



Central Indiana Teen Challenge

Dear Parent/Guardian,

We realize for you to be checking out possible placements for your daughter, life in your family has been greatly disrupted by your daughter's behaviors and activities. CITC would like to be able to help if we can, please understand that submitting the application is in no way a biding agreement of your student becoming enrolled as a student of CITC. Please fill out the application to the best of your knowledge. Send the completed application to CITC via email to: citc@indianatc.org or fax the application to **866-383-9262**. Once the completed application has been received it will be reviewed and you will be contacted if we think we might be able to help. The next step is an interview time will be requested. On-sight interviews are preferred, if this is not available, other arrangements will be made. If you have any questions please feel free to call me at 765-482-2336, ext. 101. We join you in prayer as you look for guidance during this difficult time.

Dawn Rose - Executive Director dawnrose@indianatc.org

Placement Questionnaire

“Does my teen’s at risk behavior warranted placement in a Residential Center and/or Treatment Program?”

This questionnaire can serve as a point of reference for you and the current situations you and your teen are facing.

- | | | |
|--|-----|----|
| 1. Does your teen struggle with basic family rules and expectations? | Yes | No |
| 2. Has your teen ever been suspended, expelled, truant or had a drop in school grades? | Yes | No |
| 3. Is your teen verbally abusive? | Yes | No |
| 4. Does your teen associate with a bad peer group? | Yes | No |
| 5. Has your teen lost interest in former productive activities, hobbies or sports? | Yes | No |
| 6. Do you have difficulty getting your teen to do simple household chores or homework? | Yes | No |
| 7. Has your teen had problems with the law? | Yes | No |
| 8. Do you find your self picking your words carefully when speaking to your teen, so as not to elicit a verbal attack or rage from them? | Yes | No |
| 9. Are you worried that your teen may not finish high school? | Yes | No |
| 10. Does your teen seem depressed/withdrawn? | Yes | No |
| 11. Has your teen's appearance and/or personal hygiene changed? | Yes | No |
| 12. Does your teen ever display violent behavior? | Yes | No |
| 13. Is your teen manipulative and/or deceitful? | Yes | No |
| 14. Does your teen seem to demonstrate a lack of motivation? | Yes | No |
| 15. Do you suspect that your teen sometimes lies or is dishonest with you? | Yes | No |
| 16. Are you concerned that your teen may be sexually promiscuous? | Yes | No |
| 17. Has your teen ever displayed any evidence of suicide ideation? | Yes | No |
| 18. Do you suspect at times you have had money or other valuables taken from your home? | Yes | No |
| 19. Does your teen's behavior concern you for their safety? | Yes | No |
| 20. Is your teen angry or display temper outbursts? | Yes | No |
| 21. Does your teen seem to lack self-esteem and self-worth? | Yes | No |
| 22. Do you have a lack of trust with your teen? | Yes | No |
| 23. Does your teen have problems with authority? | Yes | No |
| 24. Does your teen engage in activities you do not approve of? | Yes | No |
| 25. Do you think your teen is possibly using or experimenting with drugs/ alcohol? | Yes | No |
| 26. Are you concerned about your child's well being and their future? | Yes | No |
| 27. Does your teen seem to constantly be in opposition to your family values? | Yes | No |
| 28. No matter what rules and consequences are established, do you feel that you teen will defy them? | Yes | No |
| 29. Are you exhausted and worn out from your teen's defiant and /destructive behavior and choices? | Yes | No |
| 30. When dealing with your teen, do you often feel that you are powerless? | Yes | No |

Please Total : ___ ___

18+ High RISK ! Get Help! A Residential Center, Treatment Program, or Specialty School is strongly recommended.

9-17 Borderline Risk: The problems may be resolved by tightening up family rules and structure.

1-8 Moderate Risk

Prospective Student's Background

PERSON FILLING OUT THIS APPLICATION MUST BE A PARENT/LEGAL GUARDIAN.

PARENT/GUARDIAN NAME: _____

STUDENT'S FULL NAME: _____

STUDENT'S CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ S.S.# _____

BIRTHPLACE: _____ D.O.B.: _____

ADOPTED: YES NO AGE ADOPTED: _____

CURRENT AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____

CITC WAS REFERRED BY: _____

STUDENT'S EDUCATION HISTORY

CIRCLE LAST GRADE STUDENT COMPLETED: 6 7 8 9 10 11 12 GED, APPROX. GPA: _____

NAME OF LAST SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

HAS THE STUDENT EVER BEEN DIAGNOSISED WITH A LEARNING DISABILITY? _____

WHAT WAS THE DIAGNOSIS AND WHERE TESTING WAS

DONE: _____

PLEASE LIST ALL GRADES REPEATED: _____

HAS STUDENT EVER DROPPED OUT OF SCHOOL? _____ WHY? _____

HAS THE STUDENT EVER BEEN SUSPENDED OR EXPELLED? _____ WHEN _____

EXPLAIN CIRCUMSTANCES OF SUSPENSION/EXPULSION AND HOW LONG IT LASTED

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO STUDENT:

____ SEXUALLY ACTIVE NUMBER OF PARTNERS _____ MALE _____ FEMALE

____ DOES THE STUDENT CONSIDER HERSELF TO BE: HETROSEXUAL, BISEXUAL OR HOMOSEXUAL (Circle one)

____ RUNAWAY: Number of times _____

(EXPLAIN) _____ GANG ACTIVITY: _____

MEDICAL INFORMATION

Medical History: Check all that apply to student's current and past conditions.

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> ALCOHOL ABUSE | <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> HEPATIS |
| <input type="checkbox"/> ANOREXIA | <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> HOMICIDAL THOUGHTS |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> FLASHBACKS | <input type="checkbox"/> MENTAL ILLNESS -EXPLAIN: _____ |
| <input type="checkbox"/> BACK PROBLEMS | <input type="checkbox"/> HALLUCINATIONS | <input type="checkbox"/> DIAGNOSED BY _____ |
| <input type="checkbox"/> BULIMIA | <input type="checkbox"/> HEAD TRAUMA | <input type="checkbox"/> MRSA |
| | <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> PHYSICAL ABUSE |

PHYSICAL ABUSE WAS BY WHOM/WHEN _____

WAS REPORTED TO: _____

COMMENTS

REGARDING: _____

____ PREGNANCY: RESULTED IN: LIVE BIRTH YES NO DATE: _____

MISSCARRAIGE, DATE: _____ ABORTION, DATE: _____

LAST MENSTRUAL PERIOD: _____

____ RAPE: BY WHOM AND WHEN AND WAS THE INCIDENT REPORTED TO THE AUTHORITIES?

EXPLAIN: _____

____ OTHER SEXUAL ABUSE OR MOLESTATION: BY WHOM AND WHEN, AND WAS IT REPORTED TO THE AUTHORITIES:(EXPLAIN) _____

PREVIOUS OR CURRENT SEXUALLY TRANSMITTED VIRUSES:

_____ DIAGNOSED WHEN: _____

____ SCHIZOPHRENIA DIAGNOSED BY: _____ WHEN _____

____ SEIZURES

____ SUICIDE ATTEMPTS: HOW MANY _____ WHEN _____

EXPLAIN: _____

____ TUBERCULOSIS WHEN _____

____ MSRA WHEN _____

PLEASE LIST ANY MEDICAL CONDITIONS, PHYSICAL DIFFICULTIES OR ALLERGIES:

Please send in the Doctor's diagnosis of these conditions and the subsequent treatment for each.

LIST ANY AND ALL MEDICATIONS AND PRESCRIPTION STRENGTH STUDENT IS PRESENTLY TAKING:

NAME OF DRUG	DOSAGE/MG	FOR TREATEMENT OF:
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1. _____

2. _____

3. _____

PRIOR TREATMENT HISTORY

HAS STUDENT EVER BEEN IN A RESIDENTIAL TREATMENT FACILITY ? YES NO WHEN: _____
NAME OF THE TREATMENT CENTER: _____
PLACED THERE FOR: _____

HOW MANY TIMES HAS THE STUDENT BEEN PLACED IN A STRESS CENTER, PSYCHIATRIC WARD, TREATMENT FACILITY, REHAB, OR ? _____

NAME OF FACILITY/ FACILITIES, DATES THEY WERE PLACED:

1. _____
2. _____
3. _____

HAS THE STUDENT EVER BEEN TREATED BY A PSYCHIATRIST? YES NO

LAST VISIT? _____
DR.CONTACT INFORMATION: _____
TELEPHONE: (____) _____

HAS THE STUDENT EVER BEEN TREATED BY A PSYCHOLOGIST? YES NO

LAST VISIT? _____
DR.CONTACT INFORMATION: _____
TELEPHONE: (____) _____

PRESENT COUNSELOR/THERAPIST: _____
TELEPHONE: (____) _____

LEGAL INFORMATION

Has student ever been arrested? Yes No State/County _____
EXPLAIN: _____

CHARGED WITH: _____

Is student currently on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State/County _____
Does the student have any court cases pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State/County _____
Does the student currently have any outstanding warrants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State/County _____
Has student ever been to a juvenile detention center:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Dates incarcerated and charged with: _____

Probation Information:

Probation Officer's Name: _____
Phone: _____ Email: _____

Has Child Protective Services ever been called on/or for the student? Yes No

Explain: _____

Does Child Protective Services have an open investigation case regarding the student or the family? Yes No

Name & contact information of the CPS Case Mgr handling the situation: _____

CRIMINAL ACTIVITY:

(Please check all that your student has been involved with, not necessarily arrested for)

- | | | |
|--|---|--|
| <input type="checkbox"/> Aiding & Abetting | <input type="checkbox"/> Driving without a License | <input type="checkbox"/> No contact order for them |
| <input type="checkbox"/> Armed Robbery | <input type="checkbox"/> Drugs/Pills Selling | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Drug Possession | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Assault | <input type="checkbox"/> DUI | <input type="checkbox"/> Restraining Order Violation |
| <input type="checkbox"/> Attempted Assault | <input type="checkbox"/> Drug Manufacturing | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Attempted Robbery | <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Sexting |
| <input type="checkbox"/> Attempted Murder | <input type="checkbox"/> Escape from Custody | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Attempted Theft | <input type="checkbox"/> Felony Conviction | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fraud | <input type="checkbox"/> Terrorist |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Harassment | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Car Jacking | <input type="checkbox"/> Incest | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Underage Drinking |
| <input type="checkbox"/> Child Pornography | <input type="checkbox"/> Larceny | <input type="checkbox"/> Use of a Firearm in a crime |
| <input type="checkbox"/> Concealed Weapon | <input type="checkbox"/> Leaving the scene of an accident | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Criminal Sexual Conduct | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Cyber Bullying | <input type="checkbox"/> Murder | <input type="checkbox"/> Violation /No Contact Order |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> No contact order against them | <input type="checkbox"/> Violation/ Probation |

Student Summary Sheet

Student Full Name: _____

Nickname: _____

Birth Date: _____ Age: _____ Race: _____ Height: _____ Weight: _____

Birth Place: _____

Student's Social Security Number: _____

Eye Color: _____ Glasses: _____ Contacts: _____

Hair Color: _____ Frame: _____ Small _____ Medium _____ Large

Physical Characteristics: _____

Prescription Medicines: _____

Placement by: _____

Reasons for Placement: _____

Mother's Name and S.S.# _____

Mother's Phone Numbers: (home) _____

(work) _____ **(cell)** _____

Email Address: _____

Father's Name and S.S. # _____

Father's Phone Numbers: (home) _____

(work) _____ **(cell)** _____

Email Address: _____

Parents: _____ Married _____ Divorced _____ Separated _____ Other
If Divorced the custody of Student has been currently awarded to: Mother Father Joint
Current Court Paperwork must accompany application.

Guardian's Name and S.S.# _____ Relationship to Student: _____

Student's Current Place of Residence:

Parent or Guardian Place of Residence if different than student:

Cell Phone Number of Guardian or Parent: _____

Emergency Number other than parent or guardian: _____

Student's Last School Attended: _____

Probation Office Name and Contact
Information: _____

CPS Caseworker Name and Contact
Information: _____

PARENTAL INVOLVEMENT

We whole-heartedly believe that involvement of the parents throughout the stay of their daughter will be the difference between success and failure and this is why we require it. Your help regarding this matter will prove to be a great benefit not only to your daughter, but also to you and your entire family. It is imperative that the parents are involved in every aspect of the student's progress while in the Teen Challenge Program. **Monthly Family Counseling is MANDATORY** Family counseling includes the parents coming to the Central Indiana Center a minimum of once every month for an approximate one-hour session.

It is the parents' responsibility to schedule these each month. If we are working with a divorce situation, it will be resolved as to what parties are to participate on an individual student basis. We at Teen Challenge believe in the principles of Biblical counseling and in the fact that Christ-centered intervention can and will create life-changing results in your daughter and your entire family during your daughters time at CITC.

PARENTAL COMMENTS:

Describe fully and specifically the reasons, that cause you to want to place your daughter in Central Indiana Teen Challenge: _____

When and at what age did these activities start occurring:

Comment on any factors that may have influenced these problems with your child. Please be specific:

If you have been divorced, please describe the dynamics that may have had an impact on your child:

Are you living with someone you are not married to? _____Yes _____No

What is the name of your significant other? _____

How long has this relationship been ongoing? _____

Please describe the relationship of your daughter to your partner? _____

Has your daughter ever accused any one of abuse? _____Yes _____No. If yes, who, when, and was it reported:

Has either parent undergone any psychiatric treatment or psychological counseling? If so, which parent(s)

Dates: _____

Diagnosis: _____

Have any of your other children undergone any psychiatric/psychological treatment/counseling?

If so, who? _____

Diagnosis: _____

Results: _____

*Have any of your other children been involved in alcohol/substance abuse or destructive self harm behaviors
_____yes, please*

Describe: _____

Has she ever been or is restricted from communication with a parent? _____

*If so, please give reasons why and provide the appropriate
documentation: _____*

*Has either parent ever been involved in any alcohol/substance abuse and if so whom and
when? _____*

*Where are they currently at in their
recovery? _____*

Has your student been informed of your decision to seek enrollment? _____Yes _____No

If no, when will you be informing her of this decision? _____

How soon are you seeking enrollment: _____

I acknowledge this is true and accurate information, and I am the custodial parent or legal guardian.

Please note custodial verification will be needed for enrollment.

Parent's Signature

Date: _____

Parent's Printed Name

Contact Information:

Who is primary contact regarding this applicant? _____

Email will be our first response to you regarding this application.

What is the best time of day to reach you (AM/PM/Weekends) ?

Email Address: _____

Cell/Text Number: _____

Home Phone if different # _____

Is this placement urgent or time sensitive? Yes No

If Yes, what is time frame you are looking at: _____

If accepted are you going to need a transport team to get your daughter here? Yes No

Office use:

Date Received: _____

Date/Time Contacted: _____ Interview set for: _____