

Introduction Letter for the One-Year Residential Program

Greetings in the Lord Jesus Christ:

Thank you for your interest in the Teen Challenge Discipleship Program. We are committed to help you, by the grace of God, in any way we can.

The application process will include an "Application for Admission", Health Screening form, General Program Rules, and a financial form. Be sure to read everything carefully and thoroughly. Please complete and return all forms **except** the **Health Screening form**. Upon completion of the application you will need to contact us for an interview at which time you will be advised whether or not to begin your medical testing. Please be aware that if your application is not completely filled out it will be returned to you which would cause a delay in your being accepted into Teen Challenge.

There is a \$200 non-refundable registration fee due to reserve a bed at our facility. The first month's fee of at least \$500 will be due on day of entry. Monthly fees will be due each month you are in our program.

***Methods of Payment:**

Credit Card form must be filled out.

If this entire application is not filled out completely, it will not be considered.

***Two forms of Identification is required upon admission to program. (Examples are Birth Certificate, Driver's License, Social Security Card, Photo ID.) Without two proper Id's, we cannot accept you into our program.**

No mood altering medication or pain medication will be allowed for any purpose. Drugs prescribed by a doctor for medical reasons (such as blood pressure, diabetes (pills only) will be administered by staff while you are in the program. If you have a severe case of Hepatitis C requiring you to be on interferon or a similar drug, we will not be able to accept you into our program. However, there may be other Teen Challenge Centers who may be able to accept you.

The following tests are listed on the Health Screening form and must be completed: **Hepatitis A,B, and C Panel, H.I.V., T.B. Test, and Dental exam.** We must have the results of the above tests and a copy of each lab report, with the doctor's signature on the back of the Health Screening form. A dentist's report must also be sent indicating that the dentist does not foresee any work that will need to be done in the next year. **A T.B. Test is required and must be done no more than 30 days before entering Teen Challenge.**

Once we receive the medical results and you are accepted, we will put your name on our waiting list.

Keep in touch with us throughout the process. If you have further questions please do not hesitate to call.

In His Service,

Jim Forakis

Executive Director

7. Have you served in any branch of the military? Yes No Which Branch? _____
 Type of Discharge: _____
8. Do you have any Reserve or military obligation at this time? Yes No
 If yes, please explain:

9. What is your sexual preference? Homosexual Bisexual Transsexual Heterosexual
10. Have you ever engaged in homosexual activities? Yes No how recently? _____
11. What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.)

III. Marital Status

1. Single Married Separated Divorced Common Law Widowed Remarried
2. Spouse or Ex-Spouse's Full Name _____ Phone: _____

 Address City State Zip
3. If separated or divorced, please give date: _____
 Reason for breakup: _____
 What is your relationship like now? _____
4. Do you have a boyfriend/girlfriend/finacee? Yes No
 If yes, what is the relationship like? _____
5. Do you have dependents? Yes No

Dependent's Name	Birth date	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

IV. DRUG HISTORY

1. Have you ever experimented with drugs or alcohol? Yes No
2. Why did you experiment with or become involved with drugs?

Drugs Used:	Usage		How Often Used?			
	1 st Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenic						
Opium						
Glue						
Tobacco						
Marijuana						
Other (Specify)						

3. Do you consider yourself addicted or have you been addicted in the past? Yes No
 Explain: _____

4. I depend on drugs (check which one (s) apply to you) To cope with life To be "in with crowd"
 For Pleasure To escape reality Other _____

5. Longest period clean? _____ When was that? _____

V. Legal Status

1. Have you ever been arrested? Yes No how many times? _____

Date	Charges	Convicted? (Yes or No)	Sentence	Time Served

2. Are there pending charges? Yes No if yes, when is court date? _____

3. Have you ever been on probation? Yes No Are you now on probation? Yes No
 How long have you been on probation? _____ Time remaining? _____
 How do you report? In Person By Mail how often do you report? _____

Name of Probation Officer: _____ Phone: _____
 Address _____

Are you on parole? Yes No _____
 How do you report? In person By Mail how often do you report? _____

Name of Parole Officer: _____ Phone: _____
 Address: _____

4. Have you ever been in prison? Yes No When? _____ Where? _____

5. Name of Lawyer: _____ Phone: _____
 Address: _____

VI. SPIRITUAL STATUS

1. Do you believe in God? Yes No Uncertain

2. Have you ever committed your life to God? Yes No
 If so, Where? _____
 _____ Date: _____
 a. What were the circumstances that led to your decision? _____

 b. How many times have you turned to God? _____
3. How often do you attend church? Never Sometimes Regularly
 Denominational Preference: _____

4. Are you a member of any church of religion? Yes No
 If yes, which one? _____

5. What recent changes have you had in your religious life (if any)?

6. Have you ever been involved in the occult? Yes No

7. Explain your need of God, what your standing with Him now (i.e.: good or bad relationship, no relationship at all, etc. _____

VII. FINANCIAL STATUS

1. Are you receiving welfare, unemployment compensation, disability payments, workman's compensations, alimony, or other income? Yes No
 Explain: _____

2. Do you have any outstanding debts or fines? Yes No
 Explain: _____

Owed to:	Amount	Address	Phone	Payments

VIII. THE PRESENTING PROBLEM

1. What is the main problem in your life, as you see it? (Why do you want to come here?)

2. What have you done about it? _____

3. What are your greatest needs, in order of priority? _____

4. Have you ever been involved in a Teen Challenge Program before? Yes No can't remember

If yes, when? _____ Where? _____

5. Have you ever been in any other type of program before? Yes No How many? _____

Religious Non-Religious

Program Name	Dates	City & State	Reason for Leaving

6. Why do you wish to be admitted to this Teen Challenge Program? _____

7. What are you expecting (believing) God to do in your life while you are at TC? _____

8. Are you expecting God to do it all ("zap" you) or do you believe it will take commitment and sacrifice on you part? Describe what you're willing to do, or what you think is required of you?

IX. HEALTH STATUS

1. Range your general health: Excellent Good Fair Poor

2. Do you have any communicable diseases? Yes No If so, what? _____

(such as Hepatitis, HIV, etc.)

Do you have epilepsy, seizures, diabetes? Yes No If so, what? _____

3. List any medical problems or handicaps: _____

4. Are you presently receiving medical care? Yes No If so, where? _____

5. Are you currently taking medication? Yes No if so, please list: _____

6. Do you have any physical problems due to drugs/alcohol? Yes No

7. Have you been hospitalized within the past 12 months? Yes No

8. List all medications to which you are allergic or sensitive: _____

9. List all allergies (including, food, latex, insects, etc.) _____

10. Have you ever had psychiatric care? Yes No if so, please explain: _____

11. Have you ever attempted suicide? Yes No If so, how?

Was it drug or alcohol related? Yes No if so, explain: _____

12. What is the condition of your teeth?

(**Must** provide a copy of dental exam and **must** have all necessary dental work completed **before** coming into Teen Challenge. Unless something arises of an emergency nature, you will not be taken to a dentist while in Teen Challenge and you will be responsible for all expenses.)

CHECKLIST: Make Check Marks on the line as you complete each step.

- _____ Two forms of Identification
- _____ Fill out application completely
- _____ Sign and witness student agreement
- _____ Sign General Program Rules agreement
- _____ Fill out Financial Responsibilities Form
- _____ Fill out Health Screening Form

Note: Every step must be completed and checked off BEFORE your application will be considered!

We reserve the right to dismiss any student who knowingly does not disclose pertinent medical information.

DAILY PROGRAM SCHEDULE FOR NEW STUDENTS
(Schedule is subject to change)

Monday - Friday

- 5:30 a.m. to 6 a.m. - Wake up/Clean room and clean up
- 6:00 a.m. to 6:30 a.m. - Devotional
- 6:30 a.m. to 7 a.m. - Breakfast
- 7 a.m. to 7:30 a.m. - Morning chores, clean building, kitchen duties
- 7:30 a.m. to 9:30 a.m. - Groups Studies for New Christians class.
- 9:30 a.m. to 12 p.m. - Lawn Care and work duties.
- 12 p.m. to 12:45 p.m. - Lunch
- 12:45 p.m. to 4 p.m. - Lawn care and work duties
- 4 p.m. to 5 p.m. - Showers
- 5 p.m. to 5:30 p.m. - Dinner
- 5:30 p.m. to 6 p.m. - Clean up
- 6 p.m. to 9:30 p.m. - Free time or study hall or chapel service
- 9:30 p.m. to 10:00 p.m. - Quiet time and prayer time
- 10:00 p.m. - Lights out.

Saturday - Fundraisers

Sunday - Church Services

APPLICATION - Financial Form

Financial Responsibilities

1. Registration fee of \$200.00 (**non-refundable**)
2. Provide student account money: \$10-\$30 per month. (Only cash money can be mailed to student or brought during monthly visits. There is also \$30.00 needed for the students Medical Account.
3. Accept responsibility for payment of any of the following (if they are necessary)
 - Medical Bills and Dental Bills
 - Eye examination, glasses, clothing and shoes
 - Physiological testing with profession consultant, if indicated
4. The cost for a secular drug rehabilitation program exceeds \$10,000 monthly whereas each student per month at Tennessee Valley Teen challenge is approximately \$1,800. At intake, a pledge of monthly support such as \$1,500.00, \$1275.00, \$850.00 from you family, friends, and your church to help offset this cost is required. We are funded voluntarily by individuals, churches, and corporations; the only governmental support we receive at all is a periodic allocation of food stamps for students. This defrays only a small portion of the student's monthly cost.

*Failure to give truthful information in any part of this application would be grounds for dismissal from the Teen Challenge program.

5. There is a Biblical expectation (I Tim. 5:8 "If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever.")

A family provides for the needs of its members. With this Christian program, we try to model Biblical teaching.

100% - \$1500.00 monthly

75% - \$1275 monthly

50% - 850.00 monthly

25% - 500.00 monthly

There is a \$200 non-refundable registration fee due to reserve a bed at our facility. The first month's fee of at least \$500 will be due on day of entry. Monthly fees will be due each month you are in our program.

It is required that you fill out the credit card information for method of payment.

6. Accepting my Biblical responsibility, I commit to provide \$_____monthly while _____ is in the program.

7. Student Name (Please Print)

8.

Date:

Signature of Parent/Spouse/Pastor/Friend responsible for financial support

Address:

Phone Number:

Credit Card Information

- All inductees must provide an active and open credit card that will be charged each month the student is enrolled in the Tennessee Valley Teen Challenge, Inc. Program. All charges are non refundable.
 - All inductees must sign and agree to \$500.00 per month for the tenure of their enrollment. All payments are non-refundable.
 - All exemptions from these policies must be applied for and approved with the Executive Director prior to acceptance.
-
- The approved credit card will be processed through the twelfth month unless the student is dismissed or departs, whereupon credit card payments will be halted.

Intake Coordinator _____ Date _____

Guardian Providing payment
_____ Date _____
(print)

(sign)

*I _____, give Tennessee Valley Teen Challenge,
(Print Name)
Inc. permission to charge my credit card monthly in the amount of
_____ as long as _____ is in the
(Dollar amount) (Student's Name)
Tennessee Valley Teen Challenge, Inc. residential program.

Credit Card Information

Student _____ Name _____

Address _____

Phone Number _____

Credit Card Number _____

Exp. _____ Security Code _____ (3 digits, located on back of card)

Amount: _____



Tennessee Valley
Teen Challenge, Inc.
"The Proven Cure for the Drug Epidemic"
Savannah, TN

APPLICATION - Program Rules

General Program Rules Agreement

The following are just some of the basic rules of Tennessee Valley Teen Challenge, Inc. You will be given a list with a complete list of rules upon admittance.

Christian Growth Center:

1. I understand that Teen Challenge is a Christian Growth Center and I agree to be submissive to the teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior will be confronted and a bad attitude will and may be disciplined if necessary. I will agree to do the disciplinary action or project with an approved attitude.
3. I understand that my main purpose for being in the program is to learn a new way of life, not just to get off drugs.

Personal:

1. I will not possess or use drugs at any time, including psychiatric medication.
2. I will not smoke or have cigarettes in my possession.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, or reminisce about past wrong doings.
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a clique.
7. I will not call other people names.
8. I will not go outside of the house without staff permission.
9. I will not bring a radio, tape recorder, musical instrument, books, knives, lighters. etc.
10. I will not sing, whistle, or hum secular songs while in the program.

Tennessee Valley Teen Challenge, Inc.

Page 10

Family:

- 1. I will agree to the staff screening and perhaps reading my mail.
- 2. I agree to write only members of my immediate family - no letter writing to girlfriends or fiancée.
- 3. I agree to make only one phone call per week, after a 14-day waiting period.
- 4. I agree not to have any visits from my immediate family until after 30 days.

Group:

- 1. I agree to participate in all scheduled activities including choir practice, chores, class time, chapel, fundraisers, work and recreation. I will do what I'm required to do in each of these activities.
- 2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
- 3. I understand the length of the Teen Challenge Program is a minimum of 12 months. I agree to complete the entire Teen Challenge Program.

Discipline:

- 1. I understand that I'm expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day. I understand my tardiness, unpreparedness, and other forms of carelessness will result in disciplinary action.
- 2. I understand that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean and in shape for inspection.
- 3. I understand there will be a dress code.
- 4. I understand there will be a grooming code: shave before breakfast, hair combed (also before breakfast and throughout the day). Shower once a day, etc.
- 5. I understand that disciplinary action may include: additional time added to your year, extra duty, loss of privileges, suspension, or dismissal.

I have read these Rules and my signature indicates that I have a good understanding of them and that I'm willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Staff Signature _____ Student Signature _____

Date: _____ Date: _____

STUDENTS WITH WIFE AND/OR CHILD/CHILDREN:

The needs of my wife and/or children are being provided while I'm in Teen Challenge.

Staff Signature _____ Student Signature _____

Date: _____ Date: _____

STUDENT AGREEMENT

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the Teen Challenge staff that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ and that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning. (Note: this is not done routinely, but only at time of definite cause.)
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness or other misfortune.
9. I understand that if I do not finish the one year residential program, all monies in my account will be forfeit, and will become the property of Tennessee Valley Teen Challenge, Inc.
10. I understand that I will not receive payment for the work I do while in the Teen Challenge Program. I also understand that the purpose of this work is to aid in my character development.
11. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary. Any items not specifically listed under "Forbidden Items" in the rules will be held for me until my departure.
12. I agree to submit to the authority of all staff members.

_____	_____
Date	Applicant's Signature
_____	_____
Date	Witness Signature

Personal Effects Guidelines
(Also see Dress Guidelines in Student Handbook)

Personal Effects	Number Allowed	Number Allowed	
Shirts Combination of choice (8 only)	Long sleeve	3-5 Short sleeve	3-5 Tee's Long or short (not undershirts)
10 total	1 Pair Jean (<u>no Holes, frayed hems or cut inseams</u>) for every day use (7 total)	2 Pair dress jeans or dress kakis 3 total	
Work Clothes	2 Pair jeans (<u>no holes, frayed hems or cut inseams</u>) (2 total)	2-3 Shirts	Combo of sneakers/ boots 1 pair
Shorts	Shorts - 2 pair for work	Short - 2 pair for recreation	No frayed or cut-off shirts
Athletic Outfits	2 sets warm up type		
Shoes	1 pair dress 1 pair casual	1 pair "nice" sneakers 1 pair shower sandals	
Underwear	8 pair underwear 8 undershirts		
Towels & Washcloths	2 towels	2 washcloths	
Linens	1 set of twin sheets XL	1 pillow & case	1 Blanket (heavy)
Suits & Ties Dress Shirts	1 suits(may be full or slacks/jacket combo)	5 ties	3 dress shirts
Sweaters	1-3		
Coats	1 winter heavy church type 1 light church	1 heavy work	1 light work
Gloves	1 pair work	1 pair dress	
Hats	1 warm beanie	3 baseball type	1 du rag style
Belts	1 work	1 dress	

March - Summer
October - Winter

Personal	Shampoo, conditioner, razors, shaving gel,(non-aerosol), up to 2 colognes, soap, mouthwash, (nonalcoholic) deodorant, hand lotion, acne med (if needed) bathrobe, PJ's, pillow and a laundry bag (should be no larger than a full size pillow case). Bed linens, 1 set twin size XL, Night-light, clip on type, Book bag/backpack, small fan (12 inches diameter)
Books	Bible and 1 small concordance. Up to 3 other books may be added with permission of your personal counselor and program director.
Photos	Up to 3 per student, visibly displayed, May have 1 small photo album
Clocks	1 alarm clock per student without radio
Grooming	No ear or nose rings, etc.; hair should be trimmed above the collar.

Prohibited Items

- Cigarettes/Tobacco Products
- Matches or lighters
- Non-prescription drugs of any kind (no sleeping pills)
- Guns or knives
- Books or Magazines
- Playing cards or games
- Radios
- TVs
- Gum or Candy
- Clothing requiring dry cleaning other than suits or ties
- Computerized devices of any kind
- Tapes/CD's
- Photographs of any kind of girlfriend or fiancée
- Musical Instruments
- Computers
- Cell Phones
- Communication devices
- Audio/video
- Electronic devices
- Skateboards, Inline Skates or the like without permission from Program Director

Items to bring on entry date:

- Two forms of Identification (Driver's License, birth certificate, Social Security card, photo ID)

We cannot accept you into our program unless you have two forms of Identification.

- Money for personal account, up to \$30.00 and up to \$30.00 for medical expense account
- Driver's license or state issued ID and social security card.
- Phone card if you plan on making any calls.
- Addresses and telephones numbers of family members, pastor, probation officer etc. for your contact list (subject to approval by your personal counselor.)

Tennessee Valley
Teen Challenge, Inc.
731-926-2555

Health Screening Form
Please Fax to: 731-925-5571

I, _____ do hereby give release of my medical records to Tennessee Valley Teen Challenge in Savannah, TN for admission into the Men of Excellence residential program.

TO BE COMPLETED BY PHYSICIANS ONLY

Today's Date _____

1. Name _____ D.O.B. _____

2. Present Illness/Complaint/Disabilities, if any:

3. Allergies:

4. Medicine currently prescribed and reason:

5. Has client been exposed to any communicable diseases: Yes _____ No _____

If yes, please specify:

6. History of chronic or major illness:

7. Operations:

8. Hospitalizations:

9. Last Tetanus Shot: _____

Physical Examination

Code: Satisfactory = S

Unsatisfactory = U

Not Examined = O

Height _____ Weight _____ B/P _____

Pulse _____ Respirations _____ Temperature _____

General Appearance (including schemata of drug abuse)

Nutrition

Head _____

Ears _____

Hearing: R _____ L _____

Eyes _____

Vision: (without glasses) R _____ L _____

(with glasses) R _____ L _____

Nose _____ Throat _____ Mouth/Teeth _____ Neck/Thyroid _____

Chest _____ Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Skin _____ Musculo-Skeletal _____ Neurological _____

Required Blood Tests:

Hepatitis: B & C

H.I.V.

T.B.

Note: Attach computer printouts of all test results before mailing application.

General Comments, assessments, and recommendations on above:

Signature of examining Physician: _____

(Address)