



PARENT / STUDENT PROGRAM APPLICATION

Date of Application: _____

PARENT / GUARDIAN INFORMATION

Complete name of student applying to program:

Last, First, MI.

Name of Parent / Legal Guardian:

Last, First, MI.

Present Address: _____

Residential Phone: _____ Business Phone: _____ Cell Phone: _____

E-mail address: _____

Prospective Student Personal History	DOB ____/____/____	Age:	Gender at Birth: M F
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Prospective Family Information: *please check all persons living in the prospective student's home*

Biologic al Mother		Biologic al Father		Step Mother		Step Father		Adopt ed Mothe r		Adopted Father		Grandfathe r/ Grandmoth er	
Other													
Siblings:	Brothers		Ages:										
	Sisters		Ages:										
For adopted children ONLY:													
What age was she adopted?						Does she know biological parents?				Yes		No	
Has she been in foster care?		Yes		No		Does she have contact with biological parents currently?				Yes		No	
If so, from what age to what age?													

General Information

Is your daughter interested in getting help?		Yes		No	
On a scale of 1-10 (1 being the lowest, 10 the highest) how interested in your daughter in getting help?		1 2 3 4 5 6 7 8 9 10			
If she is interested, why does she want help: Please check the boxes below					
Free of drugs / alcohol		Work on family relationships			
Work on Spiritual Life		Overcome anxiety / depression			
Self-perceptions / image		Social Media Addiction			
Has your daughter been involved in church?		Yes		No	
If yes, please list church name:					
Is she still actively involved?		Yes		No	

What religion would she identify herself as:													
Has your daughter gone through an Adult & Teen Challenge Program before?		Yes		No									
If yes, where and when?	Please list ATCNE program name and Dates attended:												
Did she complete the program?		Yes		No									
If she did not complete the program, please give the reason for her not completing:													
Dismissed early from program		Parent removed from program											
Please explain:													
Issues Profile / Assessment													
Please answer the following questions to the best of your ability. We know that you may not have a complete picture of your daughter's substance abuse or other history, but we ask that you please check the box next to any that you are aware of and circle any that you are suspicious of													
Abandonment		Alcohol		Anger		Anxiety		Aggression - Physical		Aggression - Verbal		Depression	
Drug Addiction		Eating Disorders		Emotional Stress		Family		Fear		Forgiveness		Grief	

Guilt		Physical Abuse Victim		Pornography		Rape / Molestation		Same Sex Attraction		Self Image / Self-Esteem		Self Harm	
Sexual Exploitation		Social Media Misuse		Suicidal Thoughts		Suicide Attempts		# of Attempts		Vaping		Violent Tendencies	
Other or additional information:													
Medical History													
Please answer the following questions to the best of your ability. Please ONLY check box with DX if this has been formally diagnosed by a physician.													
ADD/ADHD DX		Anorexia / Bulimia		Anxiety DX		Asthma		Back Problems		Bi-Polar		DepressionDX	
Diabetes		Eating Disorder		Hallucinations		Head Trauma		Hepatitis Type _____		Hearing Voices		Heart Condition	
High Blood Pressure		HIV		Insomnia		Paranoia		Respiratory Problems		Schizophrenia		Seizures	
Tuberculosis		STDS (Please list below)		Substance Use Disorder		Migraine/ Headaches							
Other or additional information:													
Is your daughter currently being treated for any non-therapeutic medical condition?								Yes		No			
If so, for what?													
Special Needs:													
Do you / your daughter have any disability that might		Do you / your daughter have any medical		Do you / your daughter have any other special needs?		Does your daughter have any non food allergies?		Does your daughter have food allergies?					

prevent participation?				restrictions that might prevent participation?															
Yes		N		Yes		No		Yes		No		Yes		No		Yes		No	
Type:				Type:				Type:				Type:				Type:			

Substance Abuse																	
<i>Which, if any of these substances has your daughter abused?</i>																	
Alcohol			Amphetamines			Cocaine			Ecstasy			Hallucinogenic			Heroin		
Huffing			LSD			Marijuana			Meth			Nicotine			Prescription Drugs		
Drug Preference								Last date of use for any of the above substances									
Other or Additional information:																	

Treatment / Care History				
<i>Please list every in-patient, out-patient, day program, treatment center, hospital that your daughter has entered, the dates of entry and exit, the reason for admission and if the stay was successfully completed (if the program had a completion date).</i>				
Name of Facility <i>(List Most recent first)</i>		Reason for Entry	Dates	Completed?

Has your daughter ever been treated by a psychiatrist?	Yes		No
· Is she currently?	Yes		No
Has your daughter even been treated by a psychologist?	Yes		No
· Is she currently?	Yes		No

Medications	
Current Medications / Dosage	Reason for Medication

Additional Information: <i>Please provide us with any other information you think helpful</i>
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CERTIFICATE & SIGNATURE

Your signature is required for us to consider the Application for Admission into the Adult & Teen Challenge New England / Bloom program

All the information in this application is true and complete to the best of my knowledge. I understand that Adult & Teen Challenge New England / Bloom is a faith-based program that helps young women, ages 12-17 with a variety of issues, including, but not limited to, life-controlling substance addiction, abuse, neglect, exploitation, sexual misconduct, defiant behavior, and self-harm.

ATCNE/Bloom reserves the right to refuse program admission if they feel that the program they provide would not be well suited for an applicant's needs – medical, emotional, psychological or otherwise. I also understand that my participation is required and expected and that if my daughter is admitted into the program I am committing to partnering with Bloom in the program process. Furthermore, I understand that Adult & Teen Challenge/ Bloom is a faith-based program and does employ medical or psychiatric professionals. All counseling, curriculum and care is ministry-focused. I understand that admission to Bloom is available to applicants regardless of race, color, and national or ethnic origin.

Parent's Name and Signature: _____ Date: _____

GENERAL BLOOM PROGRAM INFORMATION

Adult & Teen Challenge New England's Bloom – A Place for Girls offers a Chris-centered, faith-based solution to teen girls, ages 12- 17 that are struggling with life-controlling problems of all kinds. We are concerned with the body, mind and spirit of those who come to us for help and endeavor to help girls become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive. We are confident that a relationship with God, through Jesus Christ can transform a life. The discipleship program is based on God's Word – The Bible and offers our students an opportunity to overcome their challenges and have a fresh start!

Program Phases:

ATCNE Bloom disciples and cares for girls, ages 12-17 in a structured home-like environment. This program is comprised of three phases.

Phase One – Induction

The first two weeks at Bloom is referred to as Induction. During this phase, students are introduced to the different program components, curriculum, routine and staff. They will learn the guidelines and expectations that they will be expected to follow while at Bloom, while also learning what they can expect of us as staff. This can be a challenging phase of the program, but is also when our students will begin to feel more comfortable and realize just how quickly this program can go!

Phase Two – Training Phase

Following Induction, our students will enter the Training Phase of the program. This phase is when they – as well as parents - jump into the curriculum and counseling! Just as the students who reside in the program do, Parents will receive book lists to read, projects to complete and homework to do for the family mentoring sessions and be expected to attend Parent Workshops as determined by the Case Management staff. Full participation by everyone is critically important during this phase as it will help determine the specific treatment summary and plan for the individual student and their family. During this Phase, students are granted weekend visits with parents and receive letters and phone calls with family! This Phase can last from 2 to 4 months.

Phase Three – Home Prep

In Phase Three the End is Near! This Phase of the program is designed to help students and their parents [create](#) a transition plan from the program back into their homes, schools, churches and communities. Staff, student and parents will work together to establish plans for education, church participation, family relationships and community involvement. Additionally, Phase Three students will be given the opportunity demonstrate their growth and readiness to return home through added responsibility and self-accountability. A student may move from Phase Two to Phase Three through an application process submitted to Lead staff for consideration based on progress. This Phase can last from 2 -6 weeks.

Phase Four - Apprenticeship Opportunities

If a student satisfactorily completes the Bloom program, is within 4 months of her 18th birthday and is looking for an opportunity to continue her education and experience at Bloom, she may be considered for a Phase Four Student Apprenticeship opportunity. This is an invitation only opportunity and does have an Apprenticeship expense attached to it.

Appearance

Bloom has a standard of modesty in dress and our Inventory Belonging list outlines what clothes each student must have for their stay. Some items are seasonal. A copy of this Inventory list can be found at tcnebloom.org under the Admissions Tab as “What to Bring”. In general, we require that students dress modestly, for the activity and that they keep hair clean and neat. Undergarments are required.

Behavior – General Guidelines

Each Bloom student and their parents are given a Family Handbook at the time of Intake. The Family Handbook covers the expectations of both student and parents in greater detail however, this summary is given here to help establish a standard of what can be expected at Bloom.

Bloom seeks to foster an environment of respect and comfort for all of our students. Profanity, bullying, disrespect to staff or students, intimidation or threats are not allowed. Students are expected to keep their hands to themselves at all times. Students are also expected to participate fully in all planned activities. Parents are expected to participate in all Parent Workshops, Family Counseling Sessions, Visit Phone Calls and Visits as planned as well.

Mail & Phone Calls

Mail and Phone calls going in and out are limited to family, Pastors and necessary caregivers for the purpose of medication management. Parents will receive a schedule time to call each week for the three (3) visit phone calls. The students look forward to these calls and so it is imperative that parents call faithfully as scheduled and on time. In the event that missing a call is unavoidable, please attempt to contact us ahead of time to reschedule. We cannot always accommodate a phone call on the same day the call was missed as we have many students receiving calls. All mail and phone calls are monitored.

Family Visitation

At the time of Intake, the Case Manager will provide the dates for family visitation as well as family counseling and Parent Workshops. Family Visits are scheduled every 4 – 6 weeks and students that have been in the program for 30 days or longer are eligible for them. For ease of travel and to ensure complete participation from parents, we make every attempt to schedule Parent Workshops the day Family Visitations begin.

Family Counseling

All Family Counseling sessions are done over the phone with parents at a time designated at Intake. It is imperative that parents make arrangements to participate in the counseling sessions as they are scheduled.

Parent Workshops

Parents are expected to participate fully in all Parent Workshops while their daughter is in the program. The number of workshops provided may vary from 1-3. Attendance is typically in person. Exceptions to this may only occur in extreme circumstances and with Director approval.

Parent Agreement: *Each line must be read and agreed upon for consideration for admission into the Bloom program.*

_____ 1. If accepted into the program, I agree to pay the following fees ***OR other tuition rates as agreed upon*** :

Non-refundable Intake fee - \$1000

Program tuition:

- Tuition Payment 1: \$4,000 First payment is made at the time of Intake
- Tuition Payment 2: \$4,000
- Tuition Payment 3: \$4,000
- Tuition Payment 4: \$4,000

OR

_____ ***I require a needs based scholarship.*** I will submit all required documentation to demonstrate financial need and If accepted into the program, will commit to pay whatever discounted tuition fees are agreed upon between Bloom and myself based on my need. Scholarship monies may NOT be available at the time of request and full tuition may be required.

_____ 2. I understand that all tuition paid is non-refundable but in the event that my daughter fails to complete the Bloom program through either discharge or removal, I am not obligated to pay any future tuition payments.

_____ 3. I understand that Bloom will be coordinating fundraising events and activities that generate the funds necessary to cover the portion of the program that my tuition does not. I agree to participate in any and all fundraising efforts required to help provide for my daughter's stay at Bloom. This may include promoting events, selling product or soliciting support from family, friends, churches and employers.

_____ 4. I am committed to participating in Family Counseling, Parent Workshops and Family Visits as outlined in my family's personal Treatment Summary Plan.

_____ 5. I am committed to participating in Family Visit Phone Calls as scheduled.

_____ 6. I am committed to completing all assignments, projects and reading per the Family Treatment Summary Plan.

_____ 7. I understand that the counseling that my family and I are to receive will be primarily Christian Counseling and Biblical Mentoring. A clinician is available for student group therapy and consultation in case management.

_____ 8. I understand that the decision to admit my daughter is based on the information I have provided. I agree to provide ALL information pertaining to a history of physical aggression, programs previously attended and reasons for leaving, DCYF or law enforcement involvement with the family. Disclosure of this information does NOT automatically exclude my daughter from admission. Failure to disclose information and discovery of non-disclosure following admission will be immediate grounds for dismissal.