



# **Entrance Requirements**

Life Challenge  
6500 Hope Road  
Amarillo, TX 79119  
806-352-0385

## *Life Challenge of Amarillo*

### Introduction for Program Applicants

The Life Challenge staff is pleased to hear you have recognized that your life is out of control and that you want to change. We are glad that you have considered the Life Challenge program as a vehicle to help you change. Today there are many people like you who are living productive lives as a result of choosing Life Challenge and fulfilling their commitment to complete the program. It is our desire that you fully understand the Life Challenge program prior to enrollment so you can be sure you are entering the right program.

Life Challenge is based upon the fact that man's basic need is a relationship with God through Jesus Christ. People use drugs and alcohol in an attempt to fill the void in their lives that only Jesus can fill. When Jesus is genuinely received as Lord and Savior of a person's life, a total transformation will follow. By that we mean the person's life will radically change. Jesus is not just interested in whether or not you go to church or "have said a prayer." He must be the Lord of all of your life. In fact, He will deal with your attitude and the motives of your heart.

Therefore, Life Challenge is not a laid-back, glorified drop-in-center. It is a type of "Spiritual Boot Camp" for men that want to be free from life controlling habits and become alive in God. It will not be easy; in fact, completing the program (12-14 months) will probably be the toughest thing you have ever done in your life.

Life Challenge is governed by love, Tough Love. It is not always easy, soft love. At times, this love is demonstrated by staff members confronting you with things you don't want to hear. They are willing to risk temporary rejection because it is for your ultimate good. Our goal is not to pacify you or to try to make you happy, but rather to teach you how to live and walk with God. The Bible teaches that a happy, blessed life is a by-product of a right relationship with God.

Upon entering Life Challenge, you will soon discover it is not the perfect place nor is it full of perfect, easy-to-get-along-with people. There are generally 10-15 students in the program and most of them have as many problems, bad habits, and defense mechanisms as you do. However, there is no better place to develop inter-personal skills and to grow in patience and love (which are Godly Virtues) than here at Life Challenge.

In the classroom (academic and spiritual), you will be required to participate up to your ability. Please don't let this scare you if you are not real confident in your learning ability. Many of the students have difficulty with reading, writing, and spelling. The staff is available to help.

## Steps for applying:

**Step 1:** You must print out a copy of our application, fill it out completely and fax it back to me at 806-352-6730 along with 2 enlarged (300%) forms of ID. A copy of a photo ID and Social Security Card are required.

**Step 2:** YOU must print out the Student Handbook and bring it with you when you are admitted. Call to establish a time for your interview; during your interview I will question you concerning the content of the Handbook.

**Step 3:** Included in the application is a medical form to be completed by a doctor. The physical examination and blood work is a **MANDATORY REQUIREMENT** and you will **NOT be admitted** until they are returned. Please have the forms faxed or emailed to me. Once I receive them your name will be added to the waiting list or an admission date will be given if your application is complete. **It is your responsibility to supervise the correct completion of your physical examination form!!!!**

**Step 4:** Release forms must be completed for family members, and court officers. **If your forms are not complete your admission will be delayed.**

**Step 5:** Intake fee of \$750 must be paid. (non-refundable after admission)

- a. Life Challenge will help each student establish a Student Sponsorship Fund to help underwrite the cost for the ministry to operate while he is a resident (this is not a student fee).
- b. Life Challenge will assist each student in contacting interested parties (family, friends, church, etc.) who may be willing to help by making monthly donations to the Student Sponsorship Fund.

**Step 6:** If the student is put on a waiting list he must call every Monday by 2pm to secure his bed or he will be dropped down the list or removed.

**Step 7:** New students will be on a 2-week trial period. If he does not adhere to the rules of the program, he is subject to dismissal and would have to wait 28 days before reapplying.

**Step 8:** Arrival time for admission must be approved by the **Director** and must be Monday - Friday before 3pm. If you do not arrive as scheduled, you will forfeit your bed. Exceptions will be made if we are notified that transportation was delayed. **YOU MUST CALL** to inform Staff of the delay at 806-352-0385.

**Step 9:** If you are traveling by airplane/bus, call (**not collect**) the center from the terminal upon arrival so the staff can pick you up.

## Before admission into the Life Challenge program you must meet the following requirements

1. Males, ages 18 years and older with a drug or alcohol problem; or life-controlling problems (especially addicted to chemicals or other self-abusive behaviors) will be considered. Any male over 18 years old who is willing to commit to working our discipleship program who is not severely emotionally or intellectually handicapped in a way that would inhibit his participation and is not currently under the influence of mind or mood-altering drugs will qualify for admittance. Persons ineligible for admissions will be referred to other more appropriate resources.
2. We cannot accept registered sex offenders.
3. We do not accept clients on any type of psychiatric medications.
4. The individual desiring help must have an interview (in person or phone) after he has read through the Entrance Requirement packet to see if he qualifies for the program.
5. Prospective clients must also have been detoxed, if needed, and sober upon admission. At the discretion of the Executive Director, a physical exam may be performed after admission.
6. Must submit to a background / credit check

## WHAT TO BRING...

### Clothing

- **Due to limited space, this is the maximum number of items allowed.**
- Collared shirts or sweaters are required for class and chapel. You may not wear white under-shirts, sleeveless shirts, T-shirts or sweat shirts for class or chapel. T-shirts with band logos, sexual innuendos, and drug and/or alcohol references are not permitted on any occasion.
- Jeans *without* holes, graffiti or other designs associated with various sub-cultures are permitted for class and chapel.
- Shorts such as golf type shorts may be worn in warm weather months. Athletic style shorts and sweatpants are not permitted for class or chapel.
- Belt, socks, underwear are required - slouch look in trousers or shorts will result in the required use of suspenders.

1 - dress shoes

1 - work boots (waterproof, pref. not steel toe)

1 - tennis shoes

7 - set underclothes

7 - pairs of socks

2 - suits

3 - pairs of dockers / khaki's

3 - polos

3 - long sleeve dress shirts

1 - belt

5 - work pants

5 - work shirts

2 - pairs of jeans

2 - tie 's

1 - pair work gloves

1 - bathrobe & shower shoes (opt)

1 - coat / jacket according to the season

### General

- NIV or ESV Bible
- Stamps
- Calling Card
- Ink pens & pencils
- One package of 3x5 index cards
- Loose leaf notebook paper
- 3-ring notebook binder
- Hangers
- Laundry bag (or small basket)
- Alarm clock without a radio

## Toiletry Items

- Shampoo, deodorant (not aerosol), shaving cream, disposable razors, toothpaste, toothbrush, dental floss, cotton swabs, Towel, Wash Cloth, foot powder, nail clippers, & laundry soap
- Do not bring any type of aerosol products
- Mouthwash with alcohol is not permitted

## **WHAT NOT TO BRING...**

- Cell phone
- CD's or DVD's or player or radio
- Electronic games
- Personal books or magazines
- Inappropriate personal pictures
- Smart Watch

In addition to the previously mentioned identification pieces, i.e. birth certificate, photo ID, and your Social Security card, you will need to provide the following documentation prior to your admission.

1. If you have lived with someone who has provided you with room and board you must have a letter from that person with their signature, printed name, complete address and telephone number to document that information.
2. If someone, other than you, is paying your intake fee you must have a letter with their signature, printed name, complete address and telephone number to document that information.
3. If you have a savings or checking account, you must submit a copy of your bank statement. If you have more than \$200 in your checking and/or savings account, are on S.S.I., or receive a monthly check (such as unemployment), you will be responsible to pay a monthly housing allowance to Life Challenge in the amount of \$500.
4. If you own a vehicle you must submit copies of your vehicle(s) registration(s).
5. If you have ever been arrested you must submit proof that you do not owe any fines, court costs and/or restitution.
6. If you do owe fines, court costs and/or restitution you must submit a receipt for a current payment of those costs.
7. If you have any pensions, 401K accounts or other retirement plans you must submit copies of those accounts. If you have any of these accounts and are ineligible for public assistance benefits you will be responsible to pay LC, the rent equivalent from public assistance, which is \$380 per month.
8. If you are currently receiving unemployment you must submit proof that the unemployment has been terminated.
9. If you are currently receiving public assistance benefits in another district, or state, you must submit proof that the case has been transferred to the induction center's district or has been terminated.
10. If you have any financial responsibilities which another person is assuming while you are in the program you must submit a letter with their signature, printed name, complete address and telephone number to document that information.
11. If you owe child support you must submit documentation to show that you are current on your child support payments or that you have been temporarily released from making payments while you pursue treatment.

## *Life Challenge of Amarillo*

I, \_\_\_\_\_, acknowledge that I have made application/desire to be transferred into the program of Life Challenge (hereafter referred to as the Center). This is a written acknowledgement of my awareness of the applicable fees that I will be solely responsible for as well as any voluntary financial support that may be required of me, if applicable.

- (1) I understand that I am responsible for the Life Challenge Intake fee of seven hundred-and-fifty dollars (\$750) and that this is non-refundable once paid, regardless of my entrance into the Life Challenge formally or my failure/inability to complete the program for any reason.
- (2) I understand that any and all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health and health related issues will be solely my responsibility to pay.
- (3) I understand that there may be a transportation fee for any personal transportation that I may need the Center to provide me while in the program. This includes transportation to any non-emergency medical appointments, transportation to public transportation (airport, bus terminal, etc.) for approved passes, and transportation to return to the Center, other referral sources, or my final departure from the program. I agree to pay the Center all transportation fees in advance of appointments being made or travel plans being executed.
- (4) I understand that it is my responsibility to apply for Public Assistance benefits that I may be entitled to while enrolled in Life Challenge program if the particular center I attend is privileged to such government programs. I understand that I will contribute 88% of any cash assistance benefits to the Center monthly and that I will turn over 100% of all food stamp benefits to the Center monthly in order to help offset the cost of my participation in this program.
- (5) I understand that any other sources of income I receive while enrolled in the program (i.e.: disability, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to the Center up to the equivalent amount of total public assistance benefits I would have been entitled to were it not for these other sources of income. I will surrender the specific amount to the Center monthly.
- (6) I understand that I will be financially responsible for any damage to property of the Life Challenge Center which I caused while enrolled in the program.
- (7) I understand that any unpaid fees will necessitate the withholding of the "Certificate of Completion" until all fees are paid, at the Center's discretion.
- (8) I understand that any accidental bodily injury incurred by me while fulfilling my work therapy assignment while at the Center does not qualify me for Workman's Compensation claim. Accidental Medical Expense coverage, as provided by the Center, may cover my accidental medical expenses. Otherwise, I am fully responsible for any and all medical expense that I incur.
- (9) I understand that the entire program is 12-14 months in length and I am committing myself to complete the entire program. If at any time during my residency induction at Life Challenge, it becomes known to the staff that I do not intend to complete the entire 12-14-month program, I will be asked to leave the program immediately.

-----  
*Signature of Applicant*

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

Applicant: (print) \_\_\_\_\_



## Application Questionnaire

### PERSONAL

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_

Gender at Birth? Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Religious Background? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Marital Status: (Circle one)      Single      Married      Divorced      Widowed

Military Status: Have you been service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Educational Status (Circle last year completed)

Grade School    1    2    3    4    5    6    7    8

High School                    9    10    11    12

College            1    2    3    4    5    6+    Degree & Major \_\_\_\_\_

Voc. Tech. / Bus. School \_\_\_\_\_

Reading / Writing Skills? (Circle One)      Good    Fair    Poor

### FAMILY

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status of Parents: (Circle one)      Married      Separated      Divorced

Names & ages of siblings \_\_\_\_\_

Wife's / Girlfriend's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number of children \_\_\_\_\_ Age(s) \_\_\_\_\_ Mother of children \_\_\_\_\_

Family members that are substance abusers \_\_\_\_\_

Who has supported you during the past year, and how? \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

List any significant events in your family history i.e. Divorce(s), Death(s), Abandonment(s), Abuse, Etc. \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list \_\_\_\_\_

Are you on any of the following? 1) Unemployment Yes / No 2) Social Security Yes / No 3) Workman's Comp. Yes / No

4) Welfare Yes / No If so, what county and state? \_\_\_\_\_

Have you been involved in any cult, or in the occult? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been sexually abused or involved in any homosexuality? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

**LEGAL**

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain, citing nature & date(s) of arrest(s) \_\_\_\_\_

Have you ever been incarcerated? Yes \_\_\_\_ No \_\_\_\_ County Jail \_\_\_\_ Prison \_\_\_\_ Length of incarceration \_\_\_\_\_

Are you currently on parole, probation, under sentence, waiting to be sentenced, awaiting a hearing, trial or arraignment?

Yes \_\_\_\_ No \_\_\_\_ If yes, give a detailed description of all hearing, arraignment or trial dates \_\_\_\_\_

Officer's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Officer's name, full address & telephone number are required for applicants with legal involvement*

**DRUG AND ALCOHOL HISTORY**

First experience: Type \_\_\_\_\_

Reason for becoming involved with drugs: \_\_\_\_\_

Number of years using drugs / alcohol \_\_\_\_\_ What is your drug of choice? \_\_\_\_\_

Have you ever been hospitalized or detoxified for drug or alcohol usage? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been enrolled in any other drug or alcohol rehabilitation program? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Drug</b>	<b>Age at beginning of usage</b>	<b>Maximum frequency of usage</b>
Alcohol		
Marijuana		
Barbiturates		
Amphetamines		
Cocaine		
Heroin		
Hallucinogenic		
Other (Specify)		
Tobacco Use (chew or smoke)		



**PRIOR TREATMENT**

Date \_\_\_\_\_ Name of Facility \_\_\_\_\_

Location \_\_\_\_\_

Type of treatment (Inpatient / Outpatient / Detox.) \_\_\_\_\_

Reason for Discharge \_\_\_\_\_

Date \_\_\_\_\_ Name of Facility \_\_\_\_\_

Location \_\_\_\_\_

Type of treatment (Inpatient / Outpatient / Detox.) \_\_\_\_\_

Reason for Discharge \_\_\_\_\_

Date \_\_\_\_\_ Name of Facility \_\_\_\_\_

Location \_\_\_\_\_

Type of treatment (Inpatient / Outpatient / Detox.) \_\_\_\_\_

Reason for Discharge \_\_\_\_\_

Date \_\_\_\_\_ Name of Facility \_\_\_\_\_

Location \_\_\_\_\_

Type of treatment (Inpatient / Outpatient / Detox.) \_\_\_\_\_

Reason for Discharge \_\_\_\_\_

**HEALTH**

Rate your physical health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Have you been HIV Tested? Yes / No Results? Pos. / Neg.

Do you have any communicable diseases? Yes / No If yes, what? \_\_\_\_\_

Are you presently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the reason for the medication \_\_\_\_\_

Have you had any psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you taking any medications for depression, anxiety attacks, sleeping difficulty or mood swings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medications are you taking and in what dosage and frequency? \_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how and when? \_\_\_\_\_



## Admission Agreement Form

1. I understand that I will be not be admitted if I come in “high” or am suspected of being “high”.
2. I understand that I should arrive at Life Challenge at the agreed time and date. Failure to do so may deny me entrance. If for any good reason I cannot arrive on the specified date and time, I will call the Center.
3. I agree to arrive on \_\_\_\_\_ at \_\_\_\_\_.
4. I understand that I should bring the following information with me:
  - a. Names, addresses, and phone numbers of probation and parole officers, attorneys and public defenders.
  - b. Full information regarding court appearances, dates, time, court, judge, charges, etc.
  - c. Names and addresses of all members of IMMEDIATE FAMILY who may visit or write me while I am in the program.
  - d. Social Security card (a copy is to be made of the actual card).
5. I understand that I should not bring the following items; smart watches, cigarettes, matches, drugs, knives, books, magazines, playing cards, lighters, medication for withdrawal, radios, TV, music player, CD’s, or guns.
6. I understand that my belongings will be thoroughly searched on the day of my admittance.
7. I understand that I may be required to take a shower immediately after being checked into the program.
8. I understand that I should bring the following items if I am able; dress suit, sports jacket, dress slacks, dress shirts, casual slacks, shirts, jeans, belt, underwear, socks, shoes, sneakers, bathing suit, shorts, shaving gear, toiletries, toothbrush, Bible. **NO TRIPS WILL BE MADE TO PICK UP OTHER BELONGINGS AFTER THE APPLICANT HAS BEEN ADMITTED.**
9. I understand that I will be expected to obey the rules and regulations of Life Challenge
10. I understand that Life Challenge is a 12-14-month program.
11. I understand that I will not be able to keep any vehicle at Life Challenge.

---

Student Signature

---

Date



## Release Agreement

Date \_\_\_\_\_

It is hereby understood that Life Challenge of Amarillo, Inc. is not responsible for any of my personal property left, lost, or stolen while I am in the Life Challenge of Amarillo program. When leaving Life Challenge of Amarillo, I will take all personal property with me.

It is further understood that I release to Life Challenge of Amarillo, Inc. the right to make room searches and to perform a physical search, if necessary. I also give Life Challenge of Amarillo, Inc. permission to open and check both my incoming and outgoing mail for drugs and anything else that might be harmful to the welfare of the program and/or residents.

It is also hereby understood that a medical examination, urine test, breathalyzer, and/or blood test will be required at the discretion of the Director.

In consideration for my acceptance into the Life Challenge program, I hereby assume the entire responsibility and liability for any claim or actions based on or arising out of injuries or death to persons, or damages to or destruction of property, sustained, or alleged to have been sustained during my residence at Life Challenge of Amarillo, or my participation in any aspect of the Life Challenge of Amarillo program. I hereby release and hold harmless Life Challenge of Amarillo, Inc., its' agents, servants, Board of Directors, employees, and volunteers from any liability for personal injury, sickness, emotional or physiological injury, death, or loss of property, regardless of whether such claims or actions are founded, in whole or in part upon the alleged negligence of Life Challenge of Amarillo, Inc., or its agents, servants, Board of Directors, employees, or volunteers, for any conditions or activity for which Life Challenge of Amarillo, Inc. or its agents, servants, Board of Directors, employees, or volunteers may be held strictly liable.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## Consent for the Release of Confidential Information

Date \_\_\_\_\_

I, \_\_\_\_\_ authorize any legal or medical authority to disclose to Life Challenge of Amarillo, Inc. any pertinent information concerning the above named student pertaining to medical and legal history.

The purpose or need for such disclosure is continuation of restoration process.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action taken in reliance on it (e.g., probation, parole, etc.) and that in any event this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires: At completion of program or dismissal from same.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian or  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specify Relationship



## Release of Information Form

I give teachers and volunteers of Life Challenge permission to share and exchange information with other staff for the purpose of providing assistance to me. This may include sharing information about a disability. \_\_\_\_\_(initial)

I give permission for Life Challenge to share information with servicing agencies or persons for the purpose of providing assistance to me. Agencies may include but are not limited to DHS, family, mental health, Corrections, and Pastors. The information may be shared in person, by email, by phone, by fax, or by mail. \_\_\_\_\_(initial)

List names of Agencies/People below:

_____	_____
_____	_____
_____	_____

**This information will NOT be shared with other students.** The only time any staff would share information without my permission is when there is:

- Evidence of abuse or neglect
- A student presenting a danger to themselves or others
- A court order requires disclosing the information

I understand that my consent is valid as long as I am living at Life Challenge and during any related follow up. I also understand that I can revoke this consent at any time.

I confirm that Life Challenge has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

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



## Personal Story & Media Release Form

In consideration of and as a condition to my admission to Life Challenge of Amarillo, Amarillo's Teen Challenge Christian recovery and discipleship ministry, I hereby give Life Challenge unlimited, but revocable worldwide right to use, publish and/or broadcast my name and personal story which I have related to Amarillo's Teen Challenge in whole, or in part, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify and edit any film, videotape, audiotape and photograph taken or made of me during my participation in the ministry, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them. The Licensee will not use any information about me other than what I voluntarily and personally provide.

I agree that all recordings, video, film, photography, drawings or other images taken or made of me by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use to which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.

I hereby release, discharge and agree to hold the Licensee harmless from any claim, demand or liability attributable to any use or activity authorized herein, including without limitation any claims for defamation, libel or invasion of privacy or publicity rights.

I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.

I understand that upon ninety days' written notice from me to Life Challenge of Amarillo, the Ministry will discontinue all uses and activities authorized above.

---

Student Signature

---

Date

---

Witness Signature

---

Date



## Withdrawal from Substance Addiction Agreement

I, \_\_\_\_\_ understand that Life Challenge is a drug and alcohol free residential care center, and do hereby agree to enter the program with the understanding that withdrawal from substance dependence or addiction will be accomplished without medication.

---

Student Signature

---

Date

---

Witness Signature

---

Date



## Probation / Parole Compliance Letter

This letter is to confirm that:

1) \_\_\_\_\_ is no longer on  
*(print name)*  
probation / parole as of \_\_\_\_\_, and has satisfied all Conditions required  
*(date)*  
by his probation / parole officer / supervisor. This includes payment of all court fines / costs.

2) \_\_\_\_\_ is currently on probation / parole  
*(print name)*  
as of \_\_\_\_\_, and is in compliance with all set conditions applied  
*(date)*  
by probation / parole officer, including payments for all court costs / fines.

Probation / Parole officer signature:

\_\_\_\_\_ Date \_\_\_\_\_  
*(signature)*

Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone number: \_\_\_\_\_

ATTN: P.O. - Please mail, or fax to:  
Life Challenge of Amarillo  
6500 Hope Rd.  
Amarillo, TX 79119  
Tel. # (806)352-0385  
Fax # (806)352-6730





Medical history and Physical Examination – 4 pages

**PHYSICIANS: EVERY LINE WITH \* MUST BE FILLED IN**

Name: \* \_\_\_\_\_

Birthdate: \* \_\_\_\_\_ Social Security # \* \_\_\_\_\_

1. The following lab work is **REQUIRED** for admission to the program and copies included at the time of entrance:
  - A. RPR – Reactive or Non-reactive (circle one) \* \_\_\_\_\_ (date read)
  - B. Liver Function tests \* \_\_\_\_\_ (date read)
  - C. Hepatitis Screening \* Circle Pos. or Neg. for each: **Hepatitis A** – Pos. or Neg.: **Hepatitis B** – Pos. or Neg.: **Hepatitis C** – Pos. Neg.
  - D. HIV Testing \* Circle One: Pos. Neg.
  
2. TB testing is **MANDATORY** and results included should be no older than 6 months prior to admission to the Center. Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test / PPD	Date: * _____ Size: * _____ Chest X-ray *
Tetanus Toxoid	Date: * _____

3. Immunizations should be up-to-date and include:
 

Measles \* \_\_\_\_\_ Mumps \* \_\_\_\_\_ Rubella \* \_\_\_\_\_  
*date performed* *date performed* *date performed*

4. Significant Medical Conditions:

	Yes	No	If Yes, please explain
ASTHMA			
CARDIAC			
CHEMICAL DEPENDENCY			
DRUGS			
ALCOHOL			
DIABETES MELLITUS			
GASTROINTESTINAL DISORDER			
HEARING DISORDER			
HYPERTENSION			
NEUROMUSCULAR DISORDER			

ORTHOPEDIC CONDITION			
RESPIRATOR ILLNESS			
SEIZURE DISORDER			
SKIN DISORDER			
VISION DISORDER			
OTHER (SPECIFY)			

5. \* Current / routine medications:

MEDICATION	DOSAGE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

6. \* Please list any allergies you have to any medications, foods, or other substances:

---



---

7. \* Report of Physical Examination

	Normal	Abnormal	If Abnormal, please explain
HEIGHT (INCHES) _____			
WEIGHT (POUNDS) _____			
TEMPERATURE _____			
PULSE (_____) _____			
BLOOD PRESSURE _____			
HAIR / SCALP			
SKIN			
EYES – VISUAL ACUITY (R ___ / ___, L ___ / ___)			
EYES – COLOR VISION			
EYES – HEARING (dB – R ___ L ___)			
NOSE AND THROAT			
TEETH AND GINGIVAL			
LYMPH GLANDS			
HEART – MURMUR, ETC.			
LUNG – ADVENTIOUS FINDINGS			
ABDOMEN			
GENITALIA			
NEUROMUSCULAR SYSTEM			
EXTREMITIES			
SPINE (PRESENCE OF SCOLIOSIS)			

8. \* Physician's observations and comments (be specific):

**Motor Activity**

- Normal
- Over-activity/agitation
- Motor Retardation
- Tremor
- Posturing
- Ticks
- Poor Coordination
- Repetitive acts

**Speech**

- Relevant
- Goal Directed
- Slurred
- Pressured
- Loud
- Soft
- Over-productive
- Under-productive
- Stammering

**Thought Content**

- WNL
- Suicidal Ideation
- Suicidal plans
- Homicidal intentions
- Homicidal Plans
- Assaultive Ideas
- Feelings of unreality
- Phobias
- Obsessive ideas
- Compulsions
- Ideas of guilt
- Ideas of worthlessness
- Somatic complaints
- Feelings of Persecution
- Suspiciousness

**Mood**

- Calm
- Anxious
- Fearful
- Neutral
- Cheerful
- Depressed
- Euphoric
- Irritable

**Interview Behavior**

- Hostile
- Withdrawn
- Defensive
- Manipulative
- Evasive
- Passive
- Dramatic
- Aggressive
- Negative
- Overly Cooperative
- Calm
- Cooperative
- Anxious

**Insight into Problems**

- Little or none
- Moderate
- Excellent

**Hallucinations**

- No Hx
- Auditory
- Visual
- Olfactory
- Tactile
- Command
- Other \_\_\_\_\_

**Delusions**

- None
- Persecution
- Grandeur
- Reference
- Influence

**Judgment**

- Poor
- Impaired
- Adequate

**Memory**

- No problems identified
- Clouding of consciousness
- Inability to concentrate
- Amnesia
- Poor immediate memory
- Poor recent memory
- Poor remote memory
- Confabulation

**Orientation**

- Time
- Place
- Person

**Level of Consciousness**

- Alert / awake
- Drowsy / confused
- Stuporous, but arousable
- Nodding off
- Sleeping

**Intellect**

- Above average
- Average
- Below average
- Concrete thinking

**\* General Appearance:**

**Dress**

- Casual
- Atypical
- Seductive
- Disheveled
- Appropriate

**Grooming**

- Meticulous
- Unkempt
- Clean

\* \_\_\_\_\_  
Name of Examiner *(please print)* Address

\* \_\_\_\_\_  
Signature of Physician Date of Examination

**Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE**