

Life Challenge of Western North Carolina Student Application

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Every question must be completed and picture enclosed before your application will be considered. ***You must call once each week to verify your continued interest in our program to keep your name on our active list.***

place picture here

I. General

Name: _____

Last

First

Middle

Maiden

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Referred to Life ChallengeWNC by: _____

Phone: () _____ Relationship (friend, relative, etc.): _____

In case of emergency notify: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ (home) Phone: () _____ (cell)

II. Personal

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Birthmarks or distinguishing marks: _____

Race: White _____ Black _____ Hispanic _____ Am. Indian _____ Other _____

Social Security # _____ Driver's License # _____

What are your present living conditions: _____

How are you supported: _____

Marital status: Single____ Engaged____ Common-law____

Married____ Separated____ Divorced____ Remarried____

What is your relationship with your husband/boyfriend now:_____

Would you say that your husband has a drug/alcohol problem? Yes _____ No _____

Do you have any children: _____ How many: _____

Custody: (Me)_____ Other: _____

What are the custody arrangements (i.e. temporary, full, etc.)? _____

Education/Training: Last Grade Completed: _____

Have you ever been in special education classes: Yes___ No___ If yes, please list what type: _____

To which gender identity do you most identify (Please Mark One)?

_____ Female _____ Transgender Female _____ Gender Variant/Non-Conforming

Have you ever been involved in prostitution: _____ When: _____

How long were you involved: _____

III. Legal Status

Have you ever been arrested: _____ How many times: _____

List all charges: _____

Are there any pending charges: _____

Have you ever been on probation: _____ Are you on probation now: _____

Name of Probation Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Have you ever been in prison: _____

When: _____ Where: _____

Are you on parole:_____ Name of parole officer:_____

Address:_____

City:_____ State:_____ Zip:_____

County:_____ Phone: () _____

Name of lawyer:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: () _____

IV. Employment

What types of jobs have you held in the past:_____

When was your last job:_____ Type of job:_____

V. Health

Past History: (1) Write "Yes" or "No" beside the illnesses or conditions you have had.

(2) Write the dates that you had the illness or condition.

Nervous Breakdown _____

Mental Health Issues/Diagnoses _____

Please list any other illnesses or conditions not already mentioned above: _____

Has any member of your family suffered from nervous breakdown, suicide or attempts, migraine headaches, alcohol or drug abuse: Yes _____ No _____

Which family members and how were they affected: (hospitalized, physician care, etc.):

List any medicines you currently take:_____

Do you have any special diet requirements due to allergies or for other medical reasons:

Yes _____ No _____ Explain:_____

What is the average amount of the following that you have consumed daily:

Alcohol _____

Barbiturates (downers) _____

Amphetamines (uppers) _____

Heroin _____

Cocaine _____

Hallucinogenic _____

Opiates _____

Glue _____

Tobacco _____

Marijuana _____

Crack _____

Crank _____

Valium or Sleeping Medicines _____

Others (Specify): _____

VI. Spiritual

Are you a born-again Christian: _____

Do you believe in God: Yes _____ No _____ Uncertain _____

Have you ever been involved in groups, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others: Yes _____ No _____

Explain: _____

How would you describe your relationship with God now: _____

VII. The Problem

What do you consider to be your main problems: _____

What efforts, if any, have you made to correct these problems: _____

Have you ever been in any out-patient program before: Yes _____ No _____

Did you finish treatment: Yes _____ No _____

Have you ever been in any Detoxification Program: Yes ___ No ___ How many times: _____

Did you finish treatment: Yes _____ No _____ If no, please explain:

Please list all programs you have attended for help. Names and Dates:

What would you like to do after you leave Life Challenge: _____

Statement of Release

I certify that all information here is accurate and true to the best of my knowledge.

I understand any false or incomplete information may result in disqualification of any application for entrance.

Signed _____
Applicant *Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person _____
Relation to applicant _____

Do you understand that learning disabilities (severe enough to hinder cognitive abilities with application and coordination of motor skills) may disqualify applicant from eligibility for program:

Yes _____ No _____

It is hereby understood that Life Challenge WNC is not responsible for any personal property left, lost, or stolen while in the program. I agree that any property or money left at Life Challenge of Western North Carolina over thirty days from my departure date (announced or unannounced) becomes the property of Life Challenge of Western North Carolina.

It is further understood that I release the right to Life Challenge WNC to search my personal effects, make room searches, and also make physical frisk if necessary.

I also release Life Challenge WNC from all responsibility, both physical and financial, in the case of accident, injury, illness, or other unforeseen misfortune.

I also give Life Challenge WNC permission to open and check both incoming and outgoing mail for drugs and anything else that might be harmful to the welfare of the program and residents.

Signed _____
Applicant *Date*

Life Challenge WNC does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more students in the program who are HIV+. This center does not require students who are HIV+ to notify others in the program of their HIV status.

I do voluntarily, and of my own free will, agree to the following conditions upon my admission to the program and ministry of Life Challenge of Western North Carolina. I do hereby absolve forever Life Challenge of WNC, its trustees, employees, and assigns of all responsibility for any of the following occurrences:

- * Physical harm or injury to my person incurred or aggravated resulting from any accident, fire, attack by another person or persons, act of war or riot, or as a result of the taking of any food or drug either eaten, injected, or in any other manner entering my body;
- * Mental distress, neurosis, psychosis or nervous or psychological disorder incurred or aggravated by being connected with Life Challenge of Western North Carolina, or any part of its ministry, counseling, or other functions incurred as a result of physical harm or injury as delineated under item "a" above;
- * Incarceration or criminal or civil punishment or suit or judgments as a result of criminal prosecution by any governing authority or individual which takes place while I am under the ministry of Life Challenge of Western North Carolina, or which takes place as a result of any act which I either allegedly or actually take part in during this period of time;
- * Loss of real property or personal property.

I further agree that Life Challenge of Western North Carolina will have no financial or other responsibility for myself, my family, or other persons for which I am responsible, either during or after my affiliation with the organization, program or individuals and employees involved in its program.

I hereby agree to the free release of any photographs, recorded statements, testimonies, etc., released to the public during or after my affiliation with Life Challenge of Western North Carolina. However, Life Challenge of Western North Carolina agrees to ask for approval for any testimonies, photographs, or recorded statements, etc., which will be used.

Signed _____

Applicant

Date

I hereby agree to hold harmless, indemnify, and defend Life Challenge of Western North Carolina, its trustees, employees, or assigns against any and all claims arising out of my placing myself under their care and supervision.

I hereby certify that any money that I bring into the program, or any money I acquire while in Life Challenge of Western North Carolina (from family or friends) will be held in the office. I may draw on this account whenever the need arises.

I do hereby agree and understand that my admittance into the program of Life Challenge of Western North Carolina in no way obligates the organization, the board of directors, staff members, or any individuals involved in its program to pay hospital or medical bills accrued while I am in the program.

I agree to the following rules of conduct. I understand that any violation of any said rules will be sufficient grounds for expulsion from the program. Other rules will be explained upon orientation if acceptance is granted into the program.

- * No smoking or alcoholic beverages allowed.
- * No use of any drugs, including nicotine, is allowed.
- * No physical violence or abusive language will be tolerated.
- * Cooperation in all phases of the ministry will be expected.

Signed _____
Applicant *Date*