

**Fort Worth Teen Challenge  
SCREENING / REFERRAL**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Phone or In Person**  
**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Current Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Parents Address or Closest Relative** \_\_\_\_\_

---

**Phone** \_\_\_\_\_ **Relation** \_\_\_\_\_  
**Education (completed)** \_\_\_\_\_ **GED (needed)** \_\_\_\_\_  
**Occupation** \_\_\_\_\_  
**Working presently (Y)\_\_\_ (N) \_\_\_** **What is it?** \_\_\_\_\_  
**Marital Status (S)\_\_\_(M)\_\_\_** **Legal or Common Law (D)\_\_\_** **how many times married** \_\_\_\_\_  
**(W)\_\_\_** **Do you have a boyfriend? (Y)\_\_\_ (N)\_\_\_** **Are you living with him?** \_\_\_\_\_  
**Spouse Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Address** \_\_\_\_\_

---

**Phone** \_\_\_\_\_  
**Are you presently living with him? (Y)\_\_\_ (N) \_\_\_** **specify** \_\_\_\_\_  
**Do you have children? (Y) \_\_\_ (N) \_\_\_** **how many?** \_\_\_\_\_ **Names & age** \_\_\_\_\_  
\_\_\_\_\_  
**Where are they living?** \_\_\_\_\_

---

**Do you have any financial / debts responsibility?** \_\_\_\_\_  
\_\_\_\_\_  
**Legal Status: Warrants (Y)\_\_\_ (N)\_\_\_** **specify** \_\_\_\_\_  
**Probation (Y)\_\_\_ (N) \_\_\_** **specify** \_\_\_\_\_  
**Court dates** \_\_\_\_\_  
**Arrested (Y)\_\_\_ (N)\_\_\_** **how many times?** \_\_\_\_\_ **In jail / for what?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Drug History (age started)** \_\_\_\_\_  
\_\_\_\_\_

---

**Alcohol** \_\_\_\_\_ **how long addicted?** \_\_\_\_\_  
**Smoke cigarettes (Y)\_\_\_ (N) \_\_\_** **how many packs?** \_\_\_\_\_  
**Any Abortions (Y) \_\_\_ (N) \_\_\_** **How many?** \_\_\_\_\_ **Voluntary (Y) \_\_\_ (N) \_\_\_** **please specify** \_\_\_\_\_

---

**Any Sexual Abuse** \_\_\_\_\_

---

**Any Physical Abuse** \_\_\_\_\_  
**Any Lesbian / Homosexual experiences / relationships** \_\_\_\_\_  
\_\_\_\_\_

Cutting (Y)\_\_\_ (N)\_\_\_ specify\_\_\_\_\_

Suicide (Y)\_\_\_ (N)\_\_\_ specify\_\_\_\_\_

Eating Disorder (Y)\_\_\_ (N)\_\_\_ specify \_\_\_\_\_

Any Major Illness or on any medications \_\_\_\_\_

Have you ever been in Psych Ward? \_\_\_\_\_

Have you been in any other programs? \_\_\_\_\_

Any anger or violent outbursts? (Y)\_\_\_ (N)\_\_\_ specify \_\_\_\_\_

Church background \_\_\_\_\_

Relationship to God, Jesus Christ, and the Holy Spirit? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Why do you want to come to Teen Challenge? \_\_\_\_\_

Are you willing to commit to the process of the Lord Jesus making you whole? \_\_\_\_\_

Waiting list check-in: Once a week \_\_\_\_\_ In jail: write once every 2 weeks \_\_\_\_\_

Must bring: Social Security Card \_\_\_ Certified copy of Birth Certificate \_\_\_ Photo ID\_\_\_\_\_

Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Hospitalization\_\_\_\_\_ SSI\_\_\_\_\_ bring record or card

If the applicant is accepted as a candidate to the program at that time of the interview, then they are put on the waiting list. It is the applicants responsibility to call once a week to check-in (that keeps them on the waiting list). Do not have someone else call for you. If you do not call, you will be dropped off the waiting list.

Health Test info. \_\_\_\_\_

Any Immediate problems or situations \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---