



900 North League Road * Colfax, IA 50054 * (515) 674-3713 * Fax (515) 864-0094
ADULT APPLICATION FOR ADMISSION

Personal Information

Date: _____

Gender at Birth: Male Female

Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Date of Birth: _____

Email address: _____

Are you a United States Citizen? Yes No

Do you have a Social Security Card? Yes No

Do you have a valid Driver's License or State-Issued ID? Yes No

Please include copies of ID and SS card with application; if you do not currently have these, you will be required to obtain them before entry into the program

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

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

Email address: _____

Marital History/Family Background

- Marital Status: Single Separated
- Married Widowed
- Divorced Common Law
- Remarried Engaged or Significant Other

Spouse's name: _____

List children and their ages:

(Name of child) (Age) (Where/with whom child is living)



Marital History/Family Background (cont.)

Name of girlfriend or fiancé: _____

Length of time together and intentions for relationship: _____

Education/Military History

Do you have your High School diploma? Yes No GED/HiSET

Date and Location: _____

Please provide a copy of your high school diploma or GED/HiSET certificate; if you do not have documentation, you will be required to enroll in our HiSET program.

Do you have any college, technical or trade school attendance? Yes No

Date and Location: _____

Certificate/Degree(s) earned: _____

Have you ever been diagnosed with a learning disability? _____ If yes, briefly describe: _____

- Military Service:
- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Army | <input type="checkbox"/> Marines |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> None |

Years served, MOS, discharge details: _____

Religious/Teen Challenge Background

Do you believe in God? Yes No

Would you describe yourself as a Christian? Yes No

Do you believe the Bible as the Word of God? Yes No

Do you pray? Yes No

Have you ever had a conversion experience with Jesus Christ? Yes No

(Born Again, accepted Jesus, etc.)

If yes, briefly describe your experience of salvation including time and place: _____

Do you currently have a home church? Yes No

Name: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Pastor: _____



Yes No

Have you previously been enrolled in a Teen Challenge program?

(You will be required to provide a release of confidentiality for us to communicate with that center)

Name of Center: _____

Dates of Participation: _____

Religious/Teen Challenge Background (cont.)

Do you understand the purpose of the program? _____

Do you have any responsibilities that would hinder your participation for a minimum 12 months? _____

If yes, briefly describe: _____

Please describe your current life-controlling problems: _____

Please describe your current living conditions: _____



Legal Information

Are you currently incarcerated? Yes No

Name of Facility: _____

Address: _____
Street Address City State Zip Code

Do you currently have any legal charges pending? *(Explain in detail below)* Yes No

Are you currently on probation or parole? Probation Parole None

Attorney's Name: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Email: _____

Do you currently have any outstanding warrants? Yes No

Have you ever been *charged* with a violent offense or assault? Yes No

Length of remaining supervision? _____

Probation/Parole Officer: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Email: _____

Previous convictions: *(Explain in detail below)* Misdemeanor Felony None

Arrests for habitual offenses: *(Explain in detail below)* Yes No

Have you ever been charged or convicted of a sexual offense: *(Explain in detail below)* Yes No

Are you required to register as a sexual offender: *(Explain registration below)* Yes No



Medical History

Are you a nicotine user (cigarettes, vape, chew, etc.)?

Yes No

Have you ever engaged in homosexual activity?

Yes No

Are you currently pregnant?

Yes No

N/A

Are you currently clean and sober?

Yes No

Do you have any body piercings?

Yes No

Men's piercings must be removed prior to program entry. For women, earrings only are permitted; other body piercings must be removed prior to program entry.

Do you have any allergies (food, medication, etc.)? *(Explain in detail below)*

Yes No

Do you currently take any medications? *(List in detail below)*

Yes No

Medication

Dosage

Purpose

Do you have activity restrictions due to any medical conditions? *(Explain in detail below)*

Yes No

Do you have any history of mental illness? *(Explain in detail below)*

Yes No

Ever received treatment/counseling for emotional/mental/psychological conditions?

Yes No

Have you ever had suicidal thoughts? _____ Are you currently having suicidal thoughts? _____

Please explain any current dental problems: _____

If you currently have health/dental insurance, please list all applicable information below:

Name of provider: _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Policy #: _____

Financial Information

Do you currently receive SSA, SSI or other governmental benefits? *(List amount/frequency below)* Yes No

Are you required to pay child support? *(List amount/frequency of payments below)* Yes No

Referral Information

Who referred you to Sheepgate? _____

Address: _____
Street Address City State Zip Code

Phone: (_____) _____ Relationship to you: _____

Application Signature

By signing and dating below, I am indicating that I have read and understand all items included in this Adult Application for Admission, and that all information is true and accurate.

Non-Refundable Fee Agreement

I, _____, the applicant, agree to pay the \$750.00 entry fee to enter Sheepgate. I understand this fee is used to process my entry into the program and once paid, is non-refundable regardless of drop-out, dismissal or any other circumstance and regardless of my time in the program.

I understand this \$750.00 payment is a "fee." Fees are specific, required expenses which are applied toward a particular individual's needs. Because fees are involuntary, payees are not eligible for a tax-deductible receipt.

Applicant Signature

Date

Applicant Printed Name

Witness Signature

Date

Witness Printed Name



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APPENDIX A: STUDENT AGREEMENT

1. I, _____, state that I am seeking help at Sheepgate.
2. I state that I am currently _____ years of age, and that I am able to consent to my participation in this program in its entirety.
3. I have read the Sheepgate Student Guidelines and I agree to abide by them.
4. It is my intention to complete the 12-month minimum Sheepgate residential discipleship program.
5. I release to Sheepgate the right to search, read and withhold my mail in the manner explained in the Student Guidelines.
6. I release to Sheepgate the right to conduct a room search without warning.
7. I release to Sheepgate the right to make a thorough search of my person and belongings on the day of admission.
8. I understand that withdrawal from drugs, alcohol, and nicotine will be accomplished "cold turkey" and with the assistance of staff.
9. I understand that Sheepgate will not be held responsible for any of my personal property that is lost or stolen while I am in the program. When leaving Sheepgate, I understand that all of my personal property must be taken with me or it will be disposed of after a 7-day waiting period. Any unclaimed funds remaining on a student account following departure from the program will be submitted to the state as unclaimed property.
10. I hereby release Sheepgate from all financial and legal responsibilities in case of accident, injury, illness or other misfortune.
11. Any items that are brought to Sheepgate that are listed under "Forbidden Items" in the Student Guidelines will be discarded or sent home at my personal expense.
12. I agree to submit to the authority of all staff members and interns.
13. I release to Sheepgate the right to speak freely with the persons listed below, as indicated by the corresponding section in the written application: Emergency Contact, Spouse, Other Teen Challenge programs in which I have been enrolled, Attorney, and Probation/Parole Officer.
14. I understand the staff and volunteers of Sheepgate are not professional counselors and are not licensed or certified by any state entity. They are committed Christians who will share their honest opinions, advice and counsel based on Biblical principles.
15. I understand that Sheepgate policy is to maintain the confidentiality of all private communications between Sheepgate staff and myself. Generally, such confidential communications will not be disclosed to third-persons outside Sheepgate, including my family members, unless required by law. Sheepgate has no duty to notify or inform my family members about any problems discussed in counseling. If Sheepgate staff do make such disclosures as they believe are in my best interest, I waive any objection to such disclosures.
16. In consideration for the opportunity to obtain this help, I promise that I will not take any legal action in the future for anything said, done or omitted by the organization of Sheepgate, their staff, agents or family members during this program. I agree to hold Sheepgate, their staff, agents and family members harmless for any legal claims of negligence or damage of any sort, which a person could assert related to the Sheepgate program.
17. I understand that if I need Sheepgate to provide transportation to personal appointments, funds will be withdrawn from my personal account to cover transportation costs. (Please refer to page 7 of the Student Guidelines for the complete policy.

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Student Agreement and agree to abide by all items listed.

Applicant Signature

Date



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 APPENDIX B: CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

The undersigned parties enter into this agreement as an essential condition of participation in the Sheepgate program.

The undersigned parties accept the Bible as the inspired Word of God. They believe God desires for them to resolve disputes with one another within the church and that they be reconciled in their relationships in accordance with the principles stated in I Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and Matthew 18:15-20, then the dispute or controversy will be settled by Biblically based mediation and, if necessary, legally binding arbitration, in accordance with the "Rules of Procedure for Christian Conciliation" of the Association of Christian Conciliation Services, a division of Peacemaker Ministries. (Current Rules attached and incorporated by this reference and we will also mail a copy of the rules upon request).

Rules may be found at www.hispeace.org or by contacting Peacemaker Ministries:
 PO Box 81130
 Billings, MT 59108
 (406) 256-1583

The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Christian Conciliation and Arbitration Agreement and "Rules of Procedure for Christian Conciliation," and agree to abide by all items listed.

Applicant Signature

Date



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APPENDIX C: ACKNOWLEDGEMENT OF STATUS AS STUDENT & VOLUNTEER AND WORK ASSIGNMENTS

Student Applicant Statement:

I understand that if I am admitted as a student, I will be required to participate in the Sheepgate Work Therapy Program.

I acknowledge that I have read and fully agree with the Adult & Teen Challenge description of its Work Therapy Program, which addresses the importance of work assignments in helping create in me the value of a good work ethic and the character of a responsible, upright individual.

I understand that if I am admitted, I will be performing work assignments not as an employee of Sheepgate, but solely for my benefit, to advance my growth, maturity, character development, recovery from controlled substances, and readiness to reenter the workplace.

Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments.

I further understand that if I fail to perform my work assignments, Sheepgate may revoke my status and privileges as a student. It is understood that performance of work assignments are not the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

- 1) I will not execute any agreement with the entity that will be providing immediate supervision over my work assignments.
- 2) I will not file any claim or take any action individually or with others for recovery of wages or other benefits in conjunction with my work assignments.
- 3) I will contribute at least 50% of income I receive from public benefits (e.g., Social Security, disability, etc.) unemployment, benevolence assistance, charitable gifts or other means of assistance I receive in conjunction with my participation as a student and/or during my term as a student at Sheepgate to help defray the costs of my participation, provided that it is consistent with the law.

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Acknowledgement of Status as Student and Volunteer & Work Assignments and agree to abide by all items listed.

Applicant Signature

Date



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APPENDIX D: INTAKE DAY

Documentation for Intake Day:

- Valid Driver’s License/State ID Card
- Social Security Card – or – recent receipt of application for replacement
- Marriage license/certificate (if applicable)
- Birth Certificate (if necessary)
- Medical Insurance Card (if available)
- \$750.00 Intake Fee – cash, money order, cashier’s check
- \$100.00 HiSET/GED Fee (if applicable)
- Student Account Funds (if desired)

Personal/Clothing/Hygiene Items:

We do not maintain storage space for excess clothing. Student who arrive with an excess amount of clothing for available space (2 storage totes under bunk, 30” of hanging space) will be asked to return items home or send them home at their own expense. Students who do not have all the items listed will have access to new/donated items in our facility to help fulfill needs if necessary.

Your person, bags, and possessions will be searched upon intake and all clothing items will be laundered in our onsite laundry.

- | | |
|--|---|
| <ul style="list-style-type: none"> Collared shirts – polos, button downs, etc. Jeans/Dress Pants/Khakis – no holes, frays Dress shirts/ties – if desired Casual Shoes Dress Shoes
 Work shirts/Work jeans/pants Work/casual shorts Tennis shoes (work boots provided by program) Underwear/Socks Sleepwear
 Undershirts (<i>white undershirts may not be worn as outer garment</i>)
 Hard candy allowed (no candy on sticks, no gum) Cold weather gear – coats, hats, gloves | <ul style="list-style-type: none"> Toothbrush/toothpaste Razors (electric or standard) Shaving Cream Nail Clippers Q-Tips Shampoo/Body Wash/Soap (no loofahs/body scrubbers) Deodorant (no aerosols) Shower shoes – flip flops/sandals, MUST be used NO aerosol products or colognes containing alcohol
 Bible – recommended translations – NKJV, NLT, NIV Notebooks/Notebook paper Pens/Pencils/Highlighters Postage stamps/envelopes Journal Phone calling card for long distance calls (if applicable) Personal CD Player (if desired, NO FM radio option allowed) Photos (<i>Up to 5 photos of immediate/church family, 4x6 or smaller</i>) |
|--|---|

Please do not bring any of the following items with you on the day of intake – you will be asked to have them returned home with your family or to send them home at your expense:

- | | |
|---|---|
| <ul style="list-style-type: none"> Jewelry – wedding ring and watch if desired Electronic games Cameras Cell phones, PDA devices Photos/Photo frames larger than 4x6 Personal towels Credit/Debit/Cash Cards, Gift cards | <ul style="list-style-type: none"> Expensive clothing items Clothing with drug/alcohol/sexual references, etc. Electric hair clippers Board games/playing cards Personal laundry detergent Any books, CDs or other media (Bible/devotionals allowed) Personal tools Musical instruments |
|---|---|

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Appendix D: Intake Day and agree to abide by all items listed.

Applicant Signature

Date



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APPENDIX E: FINANCIAL ASSISTANCE APPLICATION

A limited amount of financial assistance is available for those who cannot afford to participate in Sheepgate. Applicants requesting financial aid are requested to first exhaust other sources such as parents, relatives and their home church. Please complete this Financial Assistance Application entirely so we can begin to help you allocate the necessary resources.

Table with columns: ASSETS, VALUE, INCOME, AMOUNT, FREQUENCY. Rows include Cash on hand & Checking, Savings, Investments, Life Insurance cash value(s), IRA's, Pension & Profit Sharing, Home, Land, Business Valuation, Automobile(s), Motorcycle, boat, camper, ATV, etc., Furniture and other personal property, Other sources of income, and TOTAL ASSETS.

Table with columns: LIABILITIES, Source, Amount, Frequency. Rows include Rent/Mortgage, Utilities, Vehicle(s), Consumer Loan(s), School Loan(s), Restitution/Fines, and blank rows.

It costs on average about \$1,200.00 per month to house, feed and serve each Sheepgate student.
How much of the monthly \$1,200.00 cost can you afford?

By signing and dating below, I am indicating that I have read and understand all items included in the Sheepgate Financial Assistance Application and affirm that all information included is forthright and accurate.

Applicant Signature

Date



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APPENDIX F: INITIAL AND SIGNATURE PAGE

Initial each item below to acknowledge you have read and agree to abide by the following documents:

- _____ Application for Admission (pages 1-5)
- _____ Appendix A: Student Agreement
- _____ Appendix B: Christian Conciliation Agreement and Rules of Procedure for Christian Conciliation
- _____ Appendix C: Acknowledgement of Status as Student & Volunteer Work Assignments
- _____ Appendix D: Intake Day
- _____ Appendix E: Financial Assistance Application

Notary Public: Please ensure Appendices A-E have been signed and dated by the applicant in your presence before proceeding.

I certify under penalty of perjury and the laws of the State of Iowa that the forgoing statements are true and correct.

Signature: _____ Date: _____

State of: _____ County of: _____

Subscribed and sworn before me by: _____

On this _____ day of _____ 20 _____

Notary Public Signature and Seal: _____

My commission expires: _____

<u>Requirements for Application:</u>	Fully completed application, including all signatures and notary \$20 application fee Scheduling a phone interview with Admissions Coordinator
<u>Requirements for Admission:</u>	All applicable fees Current, valid State/Photo ID, SS card, and other applicable documents Physical exam with lab work Any other necessary documents as determined by Admissions Coordinator



SHEEPGATE

A DIVISION OF
ADULT + TEEN CHALLENGE

Physical Exam Form

Name: _____ Exam Date: _____
 Signature for Release: _____ Date: _____ SSN: _____
 _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Gender: Male Female

Below this line for medical staff only

Height: _____
 Weight: _____
 Hair Color: _____
 Eye Color: _____
 Ambulatory:
 Non-Ambulatory:

Required Labs	Result
TB:	_____
Hepatitis ABC:	_____
HIV:	_____
CBC:	_____
Covid:	_____
Tetanus:	_____
Pregnancy (all females):	_____
PAP (all females):	_____

Please check any conditions requiring further medical treatment:

- | | | | | |
|---------------------------------|----------------------------------|---------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Dental | <input type="checkbox"/> Extremities | <input type="checkbox"/> Lymph | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Neck | <input type="checkbox"/> Bones/joints | <input type="checkbox"/> Lungs | <input type="checkbox"/> Vascular Back |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Neurological | <input type="checkbox"/> Heart | <input type="checkbox"/> Genitals |
| <input type="checkbox"/> Throat | <input type="checkbox"/> Skin | | | <input type="checkbox"/> Rectal |

Comments: _____

List all medications the applicant is currently taking:

	Description	Purpose
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Does this applicant have a medical condition that might endanger the health of staff or students in our program?

Yes No Explain: _____

Is there any reason why this applicant should not assist in the preparation of food or medical services?

Yes No Explain: _____

Health History

Allergies: _____
 Diet: _____
 Glasses: _____
 Contacts: _____
 Dentures: _____
 Hearing Aid(s): _____

Ever withdrawn from alcohol? _____
 Ever withdrawn from chemicals? _____
 How many times in detox? _____
 How many times in outpatient treatment? _____
 How many times in inpatient treatment? _____
 Date of last drug/alcohol use: _____

	Yes	No		Yes	No
Headaches	_____	_____	Starvation	_____	_____
Dizziness	_____	_____	Weight loss	_____	_____
Difficulty seeing	_____	_____	Nausea	_____	_____
Difficulty hearing	_____	_____	Chest Pain	_____	_____
Frequent earaches	_____	_____	Palpitations	_____	_____
Hallucinations	_____	_____	Heartburn	_____	_____
Shortness of breath	_____	_____	History of high blood pressure	_____	_____
Chronic cough	_____	_____	Numbness of hands, etc.	_____	_____
Frequent colds	_____	_____	Liver disease	_____	_____
Sinusitis	_____	_____	Abdominal cramps	_____	_____
Dental problems	_____	_____	Diarrhea	_____	_____
Bleeding gums	_____	_____	Constipation	_____	_____
Seizures	_____	_____	Hemorrhoids	_____	_____
Loss of appetite	_____	_____	Frequent urination	_____	_____
Compulsive eating	_____	_____	Painful urination	_____	_____
Induced vomiting	_____	_____	Burning with urination	_____	_____
Vomiting	_____	_____	Blood in urine	_____	_____
Eating disorders	_____	_____	Black, tarry stools	_____	_____
Anemia	_____	_____	Jaundice	_____	_____
Arthritis	_____	_____	Lice/Crabs	_____	_____
Athletes foot	_____	_____	Rashes	_____	_____
Blood disorder	_____	_____	Skin problems	_____	_____
Bruise easily	_____	_____	Slow healing	_____	_____
Cancer	_____	_____	STD	_____	_____
Diabetes	_____	_____	Tuberculosis	_____	_____
Dry Skin	_____	_____	Unusual discharge	_____	_____
History of infection	_____	_____			

Please Fax or Mail both pages of this form and lab results to:
 Sheepgate Admissions
 900 N League Rd. | PO Box 185
 Colfax, Iowa 50054
 (515) 674-3713 or (800) 718-8804 phone
 (515) 864-0094 fax

Physician's Name: _____
 Physician's Signature: _____
 Name of Practice: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () _____ - _____
 Fax Number: () _____ - _____