



17667 Pierson Street, Detroit, MI 48219
(313) 531-0111

STUDENT APPLICATION FORM

CONFIDENTIAL

Disqualifying Factors for Admission:

- 1) Persons who have records of sex offenses which presents a risk to the community.
2) Individuals with legal restraints which would preclude them from participating in the program and which cannot be sorted out by our Admissions office with the legal authority.
3) Individuals with medical problem which requires excessive time away from our residential program.

PERSONAL INFORMATION

Date:

Name: (last) (first) (middle initial)

Address: (number) (street) (apt. number)

(city) (state) (zip code)

Phone: Home Work

Birth Date: Age: Sex: M/F Weight: Height:

Social Security #: Driver's License #:

MARITAL STATUS

Single Married Separated Divorced Widowed

Name of spouse (if applicable):

Name of girl/boy friend (if applicable):

Address: (number) (street) (apt. number)

(city) (state) (zip code)

Phone: Home Work

**CHILDREN**

Do you have any children?

Yes

No

If yes, please list below:

**Name of Child**

**Age**

**With Whom Residing**

Name of Child	Age	With Whom Residing

**FAMILY HISTORY**

Are your parents still living?

Father:  Yes  No

Mother:  Yes  No

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Parent's marital status while you were living with them:

Married

Divorced

Separated

Living Together

Are you adopted?

Yes

No

Were you raised by someone other than your parents?

Yes

No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL HEALTH INFORMATION**

Rate your health in the last year to present:

Excellent

Good

Fair

Poor

List all important present or past illness, injuries, or handicaps with the approximate year of occurrence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you diabetic?

Yes

No

Do you have any special dietary requirements?

Yes

No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL HEALTH INFORMATION (Cont'd)**

Have you had recurring convulsions, epilepsy, or fainting spells at any time in the last 5 years?  Yes  No

Are you presently on medication (including over-the-counter)?  Yes  No If yes, please list: \_\_\_\_\_

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Are any of these medications used to treat depression, anxiety, pain, or sleep disorders?  Yes  No

Are you currently in treatment for mental health reasons?  Yes  No

If yes, please list the name and phone number of the doctor whose care you are currently under:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any health problems that would limit you from complying with the rules and/or standards of this program? (examples would be standing, sitting, or light work detail)  Yes  No If yes, please explain:

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Do you currently have to see a doctor on a regular basis?  Yes  No

If yes, please list the name and phone number of the doctor whose care you are currently under:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you currently experiencing any dental problems?  Yes  No

Do you have medical insurance?  Yes  No

If yes, please give the name of your insurance provider: \_\_\_\_\_

If no, who will be paying your medical bills should an emergency arise?: \_\_\_\_\_

**Disclaimer:** Life Challenge reserves the right to prohibit entrance to individuals taking mind and/or mood-altering medications (e.g., Lithium, Prozac, Haldol, Ritalin, Valium, etc.)

**Please note:** All medications used to treat depression, anxiety, pain and sleep disorders or other psychological problems are carefully screened at Life Challenge. Please consult your doctor before considering entry.

**Also Note:** All students accepted into Life Challenge must have a tuberculosis test administered. RESULTS of that test must be submitted on the day of entry.

**LEGAL STATUS**

List all arrests and convictions:

Date	Charges	Convicted? Y/N	Sentence	Time Incarcerated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any cases/warrants/tickets pending?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently on probation or parole?  Yes  No

If yes, give name, address and phone number of agent: \_\_\_\_\_

\_\_\_\_\_

Please also give the name, address and phone number of your attorney: \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC BACKGROUND**

List the highest grade that you have completed:

Grade School \_\_\_\_\_ Jr. High School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Rate your reading and writing ability:  Excellent  Good  Fair  Poor

**EMPLOYMENT BACKGROUND**

What is your vocational trade or profession, if any? \_\_\_\_\_

Who was your last employer (company name & supervisor's name): \_\_\_\_\_

\_\_\_\_\_

Employer's address and phone number: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT BACKGROUND (Cont'd)**

May we contact your employer if necessary?  Yes  No

Do you belong to a union?  Yes  No

If yes, please give your local number as well as your union rep's name and phone no.: \_\_\_\_\_

Did your employer refer you to Life Challenge?  Yes  No

How long did you hold your last job? \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No If yes, please explain:

Discharge received:  Honorable  Less than honorable  Dishonorable

**SPIRITUAL BACKGROUND**

Are you currently affiliated with any church?  Yes  No If yes, please give the following information:

Name of church: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Have you ever been involved in the occult?  Yes  No If yes, please explain:

Have you ever been involved in cults such as Christian Science, Jehovah's Witness, Mormonism, Islam or others?

Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been involved in a homosexual/lesbian lifestyle?  Yes  No If yes, please explain:

How would you describe your present spiritual condition? \_\_\_\_\_

**OTHER INFORMATION**

Have you ever been in a Teen Challenge program before?  Yes  No If yes, please explain:

When: \_\_\_\_\_ Where: \_\_\_\_\_

Reason for leaving:  Dismissed  Left on own  Graduated

List how often you have used the following drugs: (never, once, several times, or regularly)

Alcohol	_____	Heroin	_____
Barbiturates (downers)	_____	Methadone	_____
Amphetamines (uppers)	_____	Marijuana	_____
Hallucinogens	_____	Cocaine	_____
Glue	_____	Crack	_____
Others: (please specify)	_____		_____

Do you smoke cigarettes?  Yes  No

Have you ever attempted suicide?  Yes  No If yes, please explain: \_\_\_\_\_

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

**REASON FOR ENTRY INTO LIFE CHALLENGE**

Why do you want to enter Life Challenge? \_\_\_\_\_

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

As you see it, what is your problem? \_\_\_\_\_

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

What have you done about your problem before now? \_\_\_\_\_

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

How do you think Life Challenge will help you? \_\_\_\_\_

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

**REASON FOR ENTRY INTO LIFE CHALLENGE (Cont'd)**

Other comments you would like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted into Life Challenge are you willing to commit to at least 1 year?     Yes     No     Not sure

Do you have any financial obligations that would prevent you from fulfilling this commitment?     Yes     No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and the application form has been completed and filled out by the student applicant in his or her own handwriting. The student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance or continuation in the program. The undersigned student gives permission for Life Challenge to contact any of the heretofore mentioned people and/or institutions. The undersigned student also understands that his or her residency at Life Challenge is at the will of Life Challenge and may be terminated at any time and for any reason.

\_\_\_\_\_  
(Student Applicant Signature)

\_\_\_\_\_  
(Date)



17667 Pierson  
 Detroit MI 48219  
 313.531.0111

## STUDENT AGREEMENT FORM

### **CONFIDENTIAL**

Upon your reading and understanding of each of the items listed below, put your first and last initials on each of the lines to indicate your agreement to each of the statement.

- \_\_\_\_\_ 1. I agree to pay the full \$700.00 tuition fee. I understand that I will be expected to pay an additional \$700.00 re-entrance fee should I be dismissed or leave the program. I am aware that all fees are NON\_REFUNDABLE
- \_\_\_\_\_ 2. I understand that I will be expected to have all my fees paid upon my personal pass times. Should these, fees be unpaid, I agree to forfeit this time until such fees are paid. Should an outside job be available, I agree to working on personal pass time and contributing all monies earned to Life Challenge toward my unpaid fees.
- \_\_\_\_\_ 3. Should I be coming from a city or town outside the Detroit area, I agree to have a round trip ticket (bus/train/plane) prior to entrance into Life Challenge (or the appropriate funds to purchase the said ticket). I will also have transportation fees available which will be placed on hold (\$10.00 bus/train station; \$20.00).
- \_\_\_\_\_ 4. Should I leave before graduating, I understand that monies in my personal student account above \$5.00 will be returned in the following manner:
- a. by check
  - b. within five (5) working days; and
  - c. mailed to the address I indicate
- Monies will be withheld should I have any outstanding financial obligations to Life Challenge (e.g., induction fee, personal account debits). Furthermore, monies will become the property of Life Challenge in the event that I do not give an address to forward remaining account monies within thirty (30) days of my departure.
- \_\_\_\_\_ 5. I agree to donate to Life Challenge 50% of all SS/SSI income I am presently receiving.

- \_\_\_\_\_ 6. I am aware that I am not permitted to apply for SS/SSI income while a student at Life Challenge. I understand that I will have to discontinue pursuing these funds upon entrance into Life Challenge should I have already applied.
- \_\_\_\_\_ 7. I understand that I forfeit my right to receive unemployment compensation while a student at Life Challenge.
- \_\_\_\_\_ 8. Upon entering the program, I give Life Challenge permission to inspect all of my personal belongings.
- \_\_\_\_\_ 9. I give permission for authorized personnel to read all my incoming and outgoing mail.
- \_\_\_\_\_ 10. I understand that it is my responsibility to take all of my belongings with me at the time of departure or to make special arrangements to pick them up. I understand that I am NOT permitted to take and “blessings” with me should I leave before my graduation date.
- \_\_\_\_\_ 11. I am aware, should I be dismissed or decide to leave of my own volition, I will be expected to exit Life Challenge properties within a 2-hour period.
- \_\_\_\_\_ 12. I give permission for authorized personnel to contact the person (s) indicated on my “EMERGENCY CONTACT INFORMATION” form in the event that I am dismissed from the program or leave of my own volition.
- \_\_\_\_\_ 13. I understand that Life Challenge is NOT responsible for any personal property left, lost, or stolen from the premises.
- \_\_\_\_\_ 14. I understand that Life Challenge cannot and will NOT be held responsible for any personal injury occurring while in the program.
- \_\_\_\_\_ 15. I will notify staff of any job detail that I feel would be a risk to my personal safety. I will exercise reasonable care in regards to any work detail.
- \_\_\_\_\_ 16. I am \_\_\_ I am NOT \_\_\_ on prescribed medication\* (check on). List medications if applicable.  
\_\_\_\_\_ **\*Note: If you are currently on prescribed medication, you must complete and sign a Student Medication Agreement Policy Form.**
- \_\_\_\_\_ 17. I understand that I will not be permitted to receive outside counseling as a student of Life Challenge.

- \_\_\_\_\_ 18. I agree to abide by the written Rules and Regulations for as long as I am a student in the Life Challenge program. If I have any questions regarding these rules, I agree to ask a staff member for clarification.
  
- \_\_\_\_\_ 19. I agree that I am not signing this form under compulsion by a Life Challenge staff member, intern, or volunteer, nor anyone else affiliated with Life Challenge. I am voluntarily and willingly entering into this agreement of my own volition.
  
- \_\_\_\_\_ 20. I understand that my residency at Life Challenge is at the will of Life Challenge and may be terminated at any time for any reason.
  
- \_\_\_\_\_ 21. I hereby grant to Life Challenge, its representatives and employees the right to take photographs and video of me and my property in connection with Life Challenge. I authorize Life Challenge of Southeastern Michigan, its assigns and transferees to copyright, to use and to publish the same in print and/or electronically.

I agree that Life Challenge may use such photographs of me with or without my name and for any lawful purpose, including for such proposes as publicity, illustration, advertising, and web content.

I have read each of the 21 items on this form or have had them read to me in their entirety. I understand the contents of this form and I consent to each of he conditions listed above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_