

Western Michigan Teen Challenge

Inmate/Personal Questionnaire

Date:	
Name	DOB: Age:
Street Address:	SS#:
City/State/ZIP:	1 st Phone # ()
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated	2 nd Phone # ()
Spouse/Fiancee's Name:	Children <input type="radio"/> Yes <input type="radio"/> No How Many?
Enrolled in Teen Challenge before? <input type="radio"/> Yes <input type="radio"/> No	High School Diploma/GED? <input type="radio"/> Yes <input type="radio"/> No
When/Where?	
Do you have a friend, family member or anyone else that you know in our Teen Challenge? <input type="radio"/> Yes <input type="radio"/> No	
If so, Who?	Explain Relationship:
Major Problems: ----- ----- -----	
Who referred you to Teen Challenge?	How do you know this person?
If pastor, give pastor's name:	Name of Church:
SPIRITUAL	
Born again Christian? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Rededicated Spiritual background/Church denomination/Religion (if any):	
<input type="radio"/> Yes <input type="radio"/> No	Are you ready to let God help you change your life?
<input type="radio"/> Yes <input type="radio"/> No	Do you have a personal relationship with Jesus Christ? Please share with me a little about it. ----- ----- ----- -----
How did you come to know about Teen Challenge? ----- -----	
Why do you feel you need Teen Challenge? ----- -----	

<input type="radio"/> Yes <input type="radio"/> No	Have you read the rules and regulations of Teen Challenge? How do you feel about them?		
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	Do you feel that you would have a problem following them?		
What do you see in yourself that needs to be changed?			
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	History of emotional/mental problems? Date/Description:		
<hr/> <hr/> <hr/>			
MEDICAL			
<input type="radio"/> Yes <input type="radio"/> No	Have you ever been hospitalized for anything emotional/mental? Date/Description:		
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	Any major medical/dental/business that needs attention? Date Description:		
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	Any physical disorders, diseases, or physical limitations that you know of? Date Description:		
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	Have you ever attempted suicide? If yes, how many times: Date Description:		
<hr/> <hr/> <hr/>			
<input type="radio"/> Yes <input type="radio"/> No	Any prescription medications? Notes:		
<hr/>			
Type:	Prescribed for?	Start date:	Stop Date:
<hr/>			
Type:	Prescribed for?	Start date:	Stop Date:
<hr/>			
Type:	Prescribed for?	Start date:	Stop Date:
<hr/>			
Type:	Prescribed for?	Start date:	Stop Date:
<hr/>			
NOTE: Anti-depressant, psycho tropic, and sleeping medications are not allowed. Must be off for 30 days with a doctor's approval prior to entry!			
NOTE: Over-the-counter vitamins allowed are multi-vitamins and vitamin C only!			

LEGAL			
<input type="radio"/> Yes <input type="radio"/> No	Parole/Probation:		PO's Name:
Cause of Parole/Probation:		PO's Phone: ()	
		PO's Fax: ()	
		PO's Address:	
<input type="radio"/> Yes <input type="radio"/> No	Court Hearing/Date:		Attorney's Name:
Cause of Hearing:		Attorney's Phone: ()	
		Attorney's Fax: ()	
		Attorney's Address:	
<p style="text-align: center;">NOTE: A BACKGROUND CHECK WILL BE DONE UPON ENTRY.</p>			
Have you ever been charged or convicted of a sexual crime? <input type="radio"/> Yes <input type="radio"/> No		If so, do you have to register? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been charged or convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No		If so, was it a violent crime? <input type="radio"/> Yes <input type="radio"/> No	
Charges?			
Sentence?			
Year Sentenced?	Amount of Time Served?	County and State Served In?	
Description of the Nature of the Crime - What happened?			
JAIL/PRISON			
Jail/Prison Name		Address:	
		City:	
		State:	ZIP:
Phone #:		Fax #:	
Chaplain Name:		Chaplain Phone #:	
Have you had a preliminary hearing yet? <input type="radio"/> Yes <input type="radio"/> No If not, when?			
Have you had a pretrial yet? <input type="radio"/> Yes <input type="radio"/> No If not, when?			
When is your sentencing date?			
Name of Judge:			
Name of pre-sentencing investigator:			

If you are incarcerated because of a parole/probation violation, how did you violate? -----				
What is your agent's name and phone #:				
Do you have other charges pending? <input type="radio"/> Yes <input type="radio"/> No If so, what are the charges?				
What County?		Name of Judge?		
Attorney's Name:		Phone #:		Fax #:
PLEASE LIST YOUR FOUR (4) MOST RECENT CONVICTIONS				
	1	2	3	4
Charge				
Sentence				
Year Sentenced				
Amount of Time Served				
County/State Served In				
How do you feel about your crime? -----				
<input type="radio"/> Yes <input type="radio"/> No	Are you aware of any outstanding warrants? If yes, please explain: ----- -----			
Please add any additional information that you feel would help me get to know you and your situation better. ----- ----- ----- ----- ----- ----- ----- ----- ----- -----				

I acknowledge that the information on this form is correct and if any of the information is untrue, I understand that this can/may affect my enrollment in Western Michigan Teen Challenge.

Signature	Date
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PROBATION/PAROLE OFFICER

AUTHORIZATION FOR RELEASE OF INFORMATION

Western Michigan Teen Challenge

If you receive information released with this form the following regulations applies to you:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part II. A general authorization of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

Client Name: _____ Client Date of Birth: _____
(Print your name)

I, _____, hereby authorize Western Michigan Teen Challenge to release
(Print your name)

_____ any necessary information pertaining to my entry into Western Michigan Teen Challenge _____.

The purpose or need of this authorization is: To meet requirements for entry into Teen Challenge .

The information is to be released to: _____.
(PO's Name and Phone Number)

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date of signing below, unless a different date, event or condition is listed here:

Entry into Western Michigan Teen Challenge

(Date and/or condition for this release to expire)

Client Signature (Your signature goes here)

Date of Signing

Witness Signature

Date of Signing

FAMILY MEMBER

AUTHORIZATION FOR RELEASE OF INFORMATION Western Michigan Teen Challenge

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Client Name: _____ Client Date of Birth: _____
(Print your name)

I, _____, hereby authorize **Western Michigan Teen Challenge** to release
(Print your name)

any necessary information pertaining to my entry into Western Michigan Teen Challenge.

The purpose or need of this authorization is: **To meet requirements for entry into Teen Challenge**.

The information is to be released to: _____
(Name and Phone Number of a Family Member we may contact)

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date of signing below, unless a different date, event or condition is listed here:

Entry into Western Michigan Teen Challenge

(Date and/or condition for this release to expire)

Client Signature (Your signature goes here)

Date of Signing

Witness Signature

Date of Signing

JUDGE

AUTHORIZATION FOR RELEASE OF INFORMATION Western Michigan Teen Challenge

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Client Name: _____ Client Date of Birth: _____
(Print your name)

I, _____, hereby authorize Western Michigan Teen Challenge to release
(Print your name)

any necessary information pertaining to my entry into Western Michigan Teen Challenge.

The purpose or need of this authorization is: To meet requirements for entry into Teen Challenge.

The information is to be released to: _____.
(Judge's Name and Phone Number)

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date of signing below, unless a different date, event or condition is listed here:

Entry into Western Michigan Teen Challenge

(Date and/or condition for this release to expire)

Client Signature (Your signature goes here)

Date of Signing

Witness Signature

Date of Signing

ATTORNEY & PUBLIC DEFENDER

AUTHORIZATION FOR RELEASE OF INFORMATION

Western Michigan Teen Challenge

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Client Name: _____ Client Date of Birth: _____
(Print your name)

I, _____, hereby authorize **Western Michigan Teen Challenge** to release
(Print your name)

any necessary information pertaining to my entry into Western Michigan Teen Challenge .

The purpose or need of this authorization is: **To meet requirements for entry into Teen Challenge** .

The information is to be released to: _____
(Attorney or Public Defender Name and Phone Number)

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date of signing below, unless a different date, event or condition is listed here:

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Client Signature (Your signature goes here)

Date of Signing

Witness Signature

Date of Signing