



Teen Challenge of Arizona, Inc.
Springboard Home for Youth in Crisis

PARENT / STUDENT PROGRAM APPLICATION

Date of Application: _____

Complete name of student applying to program: _____
Last, First, MI.

Name of Parent / Legal Guardian: _____
Last, First, MI.

Present Address: _____

Residential Phone: _____ Business Phone _____ Cell Phone: _____

E-mail address: _____

Prospective Student Personal History:

DOB ___/___/___ Age _____

Family Information:

Please check all persons living in the prospective student's home:

- Biological Mother Biological Father Step Mother Step Father
 Grandfather Grandmother Other Adult: _____

- Siblings: Brothers: age _____
 Sisters: age _____

Interest in Recovery:

- Is your daughter interested in recovery? Yes No
- Has your daughter been involved in church? Yes No
 If yes, please list church name: _____
- Is your daughter adopted? Yes No
- Has your daughter ever been in foster care? Yes No
- How many children are currently in your home? _____
- Do you have relatives/friends currently in Teen Challenge/Springboard programs? Yes No
 If yes, which programs? _____
- Has your daughter been in a Teen Challenge before? Yes No
 If yes, please list when and where: _____
- If yes, did she complete program? Yes No
 If no, please list why: _____

Issues Profile/ Assessment:

Please answer the following questions to the best of your ability. We know that you may not have a complete picture of your daughter's substance abuse or other history, but we ask that you please check the box next to any that you are aware of and circle any that you are suspicious of.

Please list what you believe your daughter needs help with (check all that apply):

- Alcohol Addiction Anxiety Aggression Drug Addiction
- Anger Abandonment Tobacco Addiction Depression
- Eating Disorders Fear Suicidal Thoughts Self-Mutilation
- Pornography Forgiveness Guilt Self Image
- Physical abuse Rape Death of loved one Emotional Stress
- Family Relationships Same sex attraction Violent Tendencies
- Other: _____

Medical History: (Check all that apply to your daughter's current and past conditions)

- ADD Diabetes High Blood Pressure Physical Abuse
- ADHD Drug Abuse HIV Virus Alcohol Abuse
- Eating disorder Bi-polar Anorexia Flashbacks
- Schizophrenia Hallucinations Asthma Insomnia
- Seizures Back Problems Head Trauma Bulimia
- Paranoia Mental Illness Sexual Abuse Hearing Voices
- Multiple personalities Depression Heart Condition Nervous Condition
- Suicidal Thoughts Tuberculosis Respiratory Problems
- STD's (please list all): _____
- Hepatitis (what type?) _____
- Suicide Attempts : (how many times?) _____

Substance Abuse: (check any and all that you know your daughter has used)

- Alcohol Crack Huffing/Snuffing Mushrooms LSD
- Amphetamines (uppers) Barbituates (downers) Marijuana Ecstasy PSP
- Cocaine Heroin Meth
- Prescription Drugs (please list): _____
- Over the counter medications (please list): _____

What was the last date that your daughter used any of the above substances? _____

Drug preference: _____

Method of use: Injection Snorting Smoking Oral
Other _____

Does your daughter smoke? Yes No

Treatment History:

Has your daughter ever been in any treatment facility or hospital? Yes No

Dates <i>List Most recent first</i>	Treatment center (name and address)	Issues Addressed	Completed?

Is your daughter being treated for any medical conditions? Yes No
If Yes, what medical condition(s)? _____

Is your daughter being treated for eating disorders? Yes No
 Has your daughter ever been treated by a psychiatrist? Yes No
 Has your daughter ever been treated by a psychologist? Yes No

Medications:

List all current medications / dosage:

List any additional medications taken in past 5 years:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Special Needs:

Do you have any disability? Yes No Type: _____
 Do you have any medical restrictions? Yes No Type: _____
 Do you have any other special needs? Yes No List: _____
 Do you have any allergies? Yes No Type: _____
 Do you have food allergies? Yes No List: _____

Special accommodations will be made for diabetics or lactose intolerant individuals only.

Additional Information: Please provide us with any other information you think helpful to us in helping you and your family.

CERTIFICATE & SIGNATURE

Signature required:

All the information in this application is true and complete to the best of my knowledge. If asked by an authorized official of Teen Challenge of Arizona/ Springboard, I agree to submit proof of the information that I have given on this form. I also realize that if I do not give proof or if I fail to respond to written inquiries for additional information when asked, I may be denied program entry for my daughter.

I understand that Teen Challenge of Arizona/ Springboard program is a program that helps young women, ages 12-17 with a variety of issues, including, but not limited to, life-controlling substance addiction, abuse, neglect, sexual misconduct, defiant behavior, and self-mutilation. Springboard reserves the right to refuse program admission if they feel that the program they provide would not be well suited for my daughter's medical or other needs. I also understand that my participation is required and expected and that I am committing to being a partner with Springboard in the program process.

Furthermore, I understand that Teen Challenge/ Springboard is a faith-based program and does employ medical or psychiatric professionals. All counseling, curriculum and care is ministry-focused.

I understand that admission to Springboard is available to applicants regardless of race, color, and national or ethnic origin.

Parent's Signature: _____ Spouse's Signature: _____

Date this form was completed: _____

Teen Challenge of Arizona Statement of Faith

Teen Challenge of Arizona (TC) Believes....

The scriptures are inspired by God and declare His design and plan for mankind (2 Timothy 3:15-17).

There is only One True God; revealed in three persons...Father, Son and Holy Spirit (Deuteronomy 6:4).

In the Deity of the Lord Jesus Christ. As God's son Jesus was both human and divine (Matthew 1:23).

Though originally good, Man Willingly Fell to Sin – ushering evil and death, both physical and spiritual, into the world (Genesis 1:26-27).

Every Person Can Have Restored Fellowship with God Through 'Salvation'...trusting Christ, through faith and repentance, to be our personal Savior (Luke 24:47).

In Water Baptism by Immersion after repenting of ones sins and receiving Christ's gift of salvation and Holy Communion as a symbolic remembrance of Christ's suffering and death for our salvation (Matthew 28:19).

The Baptism in the Holy Spirit is a Special Experience Following Salvation that empowers believers for witnessing and effective service, just as it did in New Testament times (Luke 24:49).

The Initial physical Evidence of the Baptism in the Holy Spirit is Speaking in Tongues, as experienced on the Day of Pentecost and referenced throughout Acts and the Epistles (Acts 2:4).

Sanctification initially occurs at Salvation and is not only a declaration that a believer is holy, but also a progressive lifelong process of separating from evil as believers continually draw closer to God and become more Christ-like (Romans 12:1,2).

The Church has a mission to seek and save all who are lost in sin. We believe 'the Church' is the Body of Christ and consists of the people who, throughout time, have accepted God's offer of redemption (regardless of religious denomination) through the sacrificial death of His son Jesus Christ (Ephesians 1:22-23).

A Divinely Called and Scripturally Ordained Leadership Ministry Serves the Church. The Bible teaches that each of us under leadership must commit ourselves to reach others for Christ, to worship Him with other believers, to build up or edify the body of believers-the Church and to meet human need with ministries of love and compassion (Mark 16:15-20).

Divine Healing of the Sick is a Privilege for Christians Today and is provided for in Christ's atonement (His sacrificial death on the cross for our sins) (Isaiah 53: 4,5).

In The Blessed Hope – When Jesus Raptures His Church prior to His Return to Earth (the second coming). At this future moment in time all believers who have died will rise from their graves and will meet the Lord in the air, and Christians who are alive will be caught up with them, to be with the Lord forever (1 Thessalonians 4:16-17).

In The Millennial Reign of Christ when Jesus returns with His saints at His second coming and begins His benevolent rule over earth for 1,000 years. This millennial reign will bring the salvation of national Israel and the establishment of universal peace (Zechariah 14:5).

A Final Judgment Will Take Place for those who have rejected Christ. They will be judged for their sin and cosigned to eternal punishment in a punishing lake of fire (Matthew 25:46).

And look forward to the perfect New Heavens and a New Earth that Christ is preparing for all people, of all time, who have accepted Him. We will live and dwell with Him there forever following His millennial reign on Earth. 'And so shall we forever be with the Lord!' (2 Peter 3:13)

God has ordained marriage and defined it as the covenant relationship between a man, a woman and Himself. TC will only recognize marriages between a biological man and a biological woman.

That God wonderfully and immutably created each person as male and female. These two distinct, complementary genders together reflect the image and nature of God. Rejection of one's biological sex is a rejection of the image of God within that person.

That the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

That any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual behavior, bestiality, incest, and use of pornography) is sinful and offensive to God.

That in order to preserve the function and integrity of Teen Challenge of Arizona as the local Body of Christ, and to provide a biblical role model to the TC clients and staff and the community, it is imperative that all persons employed by Teen Challenge in a capacity, or who serve as volunteers, agree to and abide by this Statement of Marriage, Gender, and Sexuality.

That God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.

That every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and not in accord with Scripture nor the doctrines (policies) of TC.

Addiction is characterized by a progressive loss of control over the use of a substance or behavior. The user becomes obsessed with it despite adverse consequences and often vigorously denies the existence of a problem if confronted.

The faith-based approach of Teen Challenge is that merely abstaining from addiction will not provide a lifetime of success; however, success can be achieved by replacing those addictions with a fulfilling and life-affirming experience with Jesus Christ. In other words, we believe that the void which people often attempt to plug with addictions can be filled, instead, with a new identity in Christ.

The Statement of Faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of TC's faith, doctrine, practice, policy and discipline, our Board of Directors/Executive Management Team is TC's final interpretive authority on the Bible's meaning and application.