



*Josie's House*

ADULT & TEEN CHALLENGE COLUMBUS OHIO  
JOSIE'S HOUSE  
PO BOX 24099  
COLUMBUS, OH 43224  
(614)-476-4600 FAX # (614)-476-3259  
Intake email: thereishope1970@yahoo.net

APPLICATION / INTERVIEW

INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender at birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Referred here by: \_\_\_\_\_

**FAMILY MEDICAL PERSONAL HISTORY**

Grandparents -- Parents -- Spouse -- Brother -- Sister -- Child

Alcohol related Problems: _____						
Drug Abuse: _____						
Mental Health Issues: _____						
Physical Health Problems: _____						

(Example: heart disease, high blood pressure, diabetes, etc.)

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Current spouse (full name): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is your spouse (Supportive) \_\_\_\_\_ (Non-Supportive) \_\_\_\_\_

Do you have any Children? \_\_\_ Yes \_\_\_ No

**Name of Child**

**Age**

**Where Living**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship with children (Positives) \_\_\_\_\_  
(Negatives) \_\_\_\_\_

Rate your health in the last year to the present including dental: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_  
Explain any concerns \_\_\_\_\_

Do you think you might be pregnant now? \_\_\_\_\_

Are you on any type of special diet **prescribed** by a Doctor? \_\_\_ Yes \_\_\_ No If yes, please explain:  
\_\_\_\_\_

Do you have any allergies we should be aware of? \_\_\_\_\_

Please list the Medications you are currently taking & why? (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_

\*\*Narcotics, Mood Altering, or Mind Controlling drugs are not permitted while in our program.  
Are you on any kind of herb? \_\_\_\_\_ Herbs may not be brought in without a doctor's prescription.

**II. LIFE CONTROLLING PROBLEM**

1. Do you have a problem with Drug / Alcohol Abuse? \_\_\_ Yes \_\_\_ No If yes, please explain:

\_\_\_\_\_  
\*\*If the answer is "NO" please go directly to question # 2.

How do / did you support your Drug / Alcohol dependency? \_\_\_\_\_

Are you currently using? \_\_\_ Yes \_\_\_ No If "No" what was date of last use? \_\_\_\_\_

At what age did you start using? (Drugs) \_\_\_\_\_ (Alcohol) \_\_\_\_\_

2. If Drugs and / or Alcohol are not the problem – what life-controlling problem do you struggle with?

\_\_\_\_\_

**III. LEGAL**

Are you on Parole? \_\_\_ Yes \_\_\_ No Are you on Probation? \_\_\_ Yes \_\_\_ No  
The reason Parole or Probation? \_\_\_\_\_

P. O.'s Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COURT HEARINGS**

Reason for Hearing(s)?

Dates(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Judge's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any other charges pending? \_\_\_ Yes \_\_\_ No If so, what are the charges?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the date(s) of your next court appearance? \_\_\_\_\_

\_\_\_\_\_

Are you aware of any outstanding warrants? \_\_\_ Yes \_\_\_ No If yes, please explain?

\_\_\_\_\_

Has everything been set in place with the Judge, your P.O. or Attorney in order to apply for entrance to Teen Challenge? \_\_\_ Yes \_\_\_ No If not what do you still need to do? \_\_\_\_\_

\_\_\_\_\_

**\*\*When coming in from the legal system, bring any copies of parole / probation papers, legal documents, court orders, etc.**

Have you ever been convicted of a Sexual or Violent crime?  Yes  No If yes, explain

Have you ever been convicted of arson?  Yes  No If yes explain

Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Year Sentenced: \_\_\_\_\_

Amount of time served: \_\_\_\_\_

County & State served in: \_\_\_\_\_

#### **IV. THE PROBLEM / SOLUTION**

Why do you feel you need the Christian Discipleship Program of Adult & Teen Challenge Columbus?

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Have you tried other ways to change your life before now? (Moved, changed friends, etc.)  Yes  No

Explain:

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Have you ever been in a program before?  Yes  No If yes, how many? \_\_\_\_\_

Year: \_\_\_\_\_ Location: \_\_\_\_\_

Completed? \_\_\_\_\_ If not completed, please describe the circumstances:

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Do you believe in God?  Yes  No

Are you ready to let God help you change your life?  Yes  No

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#### **V. ACADEMIC HISTORY**

Highest grade you have completed? \_\_\_\_\_ If, not completed High School do you have a GED? \_\_\_\_\_

Are you currently in an education program? \_\_\_\_\_

Have you received vocational training? \_\_\_\_\_

How well do you read?  Good  Average  Poor

How well do you write?  Good  Average  Poor

Do you have any interest in furthering your education?  Yes  No If yes, please explain:

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## **INFORMATION ABOUT THE TEEN CHALLENGE PROGRAM**

1. Our program is a 14 month program. The program includes a variety of classes, Bible Study and Work Duty. Through out the program, students learn accountability and practical daily living skills for their lives, community, family etc.
2. There is no smoking, drugs or alcohol allowed – our program is Drug Free.
3. We offer a Christ centered approach to treatment at Adult & Teen Challenge Columbus Ohio.
4. We attend church as a group.
5. Students are required to wear dress pants, skirts or dresses when attending Church.
6. Phone privileges are once a week.. Calls are monitored. Calls are to be collect or with phone cards.
7. There is to be no contact with a ‘significant other’, boyfriends etc
8. Students have an ‘Approved Persons’ List for receiving & writing letters and telephone calls.
9. Teen Challenge reserves the right to inspect all baggage, packages and mail (incoming/outgoing).
10. If coming from the court, jail or legal system we must have copies of all Parole / Probation papers, legal documents, court orders, etc.
11. A physical examination report by a Medical Doctor – stating student is physically able to participate in the program. Also labs screens for a Hepatitis Panel, HIV, and a TB skin test.
12. **Copies** of your Birth Certificate, Social Security Card, and Driver’s License or State ID Card must be sent to Teen Challenge via email or fax **before an entrance date will be scheduled.**
13. You will have limited access to medical and dental care while at Teen Challenge, **unless it is an emergency.**

### **FINANCIAL STATEMENT**

No one will be turned away for an inability to pay fees while in the program. Our goal is to help those who are seeking help and want to turn their lives around, to get on the right path to a better life.

We are funded by donations; fundraising etc and anything you can do will help.

1. Are you receiving any type of Government subsidy (such as SSI or SSD)? \_\_\_\_ Yes \_\_\_\_ No  
\*\*Anyone receiving SSI, SSD or any type of Government subsidy is required to give 85% of their subsidy to Teen Challenge. Any remaining funds will be placed into the student’s personal account.
2. Phone Cards need to be used in making your calls while at T.C. or you can call collect. You do not receive incoming calls unless in cases of emergencies.
3. You need to bring in stamps/envelopes/stationary.
4. After 30 days a \$25-50 Wal-Mart card may also be sent for student’s personal needs. (Wal-Mart cards are for necessary items only).

Signatures:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date