

Western Michigan Teen Challenge

# Inmate/Personal Questionnaire

Date:	
Name	DOB: <span style="float: right;">Age:</span>
Street Address:	SS#:
City/State/ZIP:	1 <sup>st</sup> Phone # (       )
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated	2 <sup>nd</sup> 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:
<b>SPIRITUAL</b>	
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;"><b>NOTE: A BACKGROUND CHECK WILL BE DONE UPON ENTRY.</b></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 #:
<b>PLEASE LIST YOUR FOUR (4) MOST RECENT CONVICTIONS</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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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