

**TEEN CHALLENGE ILLINOIS
PROGRAM INQUIRY ROUTING SLIP
- CONFIDENTIAL -**

Program Receiving Inquiry: _____ Referred By: _____

Date: ___ / ___ / ___ Time: _____ Staff Signature: _____

1. **Inquiry for (name)** _____ Age: _____ DOB: _____

Street Address (See Note **): _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

S.S.# _____ Referred By: _____

(If the inquirer (1) is not a permanent resident of the address given above, then indicate the relationship of the person(s) whose house he or she is staying at):** _____

2. **Inquirer's name** _____ Relationship _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

3. **Previous Programs, Institutions, Professional Counselors**

	Name	Location	Date
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

4. **Religious/Church Background** Saved (Y/N) ___ Referred by Pastor: _____

Additional Information: _____

use Form: 101B (lemon) for additional information and future contacts

Applicants Name: _____ (First) _____ (Last)

5. Medical, Dental, and Mental Health Issues

Impairments: Mental Health Physical Health Anorexia Bulimia _____

List Allergies: _____

Hay Fever _____ Asthma _____ Diabetes _____ Migraines _____ Wear Glasses _____ Dental Problems _____ Back Problems _____

Additional Information: _____

Prescription Medication: Yes No Will it be required in the future? Yes No

Name of Medication prescribed: _____

Reason for taking: _____

Frequency of use: _____

Prescribed by whom: _____

Medication paid for by: _____

6. Sex Offense Issues

Have you ever been **arrested, charged** or **convicted** of a sex offense? Yes No

STOP AT THIS POINT – read the next two paragraphs.

If the caller answers YES to the question, politely share that they will need to speak to the Intake Director concerning these issues as it relates to possible entry into the program.

Also, at this time, graciously terminate the “question asking portion” of the interview; but, if needed, continue providing information concerning the program and entry process. _____

7. Marital Status

Single Married (how long?) _____ Separated Divorced Widowed

Additional Information: _____

Do you have children? (If so, how many and what are their ages?) _____

Do you pay child support? (Y/N) _____ How much? _____ Who has custody? _____

Additional Information: _____

8. Background

High School (yrs completed) _____ College (yrs completed) _____

Military Experience _____ Ethnic Background _____

Receiving Government Aid _____ Current Debts _____

Additional Information: _____

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9. Legal Issues (Give a brief description)

a. Ever Incarcerated?: Yes No When / Where / For What? _____

b. Mental Health related : Yes No Explanation: _____

c. Parole: Yes No Starting When? / How long? _____

Officer's Name: _____ Phone: _____
Address: _____

d. Probation: Yes No Starting When? / How long? _____

Officer's Name: _____ Phone: _____
Address: _____

e. Criminal Charges: Yes No Explanation: _____

f. Pending Court Case: Yes No Explanation: _____

Attorney / PD Name: _____ Phone: _____
Address: _____

g. Outstanding Warrants of Arrest: Yes No Explanation: _____

h. Pending Divorce: Yes No Explanation: _____

i. Other Legal Issues: Yes No Explanation: _____

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10. Presenting Problem(s) (Give a brief description: How much, how often, how long, type, etc)

a. **Drugs:** Yes No Explanation: _____

b. **Alcohol:** Yes No Explanation: _____

c. **Gang Involvement:** Yes No Explanation: _____

d. **Mental Health (suicidal, anger, etc):** Yes No Explanation: _____

e. **Homosexual Activity:** Yes No Explanation: _____

f. **Tobacco Use:** Yes No How Long _____ How Much _____ Willing to Quit? (Y/N) _____

g. **Other:** _____

11. Action to be taken

- Inquirer told to call back
- Referred to: _____
- Would like a return call
- Send "Introductory Packet"
- Set entry date for Phase I _____
- Schedule Interview (set date and time)
- Visitation request (set date and time)
- Other: _____
- Other: _____
- Send "Introduction Packet" to: Inquirer (1) Inquirer (2) See Form 101B

Initiated By	Date	Completed By	Date

Determination:

Accepted Start Date _____ Rejected Reason _____

Referred to: _____

Comments: _____