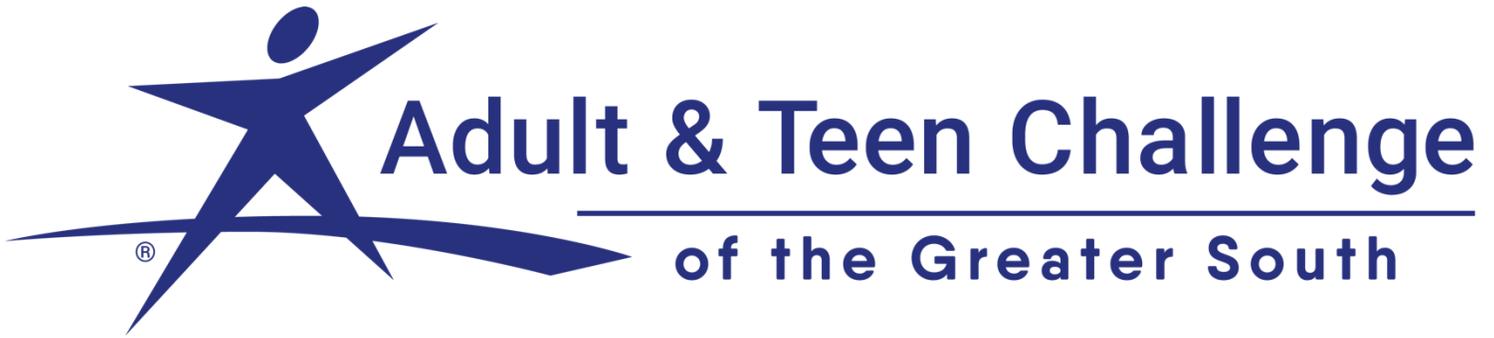




866.567.7101
atcgreatersouth.org
Facebook.com/atcgreatersouth



The Program

Purpose

Our purpose is to provide men and women with an effective and comprehensive Christian faith-based solution to life-controlling problems. By applying biblical principles, Adult & Teen Challenge of the Greater South 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 Adult & 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 men and 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. Adult & Teen Challenge of the Greater South has responded with action to statistics like these. Providing residential care for men and women seeking freedom from life-controlling problems, Jesus has become their answer. Adult & 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 Adult & Teen Challenge®. Several United State presidents have voiced their appreciation for the unique work of Adult & 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 Adult & Teen Challenge® deserves commendations of every citizen.”

President Ronald Reagan

Adult & Teen Challenge® is structured to meet the needs of those whose lives have been shattered by addictions. The Adult & Teen Challenge of the Greater South 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 Adult & Teen Challenge® he/she has typically had almost every relationship and family tie shattered that might be helpful in recovery. He/She has usually formed strong relationships with people and groups that actually perpetuate the addiction spiral. After completing Adult & 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 men and 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. Adult & Teen Challenge® offers not only environmental change but teaches practical life skills to cope with the roots of their addiction.

Our History

Since 1958, Adult & 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, Adult & 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, Adult & Teen Challenge ministries are serving as 'hope' pushers. As their personal testimony, Adult & 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. Adult & 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.

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

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

Billy and Ruth Graham

Adult & 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. Adult & Teen Challenge® even participates in community projects, outreaches, food bank services, correctional facility meetings, thrift stores and work projects. Many Adult & 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. Adult & 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?

Adult & 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 Adult & 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 he/she be dismissed from the program, leave for medical reasons or on his/her own accord, we will report this immediately to the appropriate court officials.

Can a student leave the program at any time?

Adult & 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 he/she insists on leaving, we will facilitate his/her exit from the program. If the individual is court ordered, we will notify the court of his/her leaving Adult & Teen Challenge®.

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

One of the best ways to assist in someone's success in Adult & 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 he/she will be making and be willing to change his/her lifestyle. You can provide the information to him/her and encourage him/her while he/she is here, but whether or not he/she is successful in the program depends solely on him/her.

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

If a student does not have a high school diploma, then he/she will automatically be enrolled in the G.E.D. program if it is available.



THIS FILE HAS BEEN INSPECTED & FILE IS COMPLETE.

PROGRAM DIRECTOR _____

DATE _____

Student Intake Packet - "Strictly Confidential"

Please print in ink or type when completing this form

PERSONAL DATA AND INFORMATION

Name: _____ Date: _____

Email Address: _____ Male _____ Female _____

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: _____

BACKGROUNDAre you an American Citizen? Yes Native Naturalized No If no, explain: _____

PERSONALITY INFORMATIONIs 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	

Check the word that best describes your relationship with your parents as a child and now:

	Very Good	Good	Average	Fair	Poor
As a Child					
Now					

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:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> TB | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> VD | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> 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:

	Grandparents	Father	Mother	Spouse	Brother	Sister	Child
Drug abuse							
Alcohol abuse							
Physical problems							
Mental health problems							

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)

Person Married To (first name only)	Month/Year	Ended In (divorce, separation, death, etc)	Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Name of child	Age	Where are they living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 INVOLVMENT 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 NoIf 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:

Type of Trade or Skills	Date of Training	Certification Issues

Can you read? Yes No Good Average PoorCan 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)

_____	_____
(Name of Employer)	(Position Held)
_____	_____
(Employed from – Mo/Yr to Mo/Yr)	(Reason for leaving)

_____	_____
(Name of Employer)	(Position Held)
_____	_____
(Employed from – Mo/Yr to Mo/Yr)	(Reason for leaving)

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 Adult & Teen Challenge? Yes No

If yes, explain _____

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment? Yes No If yes, please list:

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome

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 Adult & 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 an Adult & 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) _____

How often do you report? _____ How Long? _____ Time remaining? _____

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:

Date	Charges	Conviction		Sentence	Time in Jail	Was Alcohol (A) or Drugs (D) Involved?
		Yes	No			

Have you ever been in prison?

Date	Institution

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:

Owed to	Amount	Address	Phone	Payments

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 NoAbortions: 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 Adult & Teen Challenge if you are going to have a successful future.

- | | | |
|--|--|---|
| <input type="checkbox"/> Attitude | <input type="checkbox"/> Self-discipline | <input type="checkbox"/> Financial Management |
| <input type="checkbox"/> Values | <input type="checkbox"/> Thought life | <input type="checkbox"/> Sexual life |
| <input type="checkbox"/> Work habits | <input type="checkbox"/> Dress & appearance | <input type="checkbox"/> Use of free time |
| <input type="checkbox"/> Sleeping habits | <input type="checkbox"/> Relationship w/family | <input type="checkbox"/> Relationship w/God |
| <input type="checkbox"/> How I view and respond to authority | | |

What would you see as your biggest hindrance to completing the program? (Examples: girl/boyfriend, 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 Adult & 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 Adult & 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: _____

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 ADULT & TEEN CHALLENGE OF THE GREATER SOUTH. 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 (8) 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 the Adult & Teen Challenge of the Greater South's "Student Rules". I voluntarily choose to abide by said rules and policies and cooperate with Adult & Teen Challenge staff for my betterment. I understand that if I do not cooperate with the rules and policies of Adult & 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 ADULT & 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 Adult & 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 Adult & Teen Challenge unless arrangements are made to pick them up within 48 hours of departure. I do not hold Adult & Teen Challenge responsible for my personal property. ADULT & 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 Adult & Teen Challenge responsible for any loss of personal items at any time. I also understand that Adult & 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 ADULT & TEEN CHALLENGE OF THE GREATER SOUTH, 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 Adult & Teen Challenge (whether or not the check comes to Adult & Teen Challenge).

Student Signature

Parent/Guardian/Other Signature

- I understand that if I qualify, I will be required to apply for food stamps while at Adult & Teen Challenge of the Greater South.

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 Adult & Teen Challenge of the Greater South.**

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. _____

Student's Signature

Date

Staff Signature

Date

CORRESPONDENCE, PHONE & VISITATION AUTHORIZATION

Student's name: _____ Date: _____

Name: _____ Relationship: _____

Email Address: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Email Address: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Email Address: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Email Address: _____

Address: _____

(City) (State) (Zip)
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 (6) months of the student's entrance into Adult & Teen Challenge program.

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: _____

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

Student's signature

Date

Print Witness' name

Witness' signature

Date

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. Adult & Teen Challenge of the Greater South 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

Student's signature

Date

Print Witness' name

Witness' signature

Date

CLIENT'S RIGHTS

As an incoming student at Adult & Teen Challenge of the Greater South, 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 Adult & Teen Challenge of the Greater South are exclusively religious in nature and are not subject to licensure or regulation by the Arkansas Commission of Alcohol and Drug Abuse; and
2. Adult & Teen Challenge of the Greater South 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 appraises the new student of the following:

1. The new student understands the scope of the Adult & 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 Adult & Teen Challenge property
 - g. Stealing
 - h. Leaving the Adult & 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 Adult & Teen Challenge of the Greater South authorization to disclose (kind and amount of Information to be disclosed): _____

Disclosure shall be made to: _____

For the purpose of: _____

Student's signature _____

Witness' signature _____

This statement of consent is subject to revocation by the student at any time, except to the extent that the ministry of person who is to make the disclosure has already acted in reliance on it.

RELEASE OF RIGHTS TO PERSONAL STORY

I _____ do hereby irrevocably authorize Adult & Teen Challenge and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my personal story which I have related to Adult & Teen Challenge in whole, or in part, including any photographs of myself.

I hereby waive any rights that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied,

I hereby release and discharge Adult & Teen Challenge, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error, or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Dated this _____ day _____ of 20_____.

Student's signature _____

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 Adult & Teen Challenge of the Greater South 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 Adult & Teen Challenge of the Greater South 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 Adult & 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

Adult & Teen Challenge of the Greater South 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 an Adult & 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 Adult & Teen Challenge of the Greater South.
2. I understand that if; I am admitted as a student I will be required to participate in the Adult & Teen Challenge Work Experience Program.
3. I acknowledge that I have read and fully agree with Adult & 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 Adult & 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 Adult & 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 Adult & 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

