

After Care Assessment

Name: _____ Birth Date: _____ Age: _____

Entry Date: _____ Building: _____

General and Church

Estimated Graduation Date: _____

Approximate Date Saved: _____

Approximate Date Re-dedicated: _____

Home Church: _____

Pastor: _____

Name: _____

Denomination: _____

City: _____ State: _____ Zip: _____

How long have you been associated with this church?

Describe the ways in which you believe this church will support and help build the work of God that has occurred in your life:

Some of the ways in which you plan on serving the Lord among this body of believers:

Church Comments:

Mentor Section

Spirit Filled Mentor: _____

I have been meeting for: _____

Planning to meet after graduation: _____

Mentor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Church: _____

If you do not have a mentor, describe the type of person you think would make a good mentor for you:

If you do not currently have a mentor, describe the kinds of activities that you would enjoy doing with a mentor:

Describe your current relationship with your mentor:

Mentor Comments:

Support Section

Bible Based Support Group: Yes No

Attended group before coming to Teen Challenge: Yes No

Attended group while at Teen Challenge: Yes No

Group Name: _____

Group Location: _____

Number of times we met: _____

Group Leader Name: _____

Sponsor's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Support Group Comments:

Housing Section

I have a place to live after graduation: Yes No

Name of person(s) or organization I will be living with and my relationship with them:

Address and phone of the place I will be living:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____ Email: _____

Describe why you feel this will be the BEST living environment for you:

Need help with basic furniture and household items:

Housing Comments:

Transportation Section

I have a valid driver's license: Yes No

My license will be restored: _____

Amount of unpaid fines: _____

I currently own a car: Yes No

I have access to a car: Yes No

Transportation Comments:

Education Section

I have the following:

High School Diploma Some College Graduate Degree GED

Vocational Tech Training College Degree Post-Graduate Studies

I have studies or taken classes in the following areas:

I feel the Lord may be leading me to pursue further education:

Education Comments:

Employment Section

I have plans in place for employment: Yes No

I have a resume: Yes No

Company Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

The way I feel about this opportunity:

Please list your employment experiences:

Do you believe this will be a healthy work environment, why?

If you do not have employment plans, what are your interests?

If there were no obstacles, what would be your dream job?

Employment Comments:

Legal Section

State: County:

- | | | | |
|--|-------|-------|---------------|
| <input type="checkbox"/> On probation? | _____ | _____ | Months _____ |
| <input type="checkbox"/> On parole? | _____ | _____ | Months _____ |
| <input type="checkbox"/> Court cases pending? | _____ | _____ | |
| <input type="checkbox"/> Under investigation? | _____ | _____ | |
| <input type="checkbox"/> Have warrants? | _____ | _____ | |
| <input type="checkbox"/> Pending lawsuits? | _____ | _____ | |
| <input type="checkbox"/> Unpaid fines? | _____ | _____ | Dollars _____ |
| <input type="checkbox"/> Pay restitution? | _____ | _____ | Dollars _____ |
| <input type="checkbox"/> Work community service? | _____ | _____ | Hours _____ |
| <input type="checkbox"/> Jail / prison time? | _____ | _____ | Months _____ |

What do you see as your biggest legal challenge?

Legal Comments:

Family Section

Current marital status: _____

I have been: Divorced Remarried Widowed

Spouses Name: _____

Describe the general relationship with your spouse:

Describe the general relationship with you ex-spouse:

Number of Children: _____ I have custody of my minor children: Yes No

	Child's Name	Birthdate	Sex	Age		Child's Name	Birthdate	Sex	Age
1					6				
2					7				
3					8				
4					9				
5					10				

Family Comments:

Financial Section

Have you ever declared bankruptcy? Yes No

When: _____

Do you have Credit Card debt?

How much? _____

Do you have unpaid Student Loans?

How much? _____

Do you have monthly Child Support?

How much? _____

Are you behind on Child Support?

How much? _____

Financial Comments

Ministry Section

Briefly describe the gifting's you feel the Lord has given you to minister to others:

What types of ministry activities bring you the most joy?

Ministry Comments:

Further Interests Section

I am interested in learning more about the following opportunities:

- Internships at Teen Challenge
- Teen Challenge Training Center
- YWAM (Youth with a Mission) Ministry
- Master's Commission
- North Central University
- Northwestern College
- Bethel College
- Crown College
- Other College (please name)
- Other Ministry (please name)

Further Interests Comments:

Evaluation Section

How are you feeling about your post-graduate plans?

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Peaceful | <input type="checkbox"/> Disappointed |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Timid |
| <input type="checkbox"/> Uncertain | <input type="checkbox"/> Cautious |
| <input type="checkbox"/> Apathetic | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Eager | <input type="checkbox"/> Hopeful |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Determined |
| <input type="checkbox"/> Committed | |

I would rate my personal relationship with God at this time (1-10 with 10 being the best):

I would rate my personal time alone with God at this time (1-10 with 10 being the best):

Evaluation Comments:

Graduation Section

Choose a favorite scripture verse and write it below from your favorite version. Slide show space is limited, so your scripture should be no more than two verses.

Write out a three sentence testimony about your past. This should include past drug and alcohol abuse history, as well as any miracle that brought you to Teen Challenge. This testimony should show why you needed to come to Teen Challenge.

Describe how God changed your life at Teen Challenge. (Three sentences maximum):

In three sentences, explain your future plans. For example, will you be returning to your home, living with your family, interning at Teen Challenge, getting a job, going to school, or going into ministry?

Please provide the full name, and the person's relationship with you (friend, pastor, mother), of the person speaking on your behalf at graduation:

Completed Form Section

Completed Date: _____

Because many graduates move frequently during the first several years following their graduation, please provide us with a family member or close friend whose residence is stable and you expect will be living at that location for many years.

Name: _____ Relationship: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

County: _____

Approved for Graduation:

Graduation Committee Review: