ Occupation _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ SSN # _____
 E-Mail _____ Fax _____

EMERGENCY INFORMATION

Name _____ Relationship to Student _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____

Name _____ Relationship to Student _____
 Address _____
 Home Phone _____ Cell Phone _____
 Work Phone _____

SIBLING INFORMATION

- Name _____ Age _____
Address _____
- Name _____ Age _____
Address _____
- Name _____ Age _____
Address _____
- Name _____ Age _____
Address _____
- Name _____ Age _____
Address _____

FAMILY OF ORIGIN STATUS

In Tact _____ Separated _____ Divorced _____ Single _____ Other _____

Please explain _____

LEGAL CUSTODY INFORMATION-Please check all that apply

*** PLEASE SEE ATTACHED CUSTODIAL REQUIREMENTS DOCUMENT**

Biological Mother	
Biological Father	
Step Mother	
Step Father	
Adoptive Mother	
Adoptive Father	
Other	
Please explain	

CONFIDENTIAL 001**SPIRITUAL HISTORY-Please Read the EATC Statement of Faith**

- Does your family ascribe to a particular religion? _____ If so, please list _____
 - Does your family attend church? _____ If so, please list _____
 - Does your daughter attend church or a youth group? _____
 - Does your daughter consider herself to be a Christian? _____
 - Has she been baptized? _____
 - Has your daughter or anyone else in your immediate family practice Wiccan (witchcraft), or other occult, new age type religions?
-

TREATMENT HISTORY

Please list any history that the applicant has been involved with including any previous residential programs, counselors/psychologists, psychiatrists, hospitalizations etc. including treatment type whether inpatient or outpatient, rehabilitation or detoxification.

Agency/Program Counselor	Type of Treatment	Dates	Address	Phone	Diagnosis/Outcome

Please list any medication your daughter is currently taking, the prescribed reason and frequency: _____

LEGAL HISTORY

- Has your daughter ever been arrested or investigated by law enforcement or have a police record? _____ If yes, please explain: _____

- Is your daughter on probation? _____ Officer's Name _____
 Probation Officer Telephone _____ Length of Probation: _____
- Has your daughter or any other immediate family members been involved/supervised by a Social Services agency such as The Department of Children & Families? _____ If yes, please explain: _____

CONFIDENTIAL 001**Legal History Continued**

- Does your daughter have any upcoming court appearances? _____
- Are you or any member of your daughter's immediate family involved in a civil lawsuit? _____
- Upon the possibility of your daughter's enrollment you will be required to sign numerous liability forms for the safety of both your daughter and EATC. Do you have a problem with this? _____
- Is anyone in your immediate or extended family a registered sex offender? _____ If yes, please list who: _____

ACADEMIC HISTORY

Name of school your daughter is currently attending? _____

Address of school: _____

School Telephone: _____ Last Grade Attended: _____

List any Extra-Curricular Activities your daughter participated in: (i.e. sports, clubs etc.) _____

Please check below all that applies:

SUBJECT	Good	Average	Poor
Reading			
Writing			
Math			

- Has your daughter been identified with any specific learning disabilities? _____
If yes, please list the disability: _____
- Does your daughter currently have an IEP (Individual Education Plan) with her current school or other schools she has attended? _____
- Is your daughter enrolled in any special education or pull out classes? _____
If yes, please list the classes: _____
- **PLEASE PROVIDE ALL COPIES OF SCHOOL REPORTS, INCLUDING IEP'S AND SCHOOL PSYCHOLOGIST REPORTS.**
- **PLEASE PROVIDE A COPY OF YOUR DAUGHTER LAST REPORT CARD WITH TEACHER COMMENTS.**

CONFIDENTIAL 001**SUBSTANCE ABUSE HISTORY**

Is your daughter currently abusing any substances such as drugs or alcohol? _____

Is your daughter currently using any tobacco products? _____

If you answered yes to the questions above please complete the table below:

Substance Name	Use: How often/How much	When was the last known date she used?

- To your knowledge has your daughter ever used inhalants or “huffed” any chemicals? _____
- To your knowledge has your daughter ever used intravenous drugs? _____
- Has your daughter ever been admitted to a detoxification facility? _____
If yes, please list the facility and dates: _____
- Do you feel your daughter needs a detoxification program? _____
- Are you aware that EATC is not a licensed drug and alcohol treatment program, or medical, mental health facility, but is a Christian discipleship-training program? _____
- Do you understand that due to the rigorous schedule of our program, we will not accept persons taking doctor prescribe mind-altering drugs such as but not limited to anti-depressants of lithium? _____

ABUSE HISTORY

To your knowledge has your daughter ever been involved in an abuse situation or been the abuser herself in any of the areas listed below:

- Physically abused _____ If yes, please explain: _____

- Sexually abused _____ If yes, please explain: _____

- Emotionally abused _____ If yes, please explain: _____

CONFIDENTIAL 001**Abuse History Continued**

- Spiritually abused _____ If yes, please explain:

- Will your daughter be restricted from communication or visitation with any parent or immediate family relative? _____ If yes, please explain: _____

SOCIAL/BEHAVIOR HISTORY

Please read the list below and check the behaviors that are true for your daughter.
Leaving a space blank indicates a NO answer (or “not to your knowledge”)

My daughter:

Makes friends easily	
Is a leader	
Is easily influenced	
Tends to want to please people	
Often stubborn	
Currently dates	
Is sexually active	
Showing promiscuous behavior	
Has been pregnant before	
Has had an abortion previously	
Has placed a child up for adoption	
Shows or displays bisexual or homosexual behaviors or attractions	
Lies if needed	
Steals if given the opportunity	
Blames others for her choices	
Shows manipulative behavior	
Has a low or poor self body image	
Has cut herself purposely	
Is depressed often	
Is suicidal	
Has relatives or friends living within a 100 mile radius of EATC	

CONFIDENTIAL 001

- If your daughter has attempted suicide in the past please list the details:

Was it reported? _____

- Has either parent or any of your other children undergone any psychiatric treatment or psychological counseling? _____ If yes, please explain below:

Name _____
 Relationship to Applicant _____
 Dates _____ Diagnosis _____
 Results _____

Name _____
 Relationship to Applicant _____
 Dates _____ Diagnosis _____
 Results _____

Name _____
 Relationship to Applicant _____
 Dates _____ Diagnosis _____
 Results _____

CHARACTER HISTORY

Please list below what you believe to be your daughter's personal strengths whether academically or personally:

Please also list what you believe your daughter's weaknesses or challenges are:

CONFIDENTIAL 001**RUNAWAY HISTORY**

- Has your daughter ever run away from home? _____
- If yes, when? _____
- How long was she gone? _____
- What was her destination? _____
- What was the reason? _____
- With whom if anyone did she runaway with? _____
- While she was gone, how did she supply her needs?
Stealing _____ Prostitution _____ Peers/Family _____ Drugs _____
- What form of transportation did she use to run?
By foot _____ A car _____ Hitchhiking _____ Other _____
- How did she return home? _____
- What were the consequences upon her return? _____
- How many times has she runaway? _____
- Do you think your daughter would attempt to runaway from
EATC? _____

Please list relatives or friends your daughter might contact without your permission if she were to runaway:

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

CONFIDENTIAL 001

Please describe the behaviors or struggles your daughter is experiencing that led you to considering placement for your daughter into a residential program:

I have read this application in full including the Student and Parent Manuals and the Statement of Faith, and declare that to the best of my knowledge I have not provided any false information. I also fully understand that this application does not grant acceptance into the program, but that the Executive Director of EATC will that make decision. I understand that in providing false information could make my daughter ineligible for admission into the program.

I understand the communication and discipline policies of EATC and should my daughter be accepted into the program, I will do my best to keep my daughter accountable to the values and requirements of EATC during her tenure here.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

