



TEXAS CHALLENGE ACADEMY APPLICATION PACKET

RECLAIMING THE POTENTIAL OF AT-RISK YOUTH THROUGH EDUCATION, TRAINING,
MENTORING AND SERVICE TO THE COMMUNITY.

A Youth Education Program of the Texas National Guard

Texas ChalleNGe Academy
ATTN: Admissions
Camp Mabry, Bldg 41
2200 W. 35th Street
Austin, Texas 78703
1-877-822-0050 (Toll Free)
<https://www.texaschallengeacademy.com>

Applicant Information (PLEASE PRINT)			
Last Name:	First Name:	Middle:	
DOB:(mm/dd/yy)	SSN:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Street:		City:	
County:	State:	Zip Code:	
Parent's Cell Phone:		Additional Phone:	
Parent's Home Phone:		Parent's Email:	
Preferred Contact Method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email			
Ethnicity:			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black (Not of Hispanic Origin)	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific	
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other		
Parent/Legal Guardian Name:			
Parent/Legal Guardian Address (if different from applicant's):			
TCA Recruiter Name:		How Did You Hear About TCA:	

Eligibility Requirements

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be 16-18 years old when the class starts? You must be 16 years old to apply to TCA and you must be 18 years old or younger on the first day of the class.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US citizen or a legal resident of the United States and a resident of Texas?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony? If answered yes, not eligible to apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a high school diploma or a GED? Current # Credit Hours: <input style="width: 80px; height: 20px;" type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to be free from the use of illegal drugs/alcohol and/or illegal substances during the program? TCA is not a drug/alcohol or substance abuse rehabilitation program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to participate in a progressive physical training program (i.e. running, push-ups, sit-ups, pull-ups, warm-up exercises)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been detained, ticketed or arrested for any offense by any law enforcement Agency? If you answered yes, you must bring all court documents and any probation information to the screening.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you awaiting sentencing or have future court dates to resolve pending charges? All charges must be resolved before the first day of class.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been discharged from a treatment facility for mental health, substance abuse or behavior in the past 6 months? Because of the residential nature of our program, 6 months of stability at home is required prior to attending.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been discharged from a treatment facility for mental health, substance abuse or behavior more than 6 months ago? If you answered yes, you must bring copies of the discharge summaries to the screening.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had periods of depression, attempted suicide, or seriously considered suicide? TCA is not a therapeutic counseling program or mental health treatment facility.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have an Individualized Education Plan (IEP), Full Individual Evaluation (FIE) or 504 plan at High School? If you answered yes, you must bring copies of the documents to the screening.
NOTE	If the applicant has ever been admitted to a treatment facility for; mental health, substance abuse or behavior then you must bring the discharge summary to the screening for each time they were treated at one of the aforementioned facilities.

Texas Challenge Academy Application Checklist

Required Documents (at screening)

- Cadet Application and Medical Screening Forms (Pages 1-9)
Provide copies of the following: (use NA if not applicable)
- Copy of US Birth Certificate or INS Proof of Permanent Residency Card (I-551)
- Copy of Unofficial School Transcripts from Last School Attended (not a report card)
- Medical/Sports Physical - within 12 months of class start date
- Copy of Immunization Record
- Required Documents if applicable** (use NA if they don't apply)
- Copy of Arrest Record/Court Documents/Probation Information for all resolved or pending offenses
- Copy of Discharge Summaries for In-Patient Treatment for Substance Abuse, Mental Health or Behavior
- Copy of the Current Individual Education Plan (IEP)/FIE or 504 Plan

Additional Required Documents (before first day of class)

- Eye Exam – within 12 months of class start date
- Copy of SSN card
- Copy of TX State Identification Card/Driver's License, Military ID or Passport (not a student ID)
- Copy of Front and Back of Medical Insurance Card (applicants are required to have medical insurance)
- TB Test within one year of class start date (required by Texas for residential programs)
- School disciplinary records - due to suspension/expulsion/ISS/DAEP attendance (if requested)
- Complete Mentor Packet (8 pages)

Additional Contact Information

Last Name:		First Name:	
Street:		Home Phone:	
City		Cell Phone:	
State:	Zip Code:	Email:	

Relationship: Parent Legal Guardian Step Parent Grand Parent Other: _____

Last Name:		First Name:	
Street:		Home Phone:	
City		Cell Phone:	
State:	Zip Code:	Email:	

Relationship: Parent Legal Guardian Step Parent Grand Parent Other: _____

Authorization to Release Confidential Information

PURPOSE: In processing your application, there may be a need to confirm or clarify personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application.

Applicant Name: _____ Birth Date: _____

Current County Applicant Lives: _____

Other Texas Counties Applicant has Lived: _____

I hereby authorize the State of Texas, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Texas ChalleNGe Academy (TCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the TCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the federal or state confidentiality laws or regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. TCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment." FERPA protects the confidentiality of student record to some extent while giving students the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the TCA.

Applicant Signature:

Date:

Parent/Legal Guardian Signature:

Date:

Authorization for Criminal Background Check

DATA REQUIRED BY PRIVACY ACT OF 1974

PRINCIPLE PURPOSE: To determine eligibility for admission to the Texas ChalleNGe Academy.

DISCLOSURE: Disclosure is voluntary, however, failure to supply any required information may result in your being refused admission in the Texas ChalleNGe Academy. The data obtained is for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with applicable law and regulations. Making a knowing and willful false statement on this form may automatically prevent your acceptance to or be grounds for dismissal from the Texas ChalleNGe Academy.

I, _____, a potential applicant to the Texas ChalleNGe Academy, do hereby consent to a criminal background check conducted by TCA Staff.

Applicant Signature:

Date:

Parent/Legal Guardian Signature:

Date:

Consent for Medical Care

Student Information

Last Name:	First Name:
Street:	City
State	Zip Code

It is further understood that Texas ChalleNGe Academy carries medical insurance for accidental injuries only. Medical care outside the scope of Texas ChalleNGe Academy Medical Staff will be the financial responsibility of the parent or legal guardian. The Medical Staff will determine the need for my son/daughter to be seen by a physician if necessary. My insurance information is listed below:

Medical Insurance Company: _____ Phone # for Certification: _____
Policy Holders Name: _____ Policy or Group #: _____
Medicaid or CHIPS #: _____ Parent Work Phone: _____
Parent Email Address: _____ Parent Cell Phone _____

Applicant Signature:	Date:
Parent/Legal Guardian Signature:	Date:

Emergency Contact Information in the Event Parent or Guardian Cannot be Reached

Name: _____ Relationship: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I have read and understand all of the above and to the best of my knowledge, the information supplied is correct.

Parent/Legal Guardian Signature:

TCA Medical Screening Forms

PLEASE COMPLETE PAGES 6, 7 & 8

The Texas ChalleNGe Academy training is physically demanding. Physical training will include strenuous activities such as:

1. A daily run of one or more miles on a hilly course.
2. Daily vigorous exercises such as push-ups, pull-ups, sit-ups and other calisthenics.
3. An obstacle course.

These screening forms are used in determining the applicant's fitness to engage in strenuous activities as outlined above. If required, a physical exam must be performed with **twelve (12) months** of the first day of the class start date. A high school sport's physical completed with 12-months of the class start date is satisfactory.

FILL OUT THE FORM COMPLETELY AND ACCURACTELY. EVERY LINE MUST BE COMPLETED. IF A QUESTION IS NOT APPLICABLE (USE N/A)

Any questions concerning this examination or the applicant's ability to participate may be directed to TCA Staff at 877-822-0050. All applicants must have a vision exam completed prior to acceptance.

Last Name (Applicant): _____ First Name: _____

Are you currently using any **prescribed** medications? YES NO

If yes, please list all medications.

Medication:	Why Taking	How Long?

Last Name (Applicant): _____ **First Name:** _____

Are you allergic to any medications, foods or other agents such a bee stings, wool etc.? YES NO
 If yes, please list the agent and the reaction.

Allergen	Reaction	Treatment

Have you ever been admitted to a hospital for substance abuse, mental health or behavior? YES NO
 If yes, please list the date, hospital and reason for treatment.
 You must also provide a discharge summary for each case of inpatient care.

Month/Year	Hospital	Treatment

Have you ever been treated for:					
<input type="checkbox"/> ADHD	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> ODD	<input type="checkbox"/> Obsessive Compulsive Disorder
Suicide Attempt(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date: _____		
Rehab for Drug or Alcohol Abuse:		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date: _____		
Have you ever used? <input type="checkbox"/> Marijuana <input type="checkbox"/> Crack					
<input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Spice/K2 <input type="checkbox"/> Xanax <input type="checkbox"/> Ecstasy <input type="checkbox"/> Meth <input type="checkbox"/> Other					
Alcohol of Choice <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor					
Do you smoke or use tobacco products? <input type="checkbox"/> YES <input type="checkbox"/> NO How Often? _____					

Mentor Information

Position Summary: The Mentor serves as a role model, friend and advocate to a Cadet for 17 ½ months.

Working Relationships: Reports to Case Manager (CM) or RPM Coordinator. Mentors only one Cadet.

Duties and Responsibilities:

- Mentor returns completed screening materials.
- Completes Mentor Training at TCA campus or other designated location.
- During the Residential Phase, Mentor commits to having at least four hours of visitation with the youth either on campus (by appointment) or while at home on P-RAP pass.
- Commits to spending 17 ½ months in consistent contact with Cadet.
- Assists the Cadet with the Post Residential Action Plan (P-RAP) modification and discusses his or her progress in that plan monthly.
- During the Post-Residential Phase, Mentors must make weekly contacts with the Cadets by phone, mail, email, or in person. Four to six hours of contact per month are required. At least one of these must be face-to-face during the Post-Residential Phase.
- Shares occasional, informal and fun activities with his or her Cadet. The Mentor and Cadet will jointly select and schedule the activities.
- Communicates at least monthly by phone, mail or email with the CM or RPM Coordinator. The Mentor promptly informs the CM of problems or needs in the Cadet's life or in their relationship.
- Observes all Program policies and guidelines for Mentors. Discusses violations of policies by Cadets with a Case Manager.
- Refers the Cadet to community resources as needed and helps the Cadet find and research those resources.

Mentor Contact Information

Last Name:	First Name:
Age:	Gender:
Home Address Street:	City:
State:	Zip Code:
Cell Phone:	Work Phone:
Email Address:	Profession/Trade: