Adult & Teen Challenge
of the Four States
PO Box 1084
Neosho, MO 64850
417-451-2980-Office 417-451-2207-Fax
www.tcimo.org

Dear Applicant,

Here is the information regarding the Adult & Teen Challenge of the Four States discipleship ministry. We hope this information is helpful in making a decision regarding your entrance into the Adult & Teen Challenge program. The following steps must be completed before admission into Adult & Teen Challenge of the Four States.

1) Please take the necessary time to carefully read over all the materials, completely fill out the application and sign all forms.
2) All applicants must have a COVID-19 test, with negative results, BEFORE entering the program.
3) Return the completed application and forms with all required signatures to Adult & Teen Challenge of the Four States, either by fax, email, or mail.
4) *Please submit a clear copy of an unexpired photo ID/driver's license and Social Security Card.*
5) After the application is reviewed, you will be contacted concerning your intake status.
6) All applicants using any prescribed psychiatric medication(s) must consult with the intake director before their admission application can be approved.
7) *Admission cost, due at the time of arrival, is as follows: (Money order, cashier's check, cash or credit card(with a $37 service fee charged to cards) No personal checks are allowed.)*

a. $800.00	*Non-refundable* intake fee
b. $100.00	For a return bus fare
c. $ 30.00	Medical Fees
d. $ 75.00	Minimum for student account

8) You will be expected to send sponsorship letters to individuals who might be willing to support the program while you are a student. The staff will give you instructions regarding the sponsorship program.
9) If you are currently incarcerated and have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf.
10) If you are on disability, social security and/or unemployment you will be required to contribute fifty percent (50%) of your monthly check to cover room and board.
11) If you are eligible for public assistance (food stamps), you will be required to enroll in that program, and 100% of it will be used to cover your board.
12) If you have any questions or need further information, feel free to contact us at (417) 451-2980. Thank you for your time and consideration. May God bless you.

Sincerely,

Jeffrey Higgins
Campus Director

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STUDENT APPLICATION

(Please complete the application in black ink.)

PERSONAL DATA AND INFORMATION

Full name: _____ Date: _____/_____/ -_____

Complete address: _____City: _____State: ____ Zip: -------_____

Phone number: (_____)_____-_____ Social Security number ---------- _____

Driver's license: ☐ Valid ☐ Expired ☐ Suspended ☐ Never applied for one

Driver's license number: _____ State: _____

Birth place: _____ Birth date: _____/_____/_____ Age: _____

Gender at Birth: ☐ Male ☐ Female _____Veteran: ☐ Yes ☐ No

Are you a citizen of the United States: ☐ Yes ☐ No Date available to enter ATC4S? _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

MARITAL STATUS/FAMILY BACKGROUND

Marital status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

Please list previous marriage(s). Starting with the most recent marriage, please list: Your former wife's name, month and year you were married, reason marriage ended, month and year marriage ended and number of children from your marriage(s).

Name	Date	Reason Ended	Date	# Children
_____	____/____	_____	____/____	_____
_____	____/____	_____	____/____	_____
_____	____/____	_____	____/____	_____
_____	____/____	_____	____/____	_____

Please list all your children and their ages:

_____ (_____) _____ (_____)

_____ (_____) _____ (_____)

_____ (_____) _____ (_____)

Name of girlfriend or fiancé: _____ Age: _____

Have you ever engaged in homosexual activity? ☐ Yes ☐ No If "yes", to what extent? _____

_____

Are you a registered sex offender? ☐ Yes ☐ No If "yes", what was the charge? _____

_____

Father's name: _____ Age: _____

Mother's name: _____ Age: _____

EDUCATION

Please check which applies best: ☐ 4+ years of college ☐ 1-3 years college ☐ 1+ years of trade school

☐ H.S diploma ☐ GED ☐ Dropped out of H.S ☐ Still attending H.S Current grade: _____

Have you ever been diagnosed with a learning disability? ☐ Yes ☐ No Have you ever had an IEP? ☐ Yes ☐ No

English skills: ☐ I read English ☐ I write English ☐ I speak English

** If you have any learning restrictions or disabilities, and/or an IEP, you must supply us with documentation at the time of admission into the program. We reserve the right to request this documentation prior to acceptance.*

MILITARY SERVICE

- Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, please complete the following:

- Branch of Service: _____
- Dates of Service: from _____ to _____
- Rank at Discharge: _____
- Type of Discharge: _____
- Are you currently serving in the National Guard or Reserves? ☐ Yes ☐ No

MEDICAL HISTORY

Have you been under a physician's care for any reason in the past year? ☐ Yes ☐ No If "yes", briefly describe: _____

_____

Have you been diagnosed with any communicable diseases? ☐ Yes ☐ No If "yes", please list it or them: _____

_____

Have you had a physical examination within the last year? ☐ Yes ☐ No If "No", when was it? _____/_____/_____

Do you need medical attention regularly? ☐ Yes ☐ No If "yes", for what? _____

_____

Check all that apply to your current or past conditions:

☐ ADD	☐ Bulimia	☐ Head trauma	☐ Insomnia	☐ Schizophrenia
☐ ADHD	☐ Depression	☐ Hearing Voices	☐ Mental Illness	☐ Seizures
☐ Alcohol abuse	☐ Diabetes	☐ Heart Condition	☐ Multiple Personalities	☐ Sexual Abuse
☐ Anorexia	☐ Drug Abuse	☐ Hepatitis	☐ Nervous Condition	☐ Suicide Attempts
☐ Asthma	☐ Eating Disorder	☐ High Blood Pressure	☐ Paranoia	☐ Suicide Thoughts
☐ Back problems	☐ Flashbacks	☐ HIV	☐ Physical Abuse	☐ Tuberculosis
☐ Bipolar	☐ Hallucinations	☐ Homicidal Tendency	☐ Respiratory Problems	☐ Other

List all medications and supplements, dosages, and reason for taking it: (Please use another sheet, if needed)

Medication/Supplement:	Dosage:	Reason:
_____	_____ Per _____	_____
_____	_____ Per _____	_____
_____	_____ Per _____	_____
_____	_____ Per _____	_____

**** All medications must be in a labeled prescription bottle at the time of admission. If your doctor gives you samples, please ask your pharmacist if they will assist you in this matter.***

Do you have any current problems with your teeth? ☐ Yes ☐ No If "yes", explain: _____

_____

Do you have health or dental insurance? ☐ Yes ☐ No If "yes", please provide the information:
Name: _____ Phone Number: (_____)_____-_____
Address: _____ City: _____ State: _____ Zip: _____
Insurance Policy Number: _____

SPECIAL NEEDS:

Do you have any type of disability? ☐ Yes ☐ No If "yes", explain: _____
Do you require a special diet? ☐ Yes ☐ No If "yes", explain: _____
Do you have any medical restrictions? ☐ Yes ☐ No If "yes", explain: _____
Do you have any allergies? ☐ Yes ☐ No If "yes", explain: _____
Do you have any chronic conditions? ☐ Yes ☐ No If "yes", explain: _____
Do you have any other type of special needs? ☐ Yes ☐ No If "yes", explain: _____

** If you have any medical restrictions or disabilities, you must supply us with documentation from your physician at the time of admission into the program. We reserve the right to require this documentation prior to acceptance.*

TREATMENT HISTORY

Have you ever been in a residential treatment facility? ☐ Yes ☐ No How many times? _____
Have you ever been treated for mental disorders? ☐ Yes ☐ No When? _____
Have you ever been treated for sleep disorders? ☐ Yes ☐ No When? _____
Has a psychiatrist ever treated you? ☐ Yes ☐ No Last Visit? _____/_____/_____
Has a psychologist ever treated you? ☐ Yes ☐ No Last Visit? _____/_____/_____

DRUG HISTORY

Substance Abuse: (Check all that you have used)

☐Alcohol	☐Cocaine	☐GHB/MDMA	☐LSD	☐Mushrooms	☐Prescriptions
☐Amphetamines	☐Crack	☐Heroin	☐Marijuana	☐Over the Counter Drugs	☐Other
☐Barbiturates	☐Ecstasy	☐Huffing/Sniffing	☐Meth	☐PCP	

What was the date you last used any of the above substances? _____/_____/_____
Drug of choice: _____ Method of use: ☐ Inject ☐ Snort ☐ Smoke ☐ Oral ☐ Other
Do you use tobacco? ☐ Yes ☐ No If "yes", check all that apply: ☐ Cigarettes ☐ Cigars ☐ Chew/Snuff

RELIGIOUS BACKGROUND

Occult history: (Check all that you have participated in)

☐ Animal sacrifices	☐ Astrology	☐ Black magic	☐ Fortune tellers	☐ Ouija boards	☐ Palm reading
☐ Psychics	☐ Satan worship	☐ Séances	☐ Voodoo	☐ Witchcraft	☐ Other_____

Church Activity

How often do you attend church?	☐ Often	☐ Occasionally	☐ Seldom	☐ Never
How often do you read the Bible?	☐ Often	☐ Occasionally	☐ Seldom	☐ Never
How often do you pray?	☐ Often	☐ Occasionally	☐ Seldom	☐ Never

Have you ever accepted Jesus Christ as your personal Lord and Savior? ☐ Yes ☐ No Date: _____/_____/_____
Have you been baptized in water? ☐ Yes ☐ No Date: _____/_____/_____
Have you ever been filled with the Holy Spirit by speaking in tongues? ☐ Yes ☐ No Date: _____/_____/_____

If you attend church, please provide as much of the following information as possible:

Pastor: _____ Phone number: (_____)_____-_____

Church Name: _____

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

List any church activities you have participated in: _____

_____

What do you believe about God? _____

_____

What do you believe about life after death? _____

_____

What is sin? _____

_____

What purpose does the Bible and prayer have in your life? _____

_____

What are some characteristics in your life that you would like to change? _____

_____

In your own words, what do you think we can do to help you with your problems? _____

_____

What words best describe how you feel about yourself? _____

_____

What are your goals in life? _____

_____

Describe your relationships with your family members: _____

_____

_____

What else would you like us to know about you? _____

_____

_____

ADULT & TEEN CHALLENGE BACKGROUND

Have you ever been in an Adult & Teen Challenge program before? ☐ Yes ☐ No Date:_____/_____/_____
If "yes", list the location, dates you were there, and reason for leaving: (If more space is needed, please use another sheet)

Location:_____ Dates there: _____ to _____
Reason for leaving: _____
Do you understand the purpose of the Adult & Teen Challenge program? ☐ Yes ☐ No

Do you have any reason that would keep you from being in the Adult & Teen Challenge program for 12 months?
☐ Yes ☐ No If "yes", explain: _____

LEGAL RECORD

Current Legal Issues:
Are you currently on probation? ☐ Yes ☐ No If "yes", what type? _____
Are you currently on parole? ☐ Yes ☐ No If "yes", what type? _____

Parole/Probation Officer Information:

Name: _____ Phone: (_____)_____-_____
Email: _____ Fax: (_____)_____-_____
Address: _____ City: _____ State: _____ Zip: _____

Are you currently under investigation for anything? ☐ Yes ☐ No If "yes", what for? _____
Do you currently have outstanding warrants? ☐ Yes ☐ No If "yes", what type? _____
Are you currently involved in any type of lawsuit? ☐ Yes ☐ No If "yes", what for? _____
Do you currently have any unpaid fines? ☐ Yes ☐ No If "yes", how much? _____
Are you currently required to pay any restitution? ☐ Yes ☐ No If "yes", how much? _____
Are you currently ordered to do any community service? ☐ Yes ☐ No If "yes", how many hours? _____
Are you currently required to pay child support? ☐ Yes ☐ No If "yes", how much? _____
Are you currently behind in child support payments? ☐ Yes ☐ No If "yes", how much? _____
Do you receive any Social Security Income? ☐ Yes ☐ No If "yes", how much? _____
Do you receive any Disability Income? ☐ Yes ☐ No If "yes", how much? _____
Do you receive any unemployment income? ☐ Yes ☐ No If "yes", how much? _____
Do you receive any retirement income benefits? ☐ Yes ☐ No If "yes", how much? _____
Do you have any other sources of income? ☐ Yes ☐ No If "yes", what type? _____

Past Legal Status:
Have you ever been arrested? ☐ Yes ☐ No If "yes", how many times? _____
Have you ever been in a juvenile detention center? ☐ Yes ☐ No If "yes", what age? _____
Have you ever been sentenced to jail? ☐ Yes ☐ No If "yes", what reason(s)? _____
Have you ever been in prison? ☐ Yes ☐ No If "yes", what reason(s)? _____
Have you ever been on probation? ☐ Yes ☐ No If "yes", what reason(s)? _____
Do you have any cases pending or upcoming court dates? ☐ Yes ☐ No If "yes", give dates, time, reason/charge:

Date:	Time:	Reason/Charge:
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

Attorney's information:

Name: _____ Phone: (_____)_____-_____
Email: _____ Fax: (_____)_____-_____
Address: _____ City: _____ State: _____ Zip: _____

***Criminal Activity**:* (Check all that apply to you)

- ☐ Aiding & Abetting
- ☐ Armed Robbery
- ☐ Arson
- ☐ Assault
- ☐ Attempted Assault
- ☐ Attempted Burglary
- ☐ Attempted Murder
- ☐ Attempted Robber
- ☐ Attempted Theft
- ☐ Battery
- ☐ Burglary
- ☐ Carjacking
- ☐ Child Abuse/Neglect
- ☐ Child Endangerment
- ☐ Child Molestation
- ☐ Child Pornography
- ☐ Concealed Weapon
- ☐ Criminal Sexual Conduct
- ☐ Disorderly Conduct
- ☐ Domestic Violence
- ☐ Driving without a License
- ☐ Drug Manufacturing
- ☐ Drug Possession
- ☐ DUI
- ☐ DWI
- ☐ Embezzlement
- ☐ Escape from Custody
- ☐ Felony Conviction
- ☐ Fleeing or Eluding Police
- ☐ Fraud
- ☐ Harassment
- ☐ Incest
- ☐ Kidnapping
- ☐ Larceny
- ☐ Leaving Scene of Accident
- ☐ Manslaughter
- ☐ Murder
- ☐ No contact Order
- ☐ Order of Protection
- ☐ Parole Violation
- ☐ Possession of Stolen Property
- ☐ Probation Violation
- ☐ Prostitution
- ☐ Rape
- ☐ Restraining Order
- ☐ Robbery
- ☐ Sex with a Minor
- ☐ Shoplifting
- ☐ Solicitation of Prostitution
- ☐ Stalking
- ☐ Terroristic Threats
- ☐ Theft
- ☐ Truancy
- ☐ Underage Drinking
- ☐ Use of Firearm in a Crime
- ☐ Vandalism
- ☐ Vehicular Homicide
- ☐ Violation of No Contact Order
- ☐ Violation-order of Protection
- ☐ Violation of Restraining Order
- ☐ Other: _____
- _____
- ☐ Other: _____
- _____

List below all arrests and institutions to which you were committed or admitted: (Use a separate sheet, if needed)

Name of institution: _____ Location of institution: _____

Date: _/_/_ to _/_/_____ Reason for confinement: _____

Name of institution: _____ Location of institution: _____

Date: _/_/_ to _/_/_____ Reason for confinement: _____

Name of institution: _____ Location of institution: _____

Date: _/_/_ to _/_/_____ Reason for confinement: _____

Name of institution: _____ Location of institution: _____

Date: _____/_____/_____ to _____/_____/_____ Reason for confinement: _____

Check the statements that are true in your life right now.

- ☐ I have a problem with violence
- ☐ I'm confused about my sexual orientation
- ☐ I'm ashamed of my lifestyle
- ☐ I want to change my life at any cost
- ☐ I sometimes or frequently cut/hurt myself
- ☐ I think sex is disgusting
- ☐ I hate myself
- ☐ I am suicidal
- ☐ I yell at my kids
- ☐ I need help raising my kids
- ☐ I am proud of my sexual activity
- ☐ I was sexually abused as a child
- ☐ I lose control when I am angry
- ☐ I want to become sexually pure
- ☐ I do not think it is wrong to be a homosexual/bisexual

ADULT & TEEN CHALLENGE OF THE FOUR STATES

Admission Requirements

1. *No applicant will be admitted without picture identification, social security card and a completed application.*

2. *Applicants requiring detoxification must do so prior to entry.*

3. *Medical conditions requiring medications need to be documented by a physician*

4. *Before entry applicants will be tested for the Human Immunodeficiency Virus (HIV), tuberculosis, syphilis, hepatitis and COVID-19(with having negative results).*

5. *Upon entry applicants will be required to pay:*

a. $800.00	*Non-refundable* intake fee
b. $100.00	For a return bus fare
c. $ 30.00	Medical Fees
d. $ 75.00	Minimum for student account

6. All payments should be in the form of money order, cash, or certified check. credit card payment is available for an additional $37 fee.
7. You will be expected to send sponsorship letters to individuals who might be willing to support the program while you are a student. The staff will give you instruction regarding the sponsorship program
8. Applicants are required to have read and become familiar with the Student Handbook

By my printed name and signature at the bottom of this page, I understand that upon admission into the Adult & Teen Challenge of the Four States program:

a.) *I place myself under the authority of the staff of Adult & Teen Challenge of the Four States.*
b.) *I do hereby acknowledge that I have read and understand the rules and guidelines in the Student Handbook of Adult & Teen Challenge of the Four States.*
c.) *I understand that I will receive disciplinary action, up to and including dismissal from the program, for not following the rules and guidelines of the Student Handbook of Adult & Teen Challenge of the Four States.*

_____ Printed Name

_____ Signature

_____/_____/_____ Date

You may submit your application by:

ATC4S STUDENT APPLICATION
Download, print and mail to:
ATCMO
ATTN: Intake Office
PO Box 1084
Neosho, MO 64850
or
FAX:
417-451-2207
or
Fill out online, "save as" and email to:
office@atcmo.org
or
To have an application mailed to you: Call: