

STUDENT INFORMATION

-CONFIDENTIAL-

COMPLETE THIS PACKET AND RETURN TO:

Adult & Teen Challenge PNW

By Mail:
Admissions Department
18600 SE Mcloughlin Blvd
Milwaukie, OR 97267

By Fax: 541-393-9949

By Email: admissions@teenchallengepnw.com

Personal Information

Full Legal Name:

DOB:

Biological Sex:

Male

Female

Social Security Number:

Address

City

ST

Zip

Home Phone:

Cell Phone:

Email:

Driver's License

Yes

No

Expired

Suspended

DL Number & State:

What Location are you Interested In Applying To? (If interested in more than one, check all that apply).

Men's Locations:

**Wasilla, AK
Shedd, OR**

**Renton, WA
Bend, OR**

Spokane, WA

Pasco, WA

Billings, MT

Estacada, OR

Women's Locations:

***Houston, AK
*Eugene, OR**

Graham, WA

Missoula, MT

Twin Falls, ID

** Indicates Centers for Women with young children.*

Indicate the way in which you were referred to Adult & Teen Challenge PNW:

**Parents
Detox**

**Relative
Other:**

Friend

Pastor

Church

Online Search

If there are individuals that you would like us to be in communication with in regards to your application, its status and assisting you in scheduling your intake, please indicate them below:

Name:

Relationship:

Contact Number:

Email:

Name:

Relationship:

Contact Number:

Email:

Legal History

Are you currently or will you be under legal supervision? **Yes No**

Are you legally mandated to participate in a drug recovery program? **Yes No**

If Yes, by whom? **Court Parole Board Other (explain):**

What is your method of reporting? **Phone Letter In-person**
Please note we are not able to accommodate in-person reporting outside of the county the center is located.

How often do you report? **Time remaining for reporting?**

P.O.'s Name: **Phone: Email:**

Attorney's Name: **Phone: Email:**

Are there any of the following pending?

Arrest Warrant Court Appearance Criminal Charges Sentencing Other

Explain:

Are you required to register as a Sexual Offender? **Yes No**

Do you have any pending charges or convictions of a sexual offense? **Yes No**

If yes, please explain:

Do you have any pending charges or convictions of arson? **Yes No**

If Yes, Please explain:

Do you have any pending charges or convictions of violent offenses? **Yes No**

If Yes, Please explain:

Medical Information

Adult & Teen Challenge PNW (ATCPNW) is committed to helping students become physically, mentally and spiritually whole. We are not, however, a medical program. We will endeavor to assist you in securing whatever medical help we can while you are in the program. If you become ill or need medical attention once you are in the program we will assist in connecting you with a medical facility. You are responsible for any fees that accrue in connection with your visit to treatment from any medical facility. We do not financially assist students in meeting their medical bills.

Please see the Physicians Report at the end of this application.

Health Insurance **Yes** **No** **Provider:** **Policy Number:**

Blood Type:
Used for medical emergencies

Legally Married: **No** **Yes (Spouses name):**

Emergency Contact

Name:

Phone:

Relationship to Applicant:

Are you currently being treated by a physician for an illness, injury or other symptoms? **Yes** **No**
If Yes, Please describe below:

Are you experiencing any injury or illness that would affect your ability to fully participate in the following?
(Examples: Limited mobility, difficulty lifting, standing for long periods of time, Chronic Severe pain, Seizures, Diabetic.)

Manual Work Experience **Yes** **No**
Includes 35-40hrs a week of vocational Training

Exercise Programs **Yes** **No**

Recreational Activities **Yes** **No**

If yes to any of the above, please explain:

APPLICATION PACKET



Do you have any allergies? Yes No
If yes, to what and does it require medications?

Date of last eye exam:	Results:	Excellent	Good	Fair	Poor
Are you required to wear prescription glasses?	Yes	No			
Do you currently own a pair of glasses?	Yes	No			

Date of your last dental exam:	Results:	Excellent	Good	Fair	Poor
Do you have any problems with your oral health at the moment?					

List any Mental Health Diagnosis you have from a Doctor:
Include date of diagnosis and any treatment you are receiving currently.

List all current prescription medications you are taking including dose, frequency and reason why:

For Women Only
Do you think you could be pregnant at this time? Yes No
Details of pregnancy:

ATCPNW has a small list of medications we cannot allow within our program. This list can be provided upon request if you are working with your doctor to find suitable medication to treat your diagnosis. ATCPNW is not a medical facility and will not make recommendations on what medication you should switch to, we will ask that you meet with your medical provider.

All prescription medications must be current and come in their original packaging. Anything expired, mixed, or not in original packaging will not be allowed in the program with you. We recommend if possible to come in with a 60 day supply of approved medications. This will allow time to transition to a primary care provider in the area.

Have you experienced an eating disorder such as anorexia or bulimia? **Yes** **No**
If Yes, Please explain any treatment you have received for this:

Substance Abuse & Treatment History
Indicate below the Alcohol, Drug and Medical programs you have attended.

Date Admitted & Discharged	Program/Facility Name	Reason for Leaving

What addictions or life controlling issues have you been struggling with?
Please indicate type of substance, length of use, approximate quantity, method of use, and last day of use and why you are applying for this program.

Adult & Teen Challenge Pacific Northwest Physicians Report

1. This first page identifies the tests that must be conducted by a Physician. The lab results and this completed report needs to be sent to **Adult & Teen Challenge PNW Admissions Department, 18600 SE Mcloughlin BLVD, Milwaukie, OR 97267** or faxed to **(503)919-7329**.
2. The physical exam is to rule out contagious diseases or significant mental or physical impairment – similar to a sports physical (Use Doctor's Forms);
3. The specific tests to be conducted are listed below:
 - a. Tuberculosis test: PPD or chest x-ray or other tests as recommended by doctor.
 - b. Genital exam – If indicated for sexual transmitted disease;
 - c. HIV test;
 - d. Hepatitis Panel – Complete (includes A, B and C screening lab test.)
4. If the applicant is taking a particular medication while in the ATPCNW program, the attending physician should have sufficient information to verify it and state the prescribed medication and dosage on page 2. **THIS IS A MUST** or you may not be allowed to take the medication.
5. Non-prescription Items – Students are permitted to bring non-prescription items into the program or receive them from outside the program (aspirin, etc.), if, and only if, they are enclosed in the manufacturers original package and the wrapping seal is unbroken – **NO EXCEPTIONS**.

The Applicants signature below authorizes the tests listed above to be completed and the results and information sent to Adult & Teen Challenge Pacific Northwest Admissions Office 18600 SE Mcloughlin BLVD, Milwaukie, OR 97267.

Applicant's Name:
(PRINT)

Applicant's Signature:

Date:

Physician's Report Continued...

Upon Examination, the patient's general physical health was found to be:

Good Average Poor

Is the patient is experiencing a medical condition that restricts their participation in physical labor? (Chronic sever pain, limited mobility, chronic conditions such as seizures ECT.)

Yes No

If yes, please explain:

Physician's Authorization of Medication

List any medication prescribed for the patient by you or another physician. Please indicate if any of these prescriptions are habit forming to your knowledge.

Medication	Prescribed For	Habit Forming?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Physician's Name: **(Print)**

Phone Number:

Clinic Name:

Physician's Signature:

Date: