Redwood
Teen Challenge
Rescue. Rebuild. Return.

Men's Center Admissions
(8am/5pm)
(707) 268-0614
Women's Center Admissions
(8am/5pm)
(707) 442-4233

Redwood Teen Challenge
2212 2nd Street
Eureka, CA 95501
Phone: (707) 268-8727
Fax: (707) 268-8717
www.redwoodtc.org

First Name:_____**Middle:**_____**Last Name:** _____

DOB:____/____/_____**SS#----------Age:**_____**Male/Female:**_____**Height:**_____**Weight:** _____

Current Address:

Street:_____City:_____State:_____Zip:_____

Phone:_____Email:_____Alternate Phone: _____

Legal Resident Of: State:_____County:_____Country: _____

- **Do you have any relatives or friends currently in our program?** ☐Yes ☐No Who?_____
- **Have you previously been in our program?** ☐Yes ☐No **Did You Complete?**_____**When:**_____
- **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Engaged ☐ Separated
- **Race (Optional):** ☐Native American ☐Asian ☐Black ☐Hispanic ☐Multi Racial ☐White ☐Other_____
- **Do you read and write English at a 5th grade level or above:** ☐Yes ☐No
- **Do you have a high school diploma?** ☐ Yes ☐No **If No, Do You Have A GED?** ☐Yes ☐No
- **I mainly need help with:** (Check All That Apply) ☐ Alcohol Addiction ☐ Drug Addiction ☐Other:_____
- **Last date of use?**_____**Substance used:** _____**How much?**_____**How Often?**_____
- **Do you use tobacco?** ☐Yes ☐ No (Tobacco use is not permitted at any time while enrolled in the program)
- **Have you ever been treated for chemical addiction?** ☐Yes ☐No **How many times?** _____

Name of Facility:_____**Reason for treatment:** _____

Did you complete the program? _____

Name of Facility:_____**Reason for treatment:** _____

Did you complete the program? _____

In your own words, tell us why you want to come to Redwood Teen Challenge and the main issues you believe you need to deal with while in the program: (Please **print** clearly)

_____

_____

_____

_____

_____

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PHYSICAL HEALTH

Please be advised that RTC is NOT a Hospital Based Setting

If it is determined your needs exceed our care ability; you will be referred to a more suitable placement.

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

	Asthma		Drug Abuse		Pancreatitis
	Alcohol Abuse		Fetal Alcohol Syndrome		Polycystic Ovarian Syndrome
	Back Problems		Gastric Bypass Surgery		Respiratory Problems
	Celiac Disease		Head Trauma/TBI		Seizures
	Colitis		Heart Attack/Stroke Condition		STI/STD
	Crohns Disease		Hepatitis A, B, C, or All 3		Tuberculosis
	Diabetes Type1 Type2		High Blood Pressure		

Are you currently being treated by a doctor: Yes No

Primary Physician:_____ Reason for treatment: _____
Address:_____ City:_____ State:_____ Zip:_____
Phone:_____ Fax:_____ Dates of treatment:____/____/_____ to____/____/_____

Are you pregnant: ☐ Yes ☐ No

Are you allergic to any medications: Yes No **If so, what medications?** _____

Are you being treated with prescribed narcotics/benzodiazepine/opiate/prohibited medications? ☐ Yes ☐ No
If Yes, what medications?_____
(Applicants on these types of medications or ingesting any of the above will need to complete the taper regiment prior to admission or switch to approved medications under doctor supervision.)

Non-Psychiatric Medications:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		

Special Needs:

Do you have any type of disability?	Yes		No	Type: _____
Do you have any chronic conditions?	Yes		No	Type: _____
Do you have any medical restrictions?	Yes		No	Type: _____
Do you have any other type of special needs?	Yes		No	Type: _____
Do you have any food or environmental allergies?	Yes		No	Type: _____
Do you require a special diet?*	Yes		No	Type: _____

Any special dietary accommodations or substitute meal requests can be discussed. Please speak to your admissions representative.

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MENTAL HEALTH

Mental Health History: (Check all that apply to your current and past conditions)

	ADD/ ADHD		Depression		Personality Disorder
	Anorexia		Dissociative Identity Disorder		Physical Abuse
	Anti-Social Personality Disorder		Hallucinations		PTSD/Trauma
	Anxiety Disorder/Panic Attacks		Hearing Voices		Rape
	Autism/Aspergers		Homicidal Thoughts		Schizoaffective Disorder
	Bipolar Disorder		Insomnia		Schizophrenia
	Borderline Personality Disorder		Narcissistic Personality Disorder		Sexual Abuse
	Bulimia		Paranoia		Suicide Thoughts/Attempts

Have you thought about, or attempted suicide in the past 3 months? ☐ Yes ☐ No

Primary Mental Health Provider's Name: _____
Address:_____City:_____State:_____Zip:_____
Phone:_____Fax:_____Dates of treatment:____/____/_____to____/____/_____

Psychiatric Medications:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		

FINANCIAL INFORMATION

- **Are you presently employed?** ☐Yes ☐No If yes: What is your monthly income? _____
- **Do you receive any other income** (VA, Pension, Settlement, etc)? ☐Yes ☐No If yes: Monthly a mount? _____
- **Do you have assets titled in your name** (house, vehicles, land, trailer)? ☐Yes ☐No If yes: Is their an outstanding loan? ☐Yes ☐No If yes: Balance Due? _____Co-Signer? _____
- **Do you currently receive any government assistance** **Please circle** SSI, Disability, Other:_____
- **Do you have medical insurance?** ☐Yes ☐No

Insurance Provider:_____Member ID #: _____

Street:_____City:_____State:_____Zip:_____Phone: _____

- **Do you have a case worker?** Yes No

Case Worker's Name:_____Phone:_____Fax: _____

Street:_____City:_____State:_____Zip:_____

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Employment History

Please list your last three relevant employers beginning with the most recent.

- Employer: _____ Dates Employed: _____ Supervisor: _____
  Mailing Address: _____
  Job Responsibilities: _____ Reason for Leaving: _____
- Employer: _____ Dates Employed: _____ Supervisor: _____
  Mailing Address: _____
  Job Responsibilities: _____ Reason for Leaving: _____
- Employer: _____ Dates Employed: _____ Supervisor: _____
  Mailing Address: _____
  Job Responsibilities: _____ Reason for Leaving: _____

Please describe any paid or unpaid experiences, skills, interests, or achievements relevant to your work history:

_____

_____

_____

Educational Background

School Name	Dates Attended	Degree/Certification	Major Course of Study
High School			
College			
Graduate Level			
Vocational			
Other Education			

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LEGAL ISSUES

Are you currently on probation?	Yes	No	State/County: _
Are you currently on parole?	Yes	No	State/County: _
Do you currently have any court cases pending?	Yes	No	State/County: _
Are you currently under investigation for anything?	Yes	No	State/County: _
Do you currently have any outstanding warrants?	Yes	No	State/County: _

Have you ever been convicted of a violent crime? ☐ Yes ☐ No If yes, please list each conviction and date:

Have you ever been convicted of a sex related crime? ☐ Yes ☐ No If yes, please list each conviction and date:

Are you currently facing charges for a violent or sex related crime? ☐ Yes ☐ No If yes, please describe fully:

Are you required to register as a sexual or predator offender? ☐ Yes ☐ No

Probation Officer's name: _____
Address:_____City:_____State:_____Zip:_____
Phone:_____Fax: _____

Attorney's name: _____
Address:_____City:_____State:_____Zip:_____
Phone:_____Fax: _____

Emergency Contact's

Primary Contact Name:_____Relationship: _____
Address:_____City:_____State:_____Zip:_____
Phone:_____Fax: _____

Secondary Contact Name:_____Relationship:_____
Address:_____City:_____State:_____Zip:_____
Phone:_____Fax: _____

Spiritual Background

Do you consider yourself religious?	Yes	No	Which: _____
Are you saved?	Yes	No	How long: _____
Have you asked Jesus into your Heart?	Yes	No	When: _____
Do you have any Spiritual Gifts?	Yes	No	Which ones: ___
Have you ever been baptized?	Yes	No	Location/Date: _

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Voluntary Compliance with Faith Based Activities

Redwood Teen Challenge is a faith-based program that is based upon Christian principles and practices. As such, Redwood Teen Challenge is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it. If you do not want to participate in this program and follow the requirements listed below, please contact our admissions department and we will provide a referral list of other programs that may better meet your needs.

Please read each item carefully and initial your acceptance to each program requirement.

Upon admittance to Redwood Teen Challenge I agree to the following:

____ I will participate in daily devotions, Bible reading, and prayer

_____ I will participate in the Teen Challenge choir which performs Christian songs at weekly church services and special events

_____ I will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles

____ I will attend church services when scheduled

____ If offered the opportunity to partake in communion or water baptism participation is voluntary

____ If I object to the religious nature of this program and its requirements, I will notify my Program Director and receive a referral to another program of my choosing

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, I may be discharged from the Redwood Teen Challenge program. My signature below also indicates that I have carefully considered the Christian nature of the program and have made a free and independent choice to participate in the Redwood Teen Challenge program. I also acknowledge that I have been given the opportunity to ask for a referral list of other faith-based and secular programs.

_____ _____

Applicant's Signature ***Date***