The Program

Purpose
Our purpose is to provide women with an effective and comprehensive Christian faith-based solution to life-controlling problems. By applying biblical principles, Teen Challenge Women's Ministries endeavors to help people become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive. Our goal is to help residents establish chemical-free lifestyles in connection with issues they identify as life-controlling and to recognize that these skills and tools are transferable to future problems and challenges they will face.

Plan
This faith-based residential program assists individuals in recovering from drug and alcohol addiction and the life-controlling problems associated with it. In addition residents work on overcoming rebellion and the self-destructive behaviors associated with their substance abuse and developing positive life skills. Residents participate in spiritual growth activities, individual counseling, and choir.

“The Teen Challenge® Program succeeds when all of the government programs fail.”
Chuck Colson

Work Study
Through our adult work-study program, residents have the opportunity to develop a strong work ethic while learning new skills and the importance of teamwork and a good attitude. Work study consists of tasks such as administrative tasks, kitchen cleanup, laundry, janitorial duties, simple maintenance projects and wood working. These activities help residents understand personal responsibility for their own living space and the importance of serving others.
Our Focus

- Helping residents develop a spiritual life that provides inner-strength and a foundation for lasting recovery
- Helping residents identify and replace negative and unhealthy core beliefs using a series of 14 group studies
- The students give their testimonies to various groups which helps residents strengthen their motivation for change.
- Life skill development in areas such as personal and family relationships, self-acceptance, relapse prevention, social skills development, anger management, recreation, etc.

Residential Program

Our center offers a 13-month residential program for adults designed to help women learn how to live drug-free lives. During their stay, they do not hold down outside jobs, as all their attention is focused on the program. We challenge the residents to embrace the Christian faith. We see that when they do, their lives are transformed and they find true meaning and purpose.

According to the National Survey on Drug Use, an estimated 7.7 million individuals age 12 or older were in need of care for an illicit drug problem. Furthermore, an estimated 18.6 million persons age 12 or older were in need of assistance for an alcohol problem. Teen Challenge® Women's Ministries has responded with action to statistics like these. Providing residential care for women seeking freedom from life-controlling problems, Jesus has become their answer. Teen Challenge® is known throughout the world for providing the most successful recovery program available. Enthusiastic law enforcement officials, judges, mayors, governors, and other prominent community and country leaders advocate the mission of Teen Challenge®. Several United State presidents have voiced their appreciation for the unique work of Teen Challenge®.

"I speak from more than 20 years of knowledge of the organization when I tell you that the Teen Challenge® program works—it’s effective—it’s literally changing lives of young Americans from every walk of life. I sincerely appreciate your efforts to reach and rehabilitate the many young people who have at present no hope in life. The ministry of Teen Challenge® deserves commendations of every citizen."

President Ronald Reagan

Teen Challenge® is structured to meet the needs of those whose lives have been shattered by addictions. The Teen Challenge® Women's Ministries offers a well-developed, multi-phase discipleship training program. We also provide prevention programs to thousands each year through public school assemblies and church meetings. By the time an individual enters Teen Challenge® she has typically had almost every relationship and family tie shattered that might be helpful in recovery. She has usually formed strong relationships with people and groups that actually perpetuate the addiction spiral. After completing Teen Challenge®, hope is restored to more than just the addict, but to the family as well. Solid, positive relationships within community and family are also re-established.

During the program women move away from lifestyles centered around active addiction, confront the opportunity to live drug-free and learn to make basic decisions in a highly structured environment. Teen Challenge® offers not only environmental change, but teaches practical life skills to cope with the roots of their addiction.
Our History

Since 1958, Teen Challenge® International USA centers have been recognized nationally as a provider of recovery services for those who desire to transform their lifestyle and develop a new life free from the devastation of drug and alcohol abuse.

Since its beginning, Teen Challenge® centers have founded their programs on the teachings of Jesus Christ. These Biblical truths have physically, mentally, emotionally and spiritually unchained the lives of thousands of addicts. Instead of ‘dope’ pushers, Teen Challenge ministries are serving as ‘hope’ pushers. As their personal testimony, Teen Challenge students often claim the scripture, “I have plans to give you a hope and a future” (Jeremiah 29:11, NIV).

There is nothing more satisfying than investing time and resources into the lives of hurting individuals. America needs to know there is a new life waiting for them through the life-changing power of Jesus. Teen Challenge® is in the business of providing a hope and a future for families as well as individuals who desire a positive and optimistic transformation in their lives.

Teen Challenge® is one of the oldest, largest and most successful programs of its kind in the world. Established in 1958 by David Wilkerson, Teen Challenge® has grown to more than 170 centers in the United States. If you would like to know the story of how Teen Challenge® started, it is told in the book, “The Cross and the Switchblade.”

“We have long been aware of the tremendous ministry of Teen Challenge®. I consider it a real privilege to endorse this work. Thank God for places like Teen Challenge® that not only understand the problem, but know God.”

Billy and Ruth Graham

Teen Challenge® involvement in a community facilitates a reduction in drug-related crimes in the area. Prevention efforts within the community improve since recovered addicts exert a profound impact on family, friends, and community. The economic cost to society is reduced, and restored men and women become contributors to their community. Teen Challenge® even participates in community projects, outreaches, food bank services, correctional facility meetings, thrift stores and work projects. Many Teen Challenge® programs offer assistance and referral services to the community.
FAQ: Frequently Asked Questions

Can students take medicine?

Students are allowed to take medicine as prescribed by a physician. No medications of a narcotic or addictive nature are permitted. Individuals must receive permission from the Induction personnel prior to bringing any medications with them. Teen Challenge® does not provide medications. Individuals must have the means to pay for their medications. All medications must be in a bottle with a pharmacy label and proper instructions.

Can students visit a doctor while in the program?

Teen Challenge® is not responsible for any medical bills a student incurs while in the program. Students are allowed to go to the doctor for emergencies only. Any pre-existing medical problems must be addressed prior to admittance. You must also provide records of any condition which will limit your abilities to perform at full capacity.

Can a person parole out or be court ordered to Teen Challenge®?

We do have those who parole out or are court ordered to our program. They must meet the requirements of the program and have the means to pay their monthly parole/probation fees. Should she be dismissed from the program, leave for medical reasons or on her own accord, we will report this immediately to the appropriate court officials.

Can a student leave the program at any time?

Teen Challenge® is a voluntary placement program even when the individual is court ordered. We will always strongly encourage the individual to stay in the program. However, if she insists on leaving, we will facilitate her exit from the program. If the individual is court ordered, we will notify the court of her leaving Teen Challenge®.

How can I facilitate my loved one’s success in the Teen Challenge® program?

One of the best ways to assist in someone’s success in Teen Challenge® is for everyone involved to understand the nature, objectives, rules and guidelines of the program. The individual needs to be aware of the long-term commitment that she will be making and be willing to change her lifestyle. You can provide the information to her and encourage her while she is here, but whether or not she is successful in the program depends solely on her.

Can I get my G.E.D. while in the program?

If a student does not have a high school diploma, then she will automatically be enrolled in the G.E.D. program.
Student Intake Packet - “Strictly Confidential”
Please print in ink or type when completing this form

PERSONAL DATA AND INFORMATION
Name: ____________________________________________ Date: ______________

Email Address: ____________________________________________

Address: ____________________________________________

City: _______________ State: ___________ Zip Code: ___________

Telephone: _______________ Residence _______________ Cell _______________ Message

Social Security No.: _______________ Birth Date: _______________ Age: __________

Do you have a valid driver’s license? ☐ Yes ☐ No ☐ Valid ☐ Expired ☐ Suspended

If Yes please fill out: Driver’s License: ________________________________ State: __________

If No, please explain: ____________________________________________

NEXT OF KIN / IN CASE OF EMERGENCY
Name: ____________________________________________ Relationship: __________

Email Address: ____________________________________________

Address: ____________________________________________

City, ST Zip: __________________________ Phone: ______________________

Name: ____________________________________________ Relationship: __________

Email Address: ____________________________________________

Address: ____________________________________________

City, ST Zip: __________________________ Phone: ______________________
WHO HAS REFERRED YOU TO TEEN CHALLENGE

Name: ___________________________________________ Relationship: __________________________

Email Address: __________________________________________________________________________

Address: ______________________________________________________________________________

City, ST Zip: ______________________________ Phone: _______________________________________________________________________

Name: ___________________________________________ Relationship: __________________________

Email Address: __________________________________________________________________________

Address: ______________________________________________________________________________

City, ST Zip: ______________________________ Phone: _______________________________________________________________________

BACKGROUND

Are you an American Citizen? ☐ Yes ☐ Native ☐ Naturalized ☐ No If no, explain: ________________

_______________________________________________________________________________________

PERSONALITY INFORMATION

Is it easy for you to express your feelings? ☐ Yes ☐ No ☐ Sometimes

Explain: ______________________________________________________________________________

Do you enjoy being with other people or would you rather be alone? ______________________________

Explain: ______________________________________________________________________________

Have you ever had a severe emotional upset? ☐ Yes ☐ No Explain: ________________________________

Have you ever had any psychotherapy or counseling before? ☐ Yes ☐ No

Circle any of the following words that best describes you now:

active ambitions self-confident persistent nervous hardworking calm

impatient impulsive self-conscious often blue excitable imaginative shy

serious easy-going good natured introvert extrovert likeable quiet

leader hard-boiled submissive moody sensitive lonely
**PERSONAL FAMILY HISTORY**
List parent/parenting figures, spouse, girl/boyfriend, brothers & sisters (do not list your children)

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<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Residence</th>
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</table>
Check the word that best describes your relationship with your parents as a child and now:

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<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<td>As a Child</td>
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<td>Now</td>
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</table>

Are your parents still living? Father? □ Yes □ No  Mother? □ Yes □ No
Father's Name: __________________________________________________ Age: __________
Mother’s Name: __________________________________________________ Age: __________
Are you adopted? □ Yes □ No
Were you raised by anyone other than your parents? □ Yes □ No If yes, please explain: ____________________________

When did you last see your parents? ________________________________
When did you last live at home? ________________________________

Occupation: Father ______________________ Mother ______________________
Parent’s Marital Status: □ Married □ Divorced □ Separated □ Re-married □ Living Together □ Widowed
If married, how long? ______________________ If other, how long? ______________________

How would you rate their marriage? : □ Very Happy □ Happy □ Average □ Unhappy
How would you rate your childhood? □ Good □ Fair □ Poor Why: __________

As you grew up, whom did you feel closest to? □ Father □ Mother □ Other ______________________

**PERSONAL & FAMILY MEDICAL HISTORY**
Do you have or have you ever had any of the following:

☐ Asthma  ☐ Back problems  ☐ Diabetes
☐ Epilepsy  ☐ TB  ☐ Heart problems
☐ Hepatitis  ☐ VD  ☐ High Blood Pressure
☐ Other

Please explain if you answered any above with a yes answer. If you have any problems not listed above, please explain.__

Please check the appropriate box for any family member that has experienced any of the following problems:

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<th>Grandparents</th>
<th>Father</th>
<th>Mother</th>
<th>Spouse</th>
<th>Brother</th>
<th>Sister</th>
<th>Child</th>
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<tr>
<td>Drug abuse</td>
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<td>Alcohol abuse</td>
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<td>Physical problems</td>
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<td>Mental health problems</td>
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</table>
Describe any illness and developmental problem/concern you experienced as a child: ________________________________

______________________________________________________________________________________________

Do you have any special diet requirements?  □ Yes  □ No  If yes, please explain: ________________________________

______________________________________________________________________________________________

When your teeth were last examined? ________________________________

Are you currently experiencing problems with your teeth?  □ Yes  □ No  If yes, please explain: ________________________________

______________________________________________________________________________________________

If you drink coffee, tea, or smoke cigarettes, please list the amount you consume each day:

Cigarettes: ________________________________ packs smoked per day

Coffee: ________________________________ cups consumed per day

Tea: ________________________________ cups consumed per day

What is your primary drug of choice? ________________________________

What is your secondary drug of choice? ________________________________

Many of our students have multiple drugs of choice, or have traded one drug of choice for another over a period of time. If this describes you, tell us more about your usage history:

______________________________________________________________________________________________

______________________________________________________________________________________________

List your present physician’s name: ________________________________

Address: __________________________________________

(Street) (City) (State) (Zip)

Phone: __________________________________________

MARITAL / INTIMATE RELATIONSHIP HISTORY

Marital Status:  □ Married  □ Single  □ Engaged  □ Separated  □ Divorced  □ Re-married  □ Widowed

List your present living arrangement: (please check all that apply)

□ Living alone  □ With parents  □ With spouse  □ With others (non-relative)

□ With others (relatives, including children)  □ Other ________________________________
If you are, or have been married, please list: (start with your most recent marriage)

<table>
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<tr>
<th>Person Married To (first name only)</th>
<th>Month/Year</th>
<th>Ended In (divorce, separation, death, etc)</th>
<th>Month/Year</th>
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Current spouse (full name): __________________________________________

Email Address: ______________________________________________________

Address: __________________________________________________________

City, ST Zip: ______________________________________________________

Telephone: ___________________________ Residence ___________________________ Cell ___________________________ Work ___________________________

Describe your relationship with your spouse: ___________________________

Do you have any children? □ Yes □ No If yes, please list.

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<tr>
<th>Name of child</th>
<th>Age</th>
<th>Where are they living</th>
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Describe any positive or negative aspects of your relationship with your children: ___________________________

Describe any problems or concerns related to your relationship with your spouse or girl/boyfriend. ___________________________

Have you been sexually abused? □ Yes □ No

To your knowledge, has anyone in your family ever been sexually abused? □ Yes □ No

When: ___________________________ Who: ___________________________

When: ___________________________ Who: ___________________________

Sexual Lifestyle: (please check all that apply)

□ Heterosexual □ Bisexual □ Homosexual □ Pornography □ Prostitution □ Pedophilia

How recently involved? ___________________________

Have you ever engaged in homosexual activities? □ Yes □ No
SOCIAL INVOLVEMENT HISTORY
Describe your involvement in the following:

Religion ____________________________
Recreation/sports ____________________________
Peer Group ____________________________
Community affiliations ____________________________
Hobbies ____________________________
Other ____________________________

SIGNIFICANT LIFE EVENTS
Describe any of the following that you are experiencing or have recently experienced:

Moves ____________________________
Losses (Personal, Financial) ____________________________
Sexual abuse/rape ____________________________
Physical abuse/ neglect ____________________________
Foster home placement or institutionalization ____________________________
Ethnic/cultural influences ____________________________
Other (specify) ____________________________

ACADEMIC HISTORY
List the highest grade you have completed: Elementary _______ Jr. High School _______ High School _______ College _______
Are you currently in an education program? ☐ Yes ☐ No
If yes, list ____________________________________________ (Street) (City, State)
If you are no longer in an education program, please explain your reason for leaving school: ____________________________________________

Are you receiving or have you received vocational training? ☐ Yes ☐ No
If yes, list:

<table>
<thead>
<tr>
<th>Type of Trade or Skills</th>
<th>Date of Training</th>
<th>Certification Issues</th>
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Can you read? ☐ Yes ☐ No ☐ Good ☐ Average ☐ Poor
Can you write? ☐ Yes ☐ No ☐ Good ☐ Average ☐ Poor
Describe your future educational and vocational training goals and plans:

Educational ____________________________________________________________

Vocational ___________________________________________________________


OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? __________________________

How many jobs have you held in the last two (2) years? ______________________

List your present employment status:

☐ Unemployed (Have not sought employment in last 30 days)
☐ Unemployed (Have sought employment in last 30 days)
☐ Employed part-time (Working less than 35 hours per week)
☐ Employed full-time (Working 35 hours or more per week)

List your two most recent jobs: (Start with your most recent job)

<table>
<thead>
<tr>
<th>(Name of Employer)</th>
<th>(Position Held)</th>
<th>(Employed from – Mo/Yr to Mo/Yr)</th>
<th>(Reason for leaving)</th>
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List your current average monthly income $______________________________

Describe your primary source of income _________________________________

Describe your future occupational goals and plans _______________________

Skills: _____________________________________________________________

Have you ever experienced or presently had a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in Teen Challenge? ☐ Yes ☐ No

If yes, explain ______________________________________________________
PSYCHOLOGICAL HISTORY
Have you ever received mental health treatment? □ Yes □ No  If yes, please list:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Clinic</th>
<th>Reason for Mental Health Treatment</th>
<th>Outcome</th>
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Has a family member or someone close to you ever attempted or committed suicide? □ Yes □ No
Have you ever thought about committing suicide? □ Yes □ No
Are you currently thinking about committing suicide? □ Yes □ No
Have you ever received psychiatric care? □ Yes □ No
If yes, please explain ____________________________

Will you, as a student of Teen Challenge, be willing to authorize doctors or agencies involved in previous treatments to release your medical records? □ Yes □ No

SPIRITUAL HISTORY
Are you born-again? ____________________________  Date: ____________________________  Place: ____________________________
What is your current spiritual condition? ____________________________
What were the circumstances that led to this? ____________________________

Denominational preference: ____________________________
How often do you attend church? □ Never □ Occasionally □ Regularly
Are you a member of any church or religion? ________________ Which one? ____________________________
How often did you attend church as a child? ____________________________
Which denomination was it? ____________________________
How old were you when you stopped attending? ____________________________
Why did you stop attending? ____________________________
Do you believe in God? □ Yes □ No □ Uncertain
Do you ever pray? □ Never □ Occasionally □ Often
How often do you read the Bible? □ Never □ Occasionally □ Often
Do you read books of other religions instead of the Bible? □ Never □ Occasionally □ Often
Which ones? ____________________________
What recent changes have you had in your religious life (if any)? ____________________________
Have you ever been involved in cults, such as Christian Science, Jehovah’s Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? Explain ________________________________

LEGAL HISTORY
Are you legally mandated to participate in a Teen Challenge-type program?  □ Yes □ No
If yes, by whom? □ Parole Board □ Court □ Other Explain: ________________________________

If answer is court, please list county of origin:________________________________________

Are you currently or will you be under legal supervision?  □ Yes □ No

Method of reporting: □ Phone □ Letter □ In person □ Other (explain) ________________________________


List your probation/parole officer’s name: _____________________________________________

Agency: ________________________________ Phone number: ________________________________

Address: ____________________________________________ (Street) (City) (State) (Zip)

Are any of the following pending against you? (Please check those that apply)

□ Arrest warrant □ Court appearance □ Criminal charges □ Sentencing □ Other (Explain) ______________

If you have checked any of the above, please explain: ________________________________

List all arrests and convictions:

<table>
<thead>
<tr>
<th>Date</th>
<th>Charges</th>
<th>Conviction</th>
<th>Sentence</th>
<th>Time in Jail</th>
<th>Was Alcohol (A) of Drugs (D) Involved?</th>
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<td></td>
<td>Yes</td>
<td>No</td>
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</table>

Have you ever been in prison?

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<tr>
<th>Date</th>
<th>Institution</th>
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INSURANCE HISTORY
List your health insurance type: (please check)

☐ No health insurance  ☐ Other private insurance  ☐ Blue Cross/Blue Shield

☐ Medicaid/Medicare  ☐ Other public funds

Insurance policy number: ________________________________

Company __________________________ Phone __________________

FINANCIAL STATUS
If you enter our program what provisions will be made for the following expenses?

Medical _______________________
Dental _______________________

Are you eligible for and/or receiving the following:  ☐ Welfare  ☐ Disability payments

☐ Unemployment compensation  ☐ Workman’s compensation  ☐ Other income (please explain) _______________________

Have you ever applied for food stamps?  ☐ Yes  ☐ No  Where? ______________________________________

Do you have any outstanding debts?  ☐ Yes  ☐ No  Explain _______________________

List your outstanding debts:

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<th>Address</th>
<th>Phone</th>
<th>Payments</th>
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MILITARY SERVICE HISTORY
Have you ever served in the U.S. Armed Forces?  ☐ Yes  ☐ No

If yes, describe:

- Branch of Service _______________________
- Date of Entry: _______________________
- Date of Discharge: _______________________
- Military occupation standing (MOS): _______________________
- Rank attained: _______________________
- Discharge received:  ☐ Honorable  ☐ Less than Honorable  ☐ Dishonorable

- Eligible for V.A. medical benefits?  ☐ Yes  ☐ No  ☐ Unknown

Are you presently in the Reserves?  ☐ Yes  ☐ No  Explain _______________________


**PREGNANCY HISTORY (Women Only)**

List number of pregnancies: ____________________________

Have you ever experienced any of the following problems?

Miscarriages: ☐ Yes ☐ No

Abortions: ☐ Yes ☐ No

Other problems: (please specify) ____________________________

Do you think that you may be pregnant now? ☐ Yes ☐ No

**THE PROBLEM**

What is your main problem, as you see it? ____________________________

What have you done about it? ____________________________

What are your greatest needs, in order of priority? ____________________________

Please check the items listed below that must change in your life during your stay at Teen Challenge if you are going to have a successful future.

☐ Attitude ☐ Self-discipline ☐ Financial Management

☐ Values ☐ Thought life ☐ Sexual life

☐ Work habits ☐ Dress & appearance ☐ Use of free time

☐ Sleeping habits ☐ Relationship w/family ☐ Relationship w/God

☐ How I view and respond to authority

What would you see as your biggest hindrance to completing the program? (Examples: girlfriend, disciplines, dress code, schedule, missing family, obeying authority, Christian emphasis, etc.)

*(Attach your comments on another sheet of paper.)*

Have you ever been in a treatment program before? ____________________________

Was it religious or secular (non-religious)? ____________________________

How many programs have you been in before? ____________________________

List program: Name 1 : ____________________________

City/State: ____________________________

Dates: ________________ Reason for leaving: ____________________________
List program: Name 2: _______________________________________________________________

City/State: ________________________________________________________________

Dates: ____________ Reason for leaving: ____________________________________________

Have you ever been in Teen Challenge program before? □ Yes □ No

When: __________________________________________ Where: ________________________

Why did you leave? □ Dismissed by staff □ Left on own □ Graduated □ Other ______________________

Why do you wish to be admitted? ________________________________________________

__________________________________________________________________________

What are you expecting (believing) God to do in your life through the program? ________________

__________________________________________________________________________

Describe what you are willing to do, or what you think is required of you: ____________________________

__________________________________________________________________________

What would you like to do after you leave Teen Challenge? ________________________________

__________________________________________________________________________

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge and that the application form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

__________________________________________________________________________

(Student applicant signature) (Date)

If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

1. Name of person completing and filling out application form: ____________________________

__________________________________________________________________________

(Print Name) (Signature) (Date)

2. Relationship to applicant: ______________________________________________________

__________________________________________________________________________

(Date)

3. Explain why student applicant was unable to complete or fill out the enclosed application form: ________________________________

__________________________________________________________________________
STUDENT PARTICIPANT AGREEMENT

Read each of the following statements carefully. Your initial and signature indicate you have read and agree to each item on this form.

- I agree to abide by the policies of TEEN CHALLENGE WOMEN’S MINISTRIES I do hereby state, that I wish to enter into their 13-15 month program, and will remain there until it is decided by both staff and myself that I am ready to leave. I understand that the second phase of the program is a minimum of eight months regardless of the time spent in first phase.

_________________________________________  ______________________________________

Student Signature                          Parent/Guardian/Other Signature

- I understand that if I am dismissed from or leave the program, there will be a 30-day period before I will be considered for re-entering in the program.

_________________________________________  ______________________________________

Student Signature                          Parent/Guardian/Other Signature

- I also understand that if I decide to leave I forfeit all donated items I’ve acquired during my stay in the program.

_________________________________________  ______________________________________

Student Signature                          Parent/Guardian/Other Signature

- I have read and understand Teen Challenge “Student Rules”. I voluntarily choose to abide by said rules and policies and cooperate with Teen Challenge staff for my betterment. I understand that if I do not cooperate with the rules and policies of Teen Challenge I can be dismissed from the program. It is further understood that if I do not cooperate with the rules and regulations of TEEN CHALLENGE, Inc., I can be asked to leave.

_________________________________________  ______________________________________

Student Signature                          Parent/Guardian/Other Signature

I understand if I decide to leave or am dismissed I must receive prior approval from Executive Staff to come back on campus.

_________________________________________  ______________________________________

Student Signature                          Parent/Guardian/Other Signature
• I also understand that should I decide to dismiss myself and request that I be transported to a public transportation pick-up point, I will be required to pay the following charges: $5.00 to nearest bus pick up point, $10.00 to Greyhound Bus station and $10.00 to the airport. I also must wait for approval of the appropriate staff for use of this service. Should I leave before or after normal office hours (Mon.-Fri. 9:00AM to 5:00PM) I will not be able to get money from my account. I will leave a forwarding address to have any money mailed to me. I also understand the cost of the money order, stamp, envelope and 1 hour of staff time will be charged. I also understand should my account be less than all money needed to complete this transaction the money will be put in the indigent fund. I also understand that once the decision is made to leave for any reason I will have no more than one hour to be packed and off campus and will not be allowed to go and talk to other students. I also understand that I cannot receive money from anyone for any reason that is at Teen Challenge. I understand that if I am dismissed from or leave the program, I must take all of my personal belongings with me. Any personal items not taken will become the property of Teen Challenge unless arrangements are made to pick them up within 48 hours of departure. I do not hold Teen Challenge responsible for my personal property. TEEN CHALLENGE is not responsible / nor obligated / to ship any of those belongings to me.

___________________________________________
Student Signature

___________________________________________
Parent/Guardian/Other Signature

• I also understand and agree that I will not hold Teen Challenge responsible for any loss of personal items at any time. I also understand that Teen Challenge cannot be held responsible for personal injury while I am in the program. I will be held responsible for all medical expenses incurred while in the program.

___________________________________________
Student Signature

___________________________________________
Parent/Guardian/Other Signature

• I understand that the $1,000 induction fee is a non-refundable fee.

___________________________________________
Student Signature

___________________________________________
Parent/Guardian/Other Signature

• I understand that the advisors, staff and volunteers of TEEN CHALLENGE WOMEN’S MINISTRIES, Inc. are not professional counselors, and are not licensed or certified by any state agency. They are committed Christians, who will share their honest opinions, advice, and counsel based on the principles found in the Holy Bible.

___________________________________________
Student Signature

___________________________________________
Parent/Guardian/Other Signature

I understand that a personal check of my belongings will be made when I enter the program. In the event that I leave prematurely, there will again be a check of my personal belongings.

___________________________________________
Student Signature

___________________________________________
Parent/Guardian/Other Signature

• I understand that if I receive a monthly income from any source that 70% will go to Teen Challenge (whether or not the check comes to Teen Challenge).
• I understand that if I qualify, I will be required to apply for food stamps while at Teen Challenge Women’s Ministries.

______________________________  ______________________________
Student Signature                  Parent/Guardian/Other Signature

______________________________  ______________________________
Student’s signature                  Date

______________________________  ______________________________
Staff’s signature                  Date

EMERGENCY MEDICAL CARE
CONSENT FORM

Name of New Student: ____________________________________________________________________________________

List of Drug Allergies, if known: ____________________________________________________________________________________

List two individuals to be contacted in case of emergency:

Name: __________________________________________________________________________ (Last) (First) (Initial)

Email Address: ____________________________________________________________________________________

Address: __________________________________________________________________________ (Street) (City) (State) (Zip)

Phone: ________________________________ Relationship: ____________________________________________________________________________________

Name: __________________________________________________________________________ (Last) (First) (Initial)

Email Address: ____________________________________________________________________________________

Address: __________________________________________________________________________ (Street) (City) (State) (Zip)

Phone: ________________________________ Relationship: ____________________________________________________________________________________

______________________________  ______________________________
Signature of Student                  Date

**This form expires upon graduation or discharge of the student from Teen Challenge Women’s Ministries.**
INTAKE INVENTORY

Date: ___________________________ Time: ___________________________

Student’s name: _______________________________________________________

The following items were surrendered by the student during intake to be kept in a secure place until the student becomes an Intern, Graduates or is dismissed.

Cash: __________________________________________________________________

Wal-Mart Card: __________________________________________________________________

Driver’s License/ID __________________________________________________________________

Misc. __________________________________________________________________

_________________________________________ Date

Student’s Signature

_________________________________________ Date

Staff Signature

_________________________________________ Date
CORRESPONDENCE, PHONE & VISITATION AUTHORIZATION

Student’s name: _______________________________ Date: ______________

Name: _______________________________ Relationship: _______________________________
Email Address: _______________________________
Address: __________________________________________

(_________________)(_________________)(_________________)
Phone: _______________________________ Approved: □ Yes □ No

Name: _______________________________ Relationship: _______________________________
Email Address: _______________________________
Address: __________________________________________

(_________________)(_________________)(_________________)
Phone: _______________________________ Approved: □ Yes □ No

Name: _______________________________ Relationship: _______________________________
Email Address: _______________________________
Address: __________________________________________

(_________________)(_________________)(_________________)
Phone: _______________________________ Approved: □ Yes □ No

Name: _______________________________ Relationship: _______________________________
Email Address: _______________________________
Address: __________________________________________

(_________________)(_________________)(_________________)
Phone: _______________________________ Approved: □ Yes □ No

By my signature I am requesting Teen Challenge to send the above loved ones a monthly newsletter

Copies to: □ Administrative File □ Intake Coordinator □ Student
INDUCTION FEE AGREEMENT

I, _________________________________________ agree that I am responsible for
                          Responsible party

the balance of the Induction Fee of $1,000.00 and that it will be paid in full within six months of the student’s
entrance into Teen Challenge program.

                                                                                     Date

Responsible party’s signature

                                                                                     Date

Print responsible party’s name

Witness’ signature                                                                                     Date

Print Witness’ name (make copy of signed document for responsible party)

INDUCTION FEE PAYMENT PLAN

I, _________________________________________ agree that I am responsible for
                          Responsible party

the balance of the Induction Fee of $1,000.00. By my signature below, I agree to pay the Induction Fee of
$1,000.00 within the first six-months of the student’s program.

If for any reason the student leaves the program early, I understand that I am still responsible for this
obligation.

Down payment of: ___________________________     Today’s Date: ___________________________

1st Payment of: ___________________________     Due in 90 days: ___________________________

2nd Payment of: ___________________________     Due in 120 days: ___________________________

                                                                                     Date

Responsible party’s signature

                                                                                     Date

Print responsible party’s name

Witness’ signature                                                                                     Date

Print Witness’ name (make copy of signed document for responsible party)
STUDENT CONTACT GUIDELINES
& PROCEDURES

I, ____________________________________________ hereby acknowledge that there is to be no contact, (verbally, written or through physical gestures), with any member of the opposite gender other than approved immediate family. I also understand that there is a zero-tolerance regarding this policy and that violation of this policy will result in immediate expulsion from Teen Challenge.

Print student’s name

_________________________________________   Date

Student’s signature

_________________________________________   Date

Print Witness’ name

_________________________________________   Date

Witness’ signature

CIVIL RIGHTS WAIVER
ACKNOWLEDGMENT

I, ____________________________________________, understand that I have civil rights guaranteeing confidential communications by phone and mail as well as exercising the religion of my choice. Teen Challenge Women’s Ministries is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and submit to the ministry’s expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regulate and monitor my communications for a period of time determined by the staff. I voluntarily give my consent allowing staff to exercise these procedures. I fully understand my rights and what I am waiving.

_________________________________________

Print student’s name

_________________________________________   Date

Student’s signature

_________________________________________

Print Witness’ name

_________________________________________   Date

Witness’ signature
CLIENT’S RIGHTS

As an incoming student at Teen Challenge Women’s Ministries, you are hereby advised of your rights in this program.

This is a voluntary program and you are free to leave at any time. There will be no restraints used at any time. We are here to help and advise you.

You will receive a copy of this form and all others that you are asked to sign.

- No student shall be deprived of civil rights by reason of treatment.
- The student shall not be discriminated against.
- The student shall have the right to inspect his/her progress reports, monthly evaluations, program violations, incident reports, and/or educational records.
- If the student is denied access to his/her record, he/she has the right of appeal to this denial following the standard grievance procedure.
- The student may request correction or removal of information in the file and may submit rebuttal of aforementioned information in the records.

________________________________________________________
Print student’s name

________________________________________________________
Student’s signature

________________________________________________________
Date

DECLARATION

“I understand that:

1. The treatment and recovery services at Teen Challenge Women’s Ministries are exclusively religious in nature and are not subject to licensure or regulation by the Arkansas Commission of Alcohol and Drug Abuse; and

2. Teen Challenge Women’s Ministries offers only non-medical treatment and recovery methods such as prayer, moral guidance, spiritual counseling and scriptural study.”

________________________________________________________
Print student’s name

________________________________________________________
Student’s signature

________________________________________________________
Date
INFORMED CONSENT FORM

This form is to be placed in the new student records. It is a document that apprises the new student of the following:

1. The new student understands the scope of the Teen Challenge Program.
2. The new student understands the expectation for student participation in the program.
3. The new student understands the discipline policy, including circumstances that may lead to immediate discharge such as the following:
   a. Striking a staff member
   b. Causing physical harm to self or others
   c. Threatening physical harm to self or others
   d. Failure to complete probation period
   e. Refusing to cooperate with staff or program
   f. Destruction of Teen Challenge property
   g. Stealing
   h. Leaving the teen challenge center without permission
   i. Smoking, drinking of alcohol, or doing drugs
   j. Possession of cigarettes, alcohol or drugs
4. The student has received a copy of the program rules.
5. The rules of the program have been explained to the student.

__________________________________________  ______________________________
Student’s signature                        Date

__________________________________________  ______________________________
Staff’s signature                           Date
CONFIDENTIALITY OF RECORDS

Notice to Students
In accordance with 42 CFR§ 2.1 (10-1-91 ED.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by Federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life-controlling problem, especially alcohol or drug abuse unless:

1. The student consents in writing:
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I warrant that I have read the above notice prior to its execution and that I am fully familiar with the contents thereof.

Dated this _________________ day __________________ of 20______________.

_____________________________________________________
Student's signature

_____________________________________________________
Witness' signature
DISCLOSURE WITH STUDENTS CONSENT

I, __________________________________________, give Teen Challenge Women’s Ministries authorization to disclose (kind and amount of Information to be disclosed): ________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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MEDICAL RELEASE

I, _____________________________ hereby state that my medical Doctor would not sign a release for me to stop taking my Psychotropic Medication(s) and that I quit taking my Medication(s) on my own free will. I also release Teen Challenge Women’s Ministries from all known and unknown medical liabilities.

_________________________________________   ________________
Student’s signature                           Date

_________________________________________   ________________
Staff’s signature                             Date

MEDICAL & DENTAL ACKNOWLEDGEMENT

I, _____________________________ understand that during my stay at Teen Challenge Women’s Ministries I will be required to follow their disciplinary training. I may be required to get involved in some strenuous duties and I hereby state that I am in good physical health, and I am in no need of dental care. I also acknowledge that should a pre-existing illness or ailment affect my ability to follow the prescribed disciplinary training, I may be asked to leave the program until said illness / ailment is remedied and a clearance to return is signed by a Medical Doctor or Dentist. I also understand that should I leave, I must call back and talk to the Program Director before being allowed to re-enter Teen Challenge.

_________________________________________   ________________
Student’s signature                           Date

_________________________________________   ________________
Staff’s signature                             Date
SEARCH PROCEDURES

Searches may be conducted to protect health, safety and welfare of students, including detection of drugs and weapons.

All searches must comply with the following standards:

1. Staff members performing a personal search will be the same gender as the client.
2. The student will be allowed to remain partially clothed during a personal search. Staff may use their hands to pat down the student’s body to feel for illicit items.
3. The student must be present when a search is conducted of belongings such as backpacks, purses and luggage.
4. We reserve the right to randomly search the dorm rooms at any time. All clothing and personal items will be returned to their original state as much as possible.
5. All searches must be witnessed by a second staff person or another individual who is not directly involved in the search.

Student’s signature ___________________________ Date ____________

Staff’s signature ___________________________ Date ____________

ALCOHOL, DRUG AND TABACCO TESTING POLICY

Teen Challenge Women’s Ministries reserves the right to conduct random drug testing. We believe that our students are committed to their recovery and will abide by house rules of no drugs or tobacco use of any kind. In the event it is suspected that you are under the influence of a mood altering substance or that you have used any type of tobacco products, you will be instructed to report to the staff on duty or program director’s office to voluntarily take a urine analysis test. If it is determined that you were in fact under the influence it is grounds for immediate dismissal and/or you may be asked to leave the property.

Student’s signature ___________________________ Date ____________

Staff’s signature ___________________________ Date ____________
STUDENT ACKNOWLEDGEMENT AND AGREEMENT REGARDING WORK ASSIGNMENTS

Statement of Student

1. I understand as a Teen Challenge student that I do not have to pay for my own monthly expenses such as food, housing, utilities, education, transportation, etc. However, should there be any revenues generated by any work that I perform while enrolled in the program, such revenue will go to Teen Challenge Women’s Ministries.

2. I understand that if; I am admitted as a student I will be required to participate in the Teen Challenge Work Experience Program.

3. I acknowledge that I have read and fully agree with Teen Challenge’s description of its Work Experience Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.

4. I understand that during some of the work assignments, I will be monitored by an Emerging Leader (2nd Phase students that have been promoted to an intern/training position). Examples of such assignments are fundraising events, working in the wood shop or thrift store, and some on-campus activities. These Emerging Leaders facilitate the decisions of the executive staff of this program.

5. Accordingly, by signing this Agreement, I am not applying for a position of employment with Teen Challenge, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.

6. I further understand that if, I fail to perform my assigned work related tasks Teen Challenge may revoke my status and privileges as a student. Performances of work assignments are a consideration for the receipt of such status and benefits. Each student’s participation in the Work Study Program (work experience) is a necessary and vital part of the recovery process.

7. I understand that if; I am admitted to Teen Challenge as a student I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.

_________________________________________  __________________________
Student Signature                                  Date

_________________________________________
Print Student’s Name
# STUDENT PHONE LOG

**Student Name:** ____________________________  **Date of Entry:** __________

**Approved Phone #s:**

1. ______________  
2. ______________  
3. ______________  
4. ______________  
5. ______________

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