



# Application for Admission

## STUDENT INFORMATION:

**Please print clearly**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Religion (Denomination): \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Circle one: Biological Child OR Adopted If Adopted please list date of adoption: \_\_\_\_\_

If adopted, are the biological parents involved? Yes OR No

Please list any specific issues we should be aware of concerning the adoption:

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

If not with biological or adopted parents, with whom does the child live? \_\_\_\_\_

## BIOLOGICAL OR ADOPTED PARENT INFORMATION:

**Father's Name:** \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_ Religion (Denomination) \_\_\_\_\_

Is the father approved to receive weekly and/or monthly communication? Yes OR No

**Mother's Name:** \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_ Religion (Denomination) \_\_\_\_\_

Is the mother approved to receive weekly and/or monthly communication? Yes OR No



# Application for Admission

## STEP-PARENTS INFORMATION (if applicable)

**Stepfather's Name:** \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_ Religion (Denomination) \_\_\_\_\_

Is the stepfather approved to receive weekly and/or monthly communication?    Yes    OR    No

**Stepmother's Name:** \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_ Religion (Denomination) \_\_\_\_\_

Is the stepmother approved to receive weekly and/or monthly communication?    Yes    OR    No

## Other Family Information:

Please list all sibling(s), including step and half sibling(s):

<b>NAME:</b>	<b>GENDER</b>	<b>AGE</b>	<b>CURRENTLY RESIDES</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# Application for Admission

## FAMILY RELATIONSHIPS:

Describe the relationship with the father and/or stepfather: \_\_\_\_\_

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Describe the relationship with the mother and/or stepmother: \_\_\_\_\_

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Describe the relationship with siblings: \_\_\_\_\_

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Who is permitted to visit your child on Mid-Atlantic Teen Challenge's campus? \_\_\_\_\_

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Has your child ever had a placement outside of your home?    Yes    OR    No

Please make a complete list of any of these placements (hospitals, family members, programs, other):

DATE OF PLACEMENT	NAME OF FACILITY	LENGTH OF STAY	REASON
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# Application for Admission

## **SOCIAL AND BEHAVIOR HISTORY:**

Describe your child's current and past emotional problems: \_\_\_\_\_

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Describe your child's current and past behavior problems: \_\_\_\_\_

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Describe what is currently being done about these problems: \_\_\_\_\_

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Has there been any involvement in the legal system?    Yes    OR    No

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

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# Application for Admission

**SOCIAL AND BEHAVIOR HISTORY (continued):**

Has your child ever attempted suicide?    Yes    OR    No

If yes, please explain the situation and when it occurred: \_\_\_\_\_

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Has there been any history of self injurious behaviors or self mutilation?    Yes    OR    No

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

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Does your child have a history of running away?    Yes    OR    No

If yes, please explain when and where they ran to: \_\_\_\_\_

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Has your child ever demonstrated violent behaviors?    Yes    OR    No

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

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# Application for Admission

**SOCIAL AND BEHAVIOR HISTORY (continued):**

Does your child have a history of alcohol, tobacco, and/or drug usage?    Yes    OR    No

If yes, please explain what and how long your child has been involved with it: \_\_\_\_\_

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Do any members of the family have a history of alcohol, tobacco, and/or drug usage?    Yes    OR    No

If yes, please explain who, what, and how long the family member has been involved with it: \_\_\_\_\_

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Is your child sexually active?    Yes    OR    No

Has your child been tested for STD's?    Yes    OR    No

If yes, please explain any inappropriate sexual behaviors: \_\_\_\_\_

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Describe your child's strengths and weaknesses:

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Describe your family's strengths and weaknesses:

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# Application for Admission

## **SOCIAL AND BEHAVIOR HISTORY (continued):**

Describe any traumatic events that have taken place in your child's life (abuse, divorce, deaths, imprisonment, etc.): \_\_\_\_\_

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List and describe your child's fears: \_\_\_\_\_

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Discuss the events that led to the possibility of your child's enrollment with us: \_\_\_\_\_

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# Application for Admission

**SOCIAL AND BEHAVIOR HISTORY (continued):**

How is discipline handled in your home? \_\_\_\_\_

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What disciplinary methods do you use? \_\_\_\_\_

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Please list history of disorders (ADD, ADHD, ODD, etc.): \_\_\_\_\_

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# Application for Admission

## **SOCIAL AND BEHAVIOR HISTORY (continued):**

Please circle **all** that apply:

- |                              |                |  |
|------------------------------|----------------|--|
| Difficulty concentrating     | Hyperactivity  | Suicidal thoughts                      |
| Easily agitated              | Poor memory    | Doesn't handle stress well             |
| Anxious/easily stressed      | Anorexic       | Irritability                           |
| Insomnia                     | Depression     | Short attention span                   |
| Violent                      | Easily angered | Withdrawn                              |
| Sadness                      | Paranoia       | Cruel to animals                       |
| Suspicious                   | Fearful        | Easily exhausted                       |
| Impulsive                    | Food binges    | Steals food                            |
| Doesn't complete tasks well  | Mood swings    | Experiences mental confusion           |
| Apathetic                    | Walk in sleep  | Does desperate things to get attention |
| Plays with fire              | Bedwetting     | Poor appetite                          |
| Fakes illnesses or accidents | Panic attacks  | Obsessive compulsive behavior          |
| Skips meal                   | Sluggishness   | Gang involvement                       |
| Controlling                  | Purges food    | Shy/Timid                              |
| Dislikes being touched       | Destructive    | Nail biting                            |
| Frequent mistakes            | Stutters       | Nightmares                             |

Describe the event if your child was victim of past/present abuse (sexual, physical, emotional): \_\_\_\_\_

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Describe any history (offender) of abuse towards another person (sexual, physical, emotional): \_\_\_\_\_

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Please explain your child's personality, interests, likes and dislikes: \_\_\_\_\_

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# Application for Admission

## EDUCATIONAL HISTORY:

Name of school presently attending: \_\_\_\_\_

Address: \_\_\_\_\_ Grade level: \_\_\_\_\_

School counselor: \_\_\_\_\_ May we contact this counselor? Yes OR No

Does your child have an IEP? Yes OR No

Year written: \_\_\_\_\_ Special Education: \_\_\_\_\_

***If yes, attach any assessment information with this application. Submission of any IEP documentation is necessary for acceptance to Mid-Atlantic Teen Challenge, and must be submitted with this application.***

School academic performance (please check one): Above average | Average | Below average | Poor |

List school history (include high school, middle school and elementary school): \_\_\_\_\_

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How was your child's school attendance? Good OR Poor

If poor, please explain reasons why: \_\_\_\_\_

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List any school suspensions/expulsions your child has received and how long: \_\_\_\_\_

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If any, list the alternative school(s) your child attended while suspension/expulsion: \_\_\_\_\_

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# Application for Admission

## MEDICAL INFORMATION:

Date of last physical examination: \_\_\_\_\_

List any past/present medical problems: \_\_\_\_\_

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What is currently being done about these problems: \_\_\_\_\_

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Is your child receiving and/or has received counseling or psychotherapy? Yes OR No

If so, please list **all** past and present counselors/doctors and the diagnosis given (if any): \_\_\_\_\_

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# Application for Admission

## MEDICAL INFORMATION (continued):

Does your child have a history of refusing or hiding medications? Yes OR No

Has your child ever had an allergic reaction to any medication? Yes OR No

If yes, please list the medication and explain the situation: \_\_\_\_\_

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***Any medication brought to Mid-Atlantic Teen Challenge must be in correctly labeled pharmacy containers. Our residential coordinator will be in charge of all medicine dispensed.***

Medications presently taking (Please list any over the counter medicines):

<u>Medication</u>	<u>Date Prescribed</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason Taking</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Has your child ever been hospitalized due to substance abuse? Yes OR No

Please list the types of substance abuse: \_\_\_\_\_

Please describe the situation: \_\_\_\_\_

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# Application for Admission

## MEDICAL INFORMATION (continued):

Does your child wear glasses? Yes OR No Does your child wear contact lenses: Yes OR No

Does your child have any problems with speech and/or hearing? Yes OR No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child had any major surgeries or has been hospitalized for an injury? Yes OR No

If yes, describe the situation(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other medical conditions and details concerning your child's medical history not mentioned in a previous answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NUTRITIONAL INFORMATION:

How would you rate your child's nutritional intake? Good Average Poor

How would you rate your child's junk food intake: Low Moderate Excessive

## DENTAL INFORMATION:

When was your child's last dental examination? \_\_\_\_\_

Does your child have braces? Yes OR No Do they have a retainer? Yes OR No

*If yes to either, you will need to advise us upon enrollment of the dental plan for either the braces or retainer.*



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## ALLERGY INFORMATION:

If your child is allergic to any of the following, describe the reaction (*Important! Please answer completely*)

Bee/wasp stings: \_\_\_\_\_ Reaction: \_\_\_\_\_

Ant bites: \_\_\_\_\_ Reaction: \_\_\_\_\_

Any other insect bites: \_\_\_\_\_ Reaction: \_\_\_\_\_

Penicillin: \_\_\_\_\_ Medicines: \_\_\_\_\_

Will you be bringing an epi-pin to Teen Challenge with your child? Yes OR No (*Please also list under medicines*)

Does your child have asthma? Yes OR No

Will you be bringing an inhaler with your child? Yes OR No  
(*Please also list under medicines*)

Please list any other allergies we should know about: (hives, hay fever, eczema etc.) \_\_\_\_\_

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Please list any foods your child is allergic to (please do not list dislikes - only allergies to food): \_\_\_\_\_

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***It is very important that we know all allergies that may cause future allergic reactions!***

Is there anything we should know about medical, allergy, nutritional, or dental information that has not been covered in the previous four sections? \_\_\_\_\_

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# Application for Admission

**ADDITIONAL INFORMATION:**

Does your child feel he/she has problems that would require this placement? Yes OR No

Please describe your child's personal goals for the future: \_\_\_\_\_

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Does your child have any special room, board or additional needs we would need to be aware of: \_\_\_\_\_

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Please list any distinguishing features that your child has: (tattoos, birthmarks, scars, etc.) \_\_\_\_\_

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Please share your immediate and long-range goals for your child having to do with this placement: \_\_\_\_\_

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# Application for Admission

## ENROLLMENT CONSIDERATION

Prior to enrolling your child, please read over and consider the following information concerning our services, environment, peer age range, and behavioral characteristics. This information provides a general overview of what your child's living environment and peer group will be for the duration of the enrollment.

**Service:** The program provides quality youth care and intensive supervision of male adolescent students in a residential treatment setting. In addition, the program provides group and individual counseling, around the clock mentoring, teamwork exercises, and a middle and high school academic program; all of which create a healthy, challenging, and positive learning experience.

**Environment:** Mid-Atlantic Teen Challenge is located in an urban context, in central Newport News, Virginia. Our facility is a two-story, 15,000 sq. ft. brick building located near America's most historic locations - including Colonial Williamsburg, Yorktown, and Jamestown, Virginia.

**Age Range:** Upon enrollment the resident must be between the ages of 12-17 and NOT have completed high school or a G.E.D. program.

**Behavioral Characteristics:** Mid-Atlantic Teen Challenge serves at-risk youth with a variety of Axis 1 disorders including, but not limited to: Attention Disorders, Mood Disorders, Adjustment Disorders, Substance-Related Disorders, Conduct Disorders, Learning Disorders, and Emotional Disorders.

I, \_\_\_\_\_, on \_\_\_\_\_ have read and considered the services, environment, age range, and behavioral characteristics common to Mid-Atlantic Teen Challenge. After considering the information provided to me by Mid-Atlantic Teen Challenge, I have determined that placement of my child into the care of Mid-Atlantic Teen Challenge is appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Application for Admission

## EMERGENCY CONTACT INFORMATION:

Please list two contacts we may call if there is an emergency and we are unable to contact you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide us with how you heard about Mid-Atlantic Teen Challenge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person filling out this application: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***By signing this application I agree that the information contained in this admission packet is true and accurate.***



# Application for Admission

## REGISTRATION CHECKLIST (keep this information for your records)

### REQUIRED BEFORE ACCEPTANCE

The following (3) items must be received in order for your child to be considered for acceptance

- This fully completed application
- Any psychological evaluations, personality, social or educational testing
- School IEP (if applicable)

### WHAT HAPPENS NEXT?

The admissions team will review your application and respond within 1-2 business days. If you are in a crisis situation or in need of assistance with a quickly approaching legal matter (court hearing, etc.) please call the MATC office at (757) 244-3733, ext. 120.

### REQUIRED AFTER ACCEPTANCE

The following items must be brought to Registration

- Copy of immunization records
- Proof of Physical Exam given by a medical Doctor (Exam must be within 90 days prior to enrollment)
- Proof of last Dental Exam
- Copy front and back of child's insurance card
- Copy front and back of child's prescription card
- We will need to know who the primary cardholder is and that person's social security number*
- Copy of birth certificate
- Copy of social security card
- Custody papers (if applicable)
- Approved correspondence list (family only please)
- Medications and any unfilled prescriptions needing to be filled (1 month supply)
- Envelopes and stamps for letters home
- Please go over the "Needs List" to make sure you have everything on the list of items needed. The Needs List is located on "Step 3" section of website under "Admissions" - [mateenchallenge.com](http://mateenchallenge.com)).

### AT REGISTRATION

The following items will be finalized on the day of enrollment

- Sign Contract accompanied by payment
- Sign Drug Screen Form
- Sign Photo Release Form
- Permission to Transport Form