



Intake Training

Preparing Students and Families for the Journey

Student and Family Communications

- 1. Discerning Ministry Potential**
- 2. Ministering to Families in Crisis**
- 3. Family Resolution Support**
- 4. Copy of "Information Packet"**
 - a. The Teen Challenge Culture**
 - b. Program Narrative**

Discerning Ministry Potential

The Syrophenician Woman

And behold, a Canaanite woman came out from that region, and began to cry out, saying, ***"Have mercy on me, O Lord, Son of David; my daughter is cruelly demon-possessed."*** But He did not answer her a word. And His disciples came to Him and kept asking Him, saying, "Send her away, for she is shouting out after us." But He answered and said, ***"I was sent only to the lost sheep of the house of Israel."*** But she came and began to bow down before Him, saying ***"Lord, help me!"*** And He answered and said, ***"It is not good to take the children's bread and throw it to the dogs."*** But she said, "Yes, Lord; but even the dogs feed on the crumbs which fall from their masters' table." Then Jesus answered and said to her, ***"O woman, your faith is great; be it done for you as you wish."*** And her daughter was healed at once.

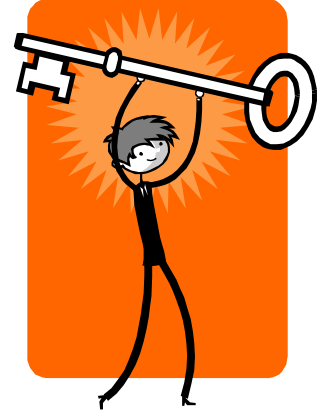
Matthew 15:22-28

1. The _____ called for help. (A family member calls 95% of the time.)
2. Jesus doesn't _____ grant her request.
 - ***"Have mercy on me, O Lord, Son of David; my daughter is cruelly demon-possessed."*** -Matthew 15:22
 - ***But He did not answer her a word.*** -Matthew 15:23a
3. Jesus discerns the "ministry potential" by discerning the _____ faith and level of cooperation.
 - ***She came and began to bow down before Him, saying, "Lord help me!"*** -Matthew 15:25
 - ***"It is not good to take the children's bread and throw it to the dogs."*** -Matthew 15:26
- ★ **Do families want to become whole or just want their problem to go away?**
4. Each potential student is a potential _____ .
 - ***Do not give what is holy to dogs, and do not throw your pearls before swine, or they will trample them under their feet, and turn and tear you to pieces.*** -Matthew 7:6
- ★ **We must have sufficient cooperation from the family before we accept the student.**
5. Not everyone is _____ for Teen Challenge.
 - ***The Lord is not slow about His promise, as some count slowness, but is patient toward you, not wishing for any to perish but for all to come to repentance.*** -II Peter 3:9

➤ *And it shall be that everyone who calls on the name of the Lord will be saved. – Acts 2:21*

★ **We sow and water the Gospel in multiple venues, but students must meet Investment Criteria to enter Teen Challenge.**

Investment Criteria Notes: _____



6. The mother (family) is _____ to the daughter's (student's) deliverance.

7. God can work when families take their _____ place.

Filling Beds Is the Lord's Work

The First Disciples

Now it came about that while the multitude were pressing around Him and listening to the word of God, He was standing by the lake of Gennesaret; and He saw two boats lying at the edge of the lake; but the fishermen had gotten out of them, and were washing their nets. And He got into one of the boats, which was Simon's, and asked him to put out a little way from the land. And He sat down and began teaching the multitudes from the boat. And when He had finished speaking, He said to Simon, **"Put down your nets for a catch."** And Simon answered and said, "Master, we worked hard all night and caught nothing, but at Your bidding I will let down the nets." And when they had done this, they enclosed a great quantity of fish; and their nets began to break; and they signaled to their partners in the other boat, for them to come and help them. And they came, and filled both of the boats, so that they began to sink. But when Simon Peter saw that, he fell down at Jesus' feet, saying, "Depart from me, for I am a sinful man, O Lord!" For amazement had seized him and all his companions because of the catch of fish which they had taken; and so also James and John, sons of Zebedee, who were partners with Simon. And Jesus said to Simon, **"Do not fear, from now on you will be catching men."** And when they had brought their boats to land, they left everything and followed him.

Luke 5:1-11

- ★ **We don't want to just fill beds. Not everyone is a candidate for Teen Challenge.**
- ★ **We have already learned that Jesus didn't immediately respond to apparent need. He discerned the "ministry potential" first.**
- ★ **We offer the "the holy things" in ministry opportunities.**
- ★ **Who does God want in Teen Challenge?**

Student Candidate Criteria _____

- *"Master, we worked hard all night and caught nothing, but at your word I will let down the nets." –Luke 5:5*

God knows what we do requires a lot of hard work.

What can we learn from Peter's experience? _____

1. God wants to _____ our work.

- *And let the favor of the Lord our God be upon us; and do confirm for us the work of our hands; yes, confirm for us the work of our hands. –Psalm 90:17*

2. God wants what we do to _____, to last, to have eternal impact.

- *You did not choose Me, but I have chosen you, and appointed you, that you should go and bear fruit, and that your fruit should remain..... –John 15:16a*

3. God wants to bring the _____ of God into our work.

- *For amazement had seized him and all his companions because of the catch of fish which they had taken; –Luke 5:9*

Personal Notes: _____

Ministering to Families in Crisis

1. _____ to the family's story.

Through conversation you will want to establish “the cycle of dependence upon family.”

Dialogue Determines:

- Where the resources are
- The motivation for change

➤ *Focus Point: Listening determines if ministry is possible and if it can be funded.*

2. _____ to the family's need.

Offer them:

- Comfort that Teen Challenge is “A safe place.”
- A “Program Narrative.”
- Encouraging success stories.

Note: At this point, a copy of the “Program Narrative” and “TC Culture” should be given to the potential student.

➤ *Focus Point: Our Response brings hope and encouragement.*

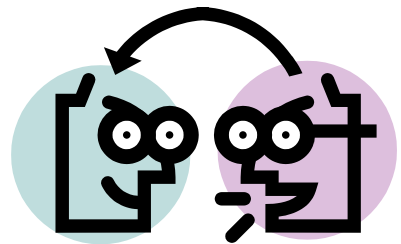
3. _____ the need.

Families need to see they have been living with:

- **Displaced Pain**
i.e. Families want their loved one to get help more than the loved one does.

Help them consider...

1. Why did you make the call to Teen Challenge?
2. What's wrong with this picture?
3. Shouldn't *the potential student* have made the call?
4. Why didn't they call for their self?



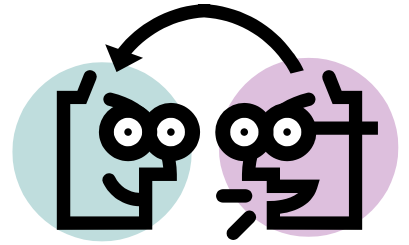
Notes: _____

- **Displaced Responsibility**

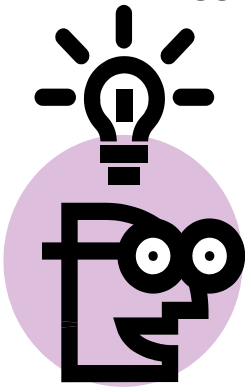
i.e. Families have taken ownership of their loved one's problems.

Help them consider...

1. How would your loved one feel if they had to clean up after their own behavior?
2. What have the years of addiction cost you?
3. Will you let them become responsible?



Teen Challenge will side with the family to confront the problem.



Help them see...

1. Why should *you* be more motivated for your loved one's change than they are?
2. Isn't it about time *they* felt the weight of responsibility for their own life?

➤ **Focus Point:** By leveraging the need, you are **Earning the confidence, cooperation and commitment of the family.**

4. _____ a program families can't live without.

A program where...

- They believe their nightmare can end.
- They believe the addict will have to take an honest look at their life.
- They realize they'll have support to confront the situation.
- They recognize *their* need for the recovery process.
- They believe Teen Challenge is their preferred plan for recovery.

➤ **Focus Point:** The family needs to have **Courage** to take a firm stand with their loved one.

Notes: _____

5. Bring family to commitment of the _____.

Family Resolution – I want a quality turnaround!

Teen Challenge is our plan for Life Change. There will be no plan B or C. As your family member, I offer my support, emotional energy, and resources for your recovery at Teen Challenge. If you choose to leave prematurely I will love you, but I will not support you. When you decide you want to, I'll support your return and successful completion of Teen Challenge.

Prior to a student entering the program:

- The Intake Coordinator has helped bring the family into proper philosophical alignment for Life Transformation.

During the program:

- Send quarterly Student Progress report.
- Provide applicable Family Training.
- Offer support and understanding through the Life Transformation process.

After the program:

- Remain in partnership for Life Change whether the student completes the program or not.
- Help the family remain faithful to their Family Resolution.
- Assist the student and family in developing “next steps” for the student.

**Teen Challenge's Commitment:
To support the family until they get a quality turnaround.**

➤ *Focus Point: Preparation for Straight Talk with their loved one.*

6. _____ the potential student.

Review:

- The “Program Narrative”
- The “Teen Challenge Culture”
- The “The Family Resolution”

Discuss:

- Enrollment Obligations
- Financial Arrangements

➤ *Focus Point: Helping the potential student take an Honest Look at recovery.*

Family Resolution Support

It is important for families to know that our support for them continues even when their student has chosen to leave prematurely or has been dismissed from the program. Following are suggestions to assist counselors in their communication with families during this emotional and challenging time.

An **Initial Call** should be made by the student's counselor at the time of the student's departure.

A **Follow-Up Call** should be made by the student's counselor within several days or a week (determined at the counselor's discretion) of student's departure.

Please Note: All calls to families should be made with great sensitivity.

Talking points for affirming our commitment to families of departing students:

- *I'm sorry about _____ leaving (dismissal from) the program.*
- *I'm sure this is not the kind of news you were expecting to receive.*
- *We understand that this may be a difficult time and we want to reaffirm our support and availability for counsel and prayer.*
- *We want to assist you in remaining faithful to your *Family Resolution to allow _____ to carry the full responsibility for their life choices. Please know that we are available and welcome your call.*
- *Ask if they will allow you to pray for them.*

****Family Resolution – I want a quality turnaround!***

Teen Challenge is our plan for Life Change. There will be no plan B or C. As your family member, I offer my support, emotional energy, and resources for your recovery at Teen Challenge. If you choose to leave prematurely I will love you, but I will not support you. When you decide you want to, I'll support your return and successful completion of Teen Challenge.

The Teen Challenge Culture

A Message to Students

We are pleased that you are considering Teen Challenge to begin your recovery from addiction.

Teen Challenge is one of the most successful faith-based recovery support programs in the world; we contribute our success to our foundation in faith. We believe that true change comes from what God can do on the inside of us. If you are interested in faith-based recovery, Teen Challenge is the place for you. **All of our classes, counsel, and environment are rooted in a belief in God and values found in the Bible.** We are serious about faith-based recovery because it has provided the most successful care available for overcoming addiction and beginning a new life.

Teen Challenge is a “Culture of Responsibility.” Our basic premise is that one must assume responsibility for his own life. You must own the responsibility for your thoughts, choices, and life patterns. Difficult experiences can contribute to life controlling addiction but cannot be an excuse for remaining in addiction. **At Teen Challenge you will take a responsible look at your life so healing can occur and important lessons can be learned.** Your negative experiences do not need to dictate your future.

Coming into Teen Challenge can be difficult at first. When drugs and alcohol wear off, and you find yourself away from all that’s familiar, a variety of emotions can be experienced. Feelings of anger, pain, guilt, homesickness, or even being trapped, can creep in on you. As badly as you know you need to begin this journey, this “internal war” can be most difficult. Experience tells us that once an individual passes through this initial struggle they will adjust to the program.

You have probably had moments where you wanted things to be different, but were unable to break the cycles of addiction. We are determined to help you get your life back. **No one can lead your life but you. We want to help you become that responsible leader!**

A Message to Families

Families will need to be strong. We must shut the door on every excuse to leave the program prematurely. As brave as the student may appear, fears of facing the challenge of changing their life is real. The family’s natural instinct is to relieve pain, but there’s no growth without it. We need families to stand strong as we help the student take a hard look at their life. Teen Challenge must have the family’s support throughout the process of change. Whenever they communicate pain, encourage them to stay the course and refuse to support a departure from the program.

When you have questions about what is communicated to you from your student through phone calls or letters, please contact their counselor. We want you to have perspective as we assist your loved one toward recovery from the devastation of addiction.

Teen Challenge – A Culture of Responsibility

God wants us to know freedom from addiction and destructive behavior. While the world promises freedom outside of God's established boundaries, this road leads to entrapment and a life out of control. It is Teen Challenge's desire to help you take back that control. Regaining control begins when you allow God to change your heart and continues as you learn to live responsibly. There will be some pain in the change as we begin to assume responsibility for our thoughts, choices, the company we keep, the places we go, how we treat others, or react to mistreatment. In this "Culture of Responsibility" all of our excuses begin to go, but the internal adjustments we need to govern ourselves, honor God, and respect our fellow man will follow in their place.

Teen Challenge creates an environment where you can experience God. Seeing life as God sees it will begin the growth process. Here, you will establish new boundaries and enjoy the freedom that comes from living within them. This is the time and the place where you can face your fears, your failures, and your disappointments. You can become all that God intended for you to be.

Components of a Responsible Culture

1. Reverence for God – Living out God's word and gaining His perspective on all things

This is where order begins to come to our lives. It all starts with learning God's word.

From God's word we learn:

- **That God has a plan for our lives.** We're not on earth to just eat, drink, and be merry. God has a higher purpose for us than coping with our addiction. You will discover God's plan for your life as you journey through the program.
- **How God feels about things.** When we see how God feels about things we begin feeling different about the way we've been living. This brings conviction into our lives and lets us know we are accountable for our behavior.
- **God can forgive anything that I've done.** God wants to remove the shame you feel from the things you've done. You haven't gone so far that God can't reach you.

2. Respect for others – Honoring other's boundaries to establish meaningful relationships

There can be no true relationship without respect. To respect is to feel or show honor and esteem for others. ***We can learn to respect the boundaries that others set and have meaningful relationships.*** We can also discover the value of respecting our leaders and remaining under the protection their counsel provides.

3. Repentance – Learning to admit, "I'm wrong" and having the desire to be changed

Many of us work hard to stay in a state of denial when it comes to facing our problems. To admit being wrong would be to admit defeat. This is one battle you must lose. The refusal to face your "self" will mean the continuation of failure, disappointment and broken relationships. ***The road to freedom will begin as you become painfully honest with yourself.*** When we are honest, the power of God comes to make things right.

4. Retribution – Reward for right behavior and correction for wrong

There are always consequences for our behavior whether they are immediate or not. The good times should always be good and the bad times always bad. To cushion the consequences of our choices denies us vital self governing information. We fully expect that you will have some negative behavior while at Teen Challenge. In the past, you may have had enabling relationships that allowed you to continue your negative behavior; or a co-dependent relationship where someone else felt responsible for your addiction and refused to confront your behavior. ***In Teen Challenge's "Culture of Responsibility" you will be held***

responsible to face your actions. It is our belief that when you have no place to put the blame but yourself that you'll see the need to ask God to help you change.

5. Restitution – Learning to make things right when we've been wrong

This may involve returning property we've stolen or agreeing to repay someone for damages we've caused. Learning to confess to others and make things right is essential to clear our hearts and minds for a new way of living. *Having to clean up after yourself helps to train the heart to do what's right in the future.*

6. Restoration – Learning to ask for and give forgiveness and commit to rebuild relational trust

Where you have people you will have differences. The program will provide opportunities to apply restoration principles. *Learning to grow through our differences will prepare us for lasting and meaningful relationships once we return to society.*

7. Rejoicing – Celebrating God's favor that comes from living out these principles

Once you embrace the culture there will be plenty of reasons for celebrating. As you **believe** and embrace these principles you will discover God's presence in your life. *The evidence of God's presence in your life will help you know that you belong to God.* Knowing that you are not alone makes it easier to trust that you can **become** all that God has intended for you to be.

Program Narrative

Students Have Opportunity to Participate In:

- **Group & Personal Education Studies**
 - Character Development
 - Goal Setting & Time Management
- **Group and Personal Counseling**
- **Student Leadership Program**
 - Develop leadership skills
 - Master supportive roles
 - Learn conflict resolution
- **Job Skills Development**
 - Janitorial
 - Auto Detailing
 - Food Management
 - Maintenance
 - Moving Services
 - Landscaping
- **Chapel Services**
- **Mentor Groups**
- **Internships**
- **Community Outreaches**
- **Personal Relations**
- **Social skill development**
- **Recreation**

Student Participation Will Result In:

- Acquisition of knowledge
- Integrated changes in attitude, perspective, and values
- Behavioral changes evidenced by character development
- Relationship reconciliation
- Measurable academic growth
- Positive & productive work ethic



“Where Life Transformation Happens”

Dear **Applicant**,

Since you are inquiring about Teen Challenge, I assume you know first-hand the pain and devastation addiction brings. There is hope! For years we have watched people break free to begin a new life. You can too!

Perhaps you are a parent, sibling, or friend watching someone you care about self destruct. Maybe your hope is melting away along with their health and sanity. As a concerned person you have hoped they would come to their senses. Teen Challenge is here to help.

Teen Challenge is a faith-based program providing educational classes, counseling and job skills training. At Teen Challenge individuals can break free and stay free! We trust you will seize the opportunity by contacting us to begin your recovery today.

Blessings,

Intake Coordinator
Teen Challenge International, Southeast Region

Phone/Fax:

E-mail:

Mailing Address:

Teen Challenge International, Southeast Region

Intake Information Packet

Teen Challenge Residential Program

Teen Challenge is a 12 month, faith-based, residential program for life-controlling behaviors and addictions. Teen Challenge has three phases; Induction, Training and Re-Entry. The first two phases are mandatory for completion, with the third phase, Re-Entry being optional for students desiring assistance with their transition back into society. The phases are each six months in length, Re-Entry having additional options, serving adult males eighteen years of age and older.

Program Costs

\$1,050.00 ~ Monthly Tuition:

Determined by the hard costs to house, feed, and train each student for the course of one year.

\$1,350.00 Induction Fee:

- \$1,000.00 Intake Processing Fee (non-refundable, payable by money order or cashier's check)
- \$150.00 Curriculum (non-refundable, payable by money order or cashier's check)
- \$100.00 Medical fee (refundable)
- \$100.00 Return Fare (refundable)

Induction and monthly tuition fees should be made payable by cashier's check or money order to Teen Challenge. Teen Challenge makes every effort to assist families so finances are not a deterrent to anyone one receiving care.

All other funds (i.e. student personal accounts, return fare, and medical) should be a separate check or money order made out to: Teen Challenge Student Account, with **student's name** clearly printed in memo section. All personal funds will be maintained in the Teen Challenge Student Account. Students cannot keep any funds on their person.

Phone Interview

A personal or phone interview is required for all applicants. Upon acceptance, an entry date will be set contingent to available bed space.

To set up an interview, please contact:

Intake Coordinator:

Phone:

E-mail:

Physical Health

Students having any pre-existing physical or dental issues requiring a series of visits to a physician or dentist need to have all such treatments completed prior to entering Teen Challenge. Students are required to have completed blood test results prior to program entry for the following: HIV, Hepatitis A-B-C and VDRL and TB.

Identification

A valid picture I.D. and social security card are required upon program entry.

Medical and Dental Guidelines

Medicines/Prescriptions

Teen Challenge is not a medical facility and does not accept students who take addictive medications that are of a narcotic nature. Such medications include, but are not limited to, painkillers, muscle relaxers, sleeping pills and sedatives.

- Students are responsible to inform their physicians that Teen Challenge will not fill or administer any of the above stated medications while they are in the program. A letter is requested from the student's physician stating that they have released them from requiring such prescriptions during the student's tenure in the program.
- Students must also fully disclose their medication/prescription history to the Intake Coordinator in the Teen Challenge interview process, prior to entering the program. Failure to communicate this information could result in that student's dismissal from the program.
 1. Staff will use discretion in giving over-the-counter medications, including aspirin, sinus and allergy pills etc., to students. All medications will be administered according to dosage on the label.
 2. All medication will be logged on student medical charts and duly noted as having been received by the student's signature.

Doctor /Dental

A student who has any pre-existing physical or dental issues requiring a series of visits to a physician or dentist needs to have all such treatments completed prior to entering Teen Challenge.

Medical issues that arise during a student's tenure in the program will be addressed as follows:

- Teen Challenge is NOT responsible for doctor or dentist bills for work performed on students who are in the program. A student must have all bills sent directly to a relative or responsible party.
- Students may have their relative or responsible party send funds to cover such bills *before* the scheduled appointment.
- Students should seek to schedule dental and vision appointments during their passes, when possible.

Daily Schedule

Mon-Tues-Thur

5:50 am Wake Up/Med Call
 6:00 am Roll Call/Breakfast
 6:45 am Devotions
 7:30 am Work Assignments
 12:30-1:00 pm Lunch
 1:00-1:30 pm Free Time
 1:30- 4:30 pm GSNC/PSNC Classes
 4:30-5:30 pm Free Time
 5:30 pm Roll Call/Dinner
 6:00-6:45 pm Commissary
 7:00-9:30 pm GSNC/PSNC Classes

Wednesday: 7:00-8:30 pm Chapel
 8:30-9:30 pm Free Time

Friday: 7:00-8:30 pm GSNC/PSNC Class
 7:00-8:30 pm Emerging Leaders
 8:45-10:00 pm Choir/Drama
 9:30-10:30 pm Free Time
 9:45 pm Med Call
 10:30 pm Quiet Time
 11:00 pm Lights Out

9:45 pm Med Call
 10:00 pm Quiet Time
 10:30 pm Lights Out

Saturday

6:30 am Wake Up/Med Call
 6:45 am Roll Call/Breakfast
 7:30 am Off-Campus Work Assignments
 7:30 am On-Campus Work Detail
 1:00 pm Lunch
 1:30-3:30 pm Recreation
 3:30 pm Clean up
 6:00 pm Dinner
 6:30-9:30 pm Free Time
 9:45 pm Med Call
 10:30 pm Quiet Time
 11:00 pm Lights Out

Sunday

Rally/Church (schedule TBA weekly)
 8:00 am Wake Up/Med Call
 8:30 am Roll Call/Breakfast
 11:00 am Church
 1:30 pm Lunch
 2:00-4:30 pm Free Time
 5:00 pm GSNC Test
 6:00 pm Roll Call/Dinner
 6:30-9:30 pm Free Time
 9:00 pm Med Call
 9:30 pm Quiet Time
 10:00 pm Lights Out

Daily Schedule example is specific to the Teen Challenge Middle Georgia Adult Men's Program.

What to Bring

FEES

- ☐ Intake Fee
- ☐ First Month's Tuition

REQUIRED PAPERWORK

- ☐ State Certified Picture ID or Driver's License
- ☐ Birth Certificate (original or certified copy)
- ☐ Social Security Card

COMPLETED BLOOD TEST RESULTS

- ☐ Tuberculosis
- ☐ HIV
- ☐ Hepatitis A- B-C
- ☐ VDRL (STD)

DORM SUPPLIES

- ☐ 1 set of Twin Sheets
- ☐ 1 Pillow
- ☐ 1 Blanket

CLOTHING – CHURCH AND CLASSROOM

- ☐ 1 pair Dress Shoes
- ☐ 1 pair Casual Shoes
- ☐ 4 pair Dress Pants w/Belt (Khakis are acceptable)
- ☐ 5 Collared Shirts
- ☐ 2 Dress Shirts w/Ties

CLOTHING – WORK AND CASUAL

- ☐ 5 Work Shirts
- ☐ 5 pair Work Jeans w/ Belt
- ☐ 5 pair Shorts w/Belt Loops (Knee –length)
- ☐ 7 T-Shirts w/Acceptable Writing (White Undershirts cannot be worn as outer garments)
- ☐ 1 pair Work Boots
- ☐ 1 pair Tennis Shoes
- ☐ 7 pair Underwear (Boxers or Boxer Briefs)

PERSONAL HYGIENE (see note below)

- ☐ 4 Towels and 4 Washcloths
- ☐ Shaving Cream
- ☐ Razors
- ☐ Soap & Soap Container
- ☐ Shampoo
- ☐ Toothpaste
- ☐ Toothbrush (with Holder or Cover)
- ☐ Deodorant
- ☐ Shower Shoes (Flip-Flops)
- ☐ Shower Basket or Container

OTHER

- ☐ Bible (KJV, NIV, NLT)
- ☐ Notebook/Notebook Paper
- ☐ 2 Pens
- ☐ 2 Highlighters
- ☐ 1 Pencil Holder
- ☐ Postage Stamps and Envelopes
- ☐ Calling Card
- ☐ 15-20 Clothes Hangers
- ☐ Alarm Clock only (No Radio/CD)

DO NOT BRING THE FOLLOWING ITEMS:

- | | | |
|--------------------------------|---------------------------|--|
| Any Secular Music and/or Books | Portable Music Devices | Jewelry (Wedding Bands and 1 Watch only) |
| Electronic Games | Camera | Electric Hair Trimmer |
| Mobile Phones or PDA Device | Board Games/Playing Cards | Photos larger than wallet size |
| Personal Laundry Detergent | Electronic Games | Credit/Debit/Gift Cards/Checks |

Timeline for Family Days, Monthly Visitations and Passes

Single Students

1 st ~ 2 nd	month	No visitation or passes until 2 nd Family Day of students program
3 rd ~ 4 th	month	Family Day visitation only
5 th ~ 6 th	month	8 hour off campus
7 th	month	3 day pass
8 th ~ 9 th	month	8 hour off campus
10 th	month	7 day pass
11 th	month	8 hour off campus
12 th	month	Graduation

Married Students

1 st ~ 2 nd	month	No visitation or passes until 2 nd Family Day of students program
3 rd ~ 4 th	month	Family Day visitation only
5 th	month	8 hour off campus
6 th ~ 7 th	month	24 hour off campus
8 th	month	3 day pass
9 th	month	24 hour off campus
10 th	month	7 day pass
11 th	month	24 hour off campus
12 th	month	Graduation

Single Restoration Students (Subject to change on individual basis)

1 st ~ 2 nd	month	No visitation or passes until 2 nd Family Day of students program
3 rd ~ 4 th	month	8 hour on campus
5 th ~ 7 th	month	24 hour off campus
8 th	month	3 day pass
9 th	month	Graduation

Married Restoration Students (Subject to change on individual basis)

1 st ~ 2 nd	month	No visitation or passes until 2 nd Family Day of students program
3 rd ~ 4 th	month	8 hour off campus
5 th ~ 7 th	month	24 hour off campus
8 th	month	3 day pass
9 th	month	Graduation

All requests for student passes must be submitted two weeks before the first pass day of the month.

Family Day is the last Sunday of every month.

Rules & Guidelines for Passes

8 Hour Passes

1. **Passes begin at 10:00am and end at 6:00pm the same day.** Students are required to return on time.
2. Student must be accompanied by family, pastor or authorized person(s) from their Contact Sheet. Exceptions must be approved.
3. Student must have receipts for all money spent.
4. Any items purchased or received must be inspected by staff immediately on return to campus.

24 Hour Passes

1. **Passes begin at 1:00pm and end at 1:00pm the next day.** Considerations will be made for out of state visitors. Students are required to return on time.
2. Student must be accompanied by family, pastor or authorized person(s) from their Contact Sheet. Exceptions must be approved.
3. Student must have receipts for all money spent.
4. Any items purchased or received must be inspected by staff immediately on return to campus.
5. Passes take the place of visitation. The 24 hour pass serves as the visit for that month.

3 and 7 Day Passes

1. **The 3 Day Pass begins on Thursday at 9:00am and ends on Sunday at 1:00pm. The 7 Day Pass begins on Sunday at 9:00am and ends on the following Sunday at 1:00pm.**
2. Student must have receipts for all money spent.
3. Any items purchased or received must be inspected by staff immediately on return to campus.
4. Transportation will be provided when departures and returns are scheduled during the business hours of 9:00am-5:00pm. When travel arrangements are made after business hours, the student is responsible to secure their own transportation.

The following will apply to all students upon their return to campus.

1. Student's belongings will be searched.
2. Students are required to turn in all money. Any monies for the student's account must be given to staff on duty. Make all checks payable to: **Teen Challenge Student Account, with student's name on memo.**
3. Items contrary to Teen Challenge policy found in the student's possession or discovered later will result in a discipline for that student.
4. Students may be drug tested upon returning to campus.

Rules & Guidelines for Mail and Phone Calls

Phone Calls and Mail

Students may give and receive phone calls and correspondence **only** from family and people listed on their **Approved Correspondence/Contact List**. All phone calls and correspondence are monitored by the staff. Phone privileges may be revoked for disciplinary reasons.

Mail:

- Students may send and receive mail from the start of their program tenure.
- No correspondence containing foul language, negative or suggestive behavior will be delivered to the student.
- Teen Challenge staff will mail student's letters after they have been approved by staff.
- The mailing address for families sending student mail is as follows:

Student's Name
Program Address

Phone Calls:

- All phone calls will be monitored by counselor up to 60 days and thereafter by program staff or intern.
- Students can make (1) one 15 minute phone call per week on Sunday afternoon from 1:00 – 6:00 p.m.

Rules and Guidelines for Mail and Phone Calls example is specific to the Teen Challenge Middle Georgia Adult Men's Program.

Rules & Guidelines for Visitors

Rules and Protocol for Campus Visitation

Teen Challenge is committed to provide the opportunity for families to come together to worship and establish proper Christian foundations in their lives through the *monthly* Family Day/Graduation /Fellowship Dinner which is held the last Sunday of each month. Family members (father, mother, brother(s), sister(s), wife, children) are invited to participate. Any other guests must be on the student's **Approved Correspondence List** or pre-approved by the student's counselor.

We ask that families review the following and familiarize themselves with Teen Challenge policy to facilitate the most positive and productive experience possible with their student.

Area Campus Safety Restrictions

- Family and guests must sign in at the reception area when arriving for Family Day
- Approved Visitation Areas are as follows: Chapel, Cafeteria, Basketball Court or Commissary
- Student Dorms and Maintenance Shop are off limits at all times
- During visitation, all children must be supervised by an adult family member at all times

Alcohol, Drugs and Tobacco Products

Teen Challenge is an Alcohol, Drug and Tobacco Free campus. We ask all family members to respect this policy by refraining from any and **all** forms of Alcohol, illicit Drugs, and Tobacco use during campus visitation.

Clothing Restrictions

Family and guests will be expected to dress appropriately for visitation. Female visitors dressed immodestly will be offered a T-shirt or other clothing to cover themselves. The following are examples of unacceptable clothing:

- See-through or tight fitting garments that are revealing
- Shorts or Skirts worn 2" above the knee
- Tank tops or Midriff tops that reveal the navel
- Garments with inappropriate themes/words/occult or horoscope symbols
- Pants or shirts that allow undergarments to be seen

Procedure for Departing Students

ALL students are required to have return fare on file at the time of their program induction.

Students Deciding to Leave During the Business Hours of 9:00 a.m. – 5:00 p.m:

- Are requested to contact their family to communicate that they are leaving the program.
- Will have a Teen Challenge Staff member speak with family or designated party to communicate student's decision to leave the program.
- Will be transported by Teen Challenge Staff to the Bus Station or Airport.
- Are required to take all their belongings at the time of departure. Teen Challenge will NOT send items at a later time. Any belongings left behind become the property of TC.
- Will be reimbursed any monies in their account **provided** their **Induction Fee was paid**.
- Will **NOT** be reimbursed any monies in their account **IF** their **Induction Fee was not paid**.

Students Deciding To Leave After Business Hours:

- Are requested to contact their family to communicate that they are leaving the program.
- Will have Teen Challenge staff communicate with family at the time of the departure when possible, but no later than the next business day.
- May remain until the next business day providing their attitude is cooperative.
- Who are violent or combative will be removed by the Sheriff's Department.
- Are required to take all their belongings at the time of departure. Teen Challenge will NOT send items at a later time. Any belongings left behind become the property of Teen Challenge.
- Will be reimbursed any monies in their account the next business day provided their **Induction Fee was paid**.
- Will **NOT** be reimbursed any monies in their account **IF** their **Induction Fee was not paid**.

STUDENTS REFUSING TO LEAVE THE PREMISES WHEN DISMISSED WILL BE REMOVED BY THE SHERIFF'S DEPARTMENT.

Teen Challenge makes every effort to accommodate a student's departure during office hours. We will not allow the student's choice to leave the program after hours alter the program schedule for other students or become the crisis of Teen Challenge.

Student Name (Print)

Student Signature (Print)

Date

Family Contact or Designee

Relationship to Student

Phone

Staff Signature

Date

Student Entry Agreement

CONFIDENTIAL

1. I agree to conduct myself at all times within the guidelines of the Teen Challenge Program.
2. I understand that the duration of the Teen Challenge program is a minimum of one year in length.
3. Contact with people who are outside of the program is limited to my immediate family (father, mother, brother, sister, wife and children only).
4. I understand that I am to have NO CONTACT with past relationships of the opposite sex or friends during my stay at Teen Challenge.
5. I will not be able to have any visitors of the opposite sex except for immediate family.
6. I agree to participate in all program activities, which includes church services, classes, and outside activities.
7. I agree to refrain from discussing past experiences with fellow students.
8. I agree to NOT keep any money in my possession during the program. All funds will be deposited into my account, with half being kept towards my support if I am not paying the full tuition.
9. I agree that if I decide to leave voluntarily or am dismissed from the program that all of the personal belongings left behind become the property of Teen Challenge.
10. I understand that visitations, passes and telephone calls are permitted at designated times and these are privileges, not rights.
11. I understand that all incoming and outgoing mail is screened by staff for contraband.
12. I understand that all outside business must be taken care of before entering the program. This includes doctor and dental appointments, court dates, taxes, and bill payments. I understand that I will not be able to take care of outside business once I have entered the program. (Teen Challenge suggests [that if you have outstanding debts], that you notify your creditors of your admittance into a long term recovery facility. It is our experience that creditors will make necessary arrangements until you can resume your responsibility. Our office may be contacted to verify your admittance.)
13. I understand that if medical problems occur while in the program requiring frequent medical attention, I may be required to take a medical leave of absence from the program until the problem is corrected.
14. I understand that upon my arrival at Teen Challenge, any drugs that I may be taking will not be permitted. Teen Challenge allows no mood altering drugs, nor do we allow any drugs while in withdrawal. All withdrawal will be done "cold turkey". If you foresee a problem with this, we suggest that you enter a detox facility before coming into the program.
15. I understand Teen Challenge will thoroughly inspect the possessions that I bring with me.
16. I understand and agree that I am permitted to wear an inexpensive wristwatch and a wedding ring, if married. All other jewelry should remain at home.
17. I will not hold Teen Challenge responsible for ANY lost or stolen property.
18. I understand and agree that my hair will be kept to a length approved by staff.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND I DO AGREE TO ABIDE BY ALL OF THE ABOVE.

I warrant and attest that I have read, understand, and accept the above statement for students entering Teen Challenge.

Dated this ____ day of _____, 20____

Student Printed Name

Staff Signature

Student Signature

Financial Expectations

- 1. Intake Budget Challenge – Adult Men’s Center**
- 2. Negotiations – Closing the Deal**
- 3. Copy of “Financial Agreement”**
- 4. Copy of “Tuition Coupon Book Register”**
- 5. Copy of “Tuition Coupon Book Cover”**

Intake Budget Challenge – Adult Men’s Center

Full Tuition

Monthly Tuition (\$35/day)	\$1,050
Bus Fare (refundable)	100
Medical (refundable)	100
Curriculum Fee (one-time non-refundable fee)	150
Induction Fee (one-time non-refundable fee)	<u>\$1,000</u>

First month total upon student’s program entry **\$2,400**

Bottom Line Tuition

Monthly Tuition (\$12/day)	\$360
Bus Fare (refundable)	100
Medical (refundable)	100
Curriculum Fee (one-time non-refundable fee)	100
Induction Fee (one-time non-refundable fee)	<u>\$1,000</u>

First month total upon student’s program entry **\$1,710**

Students Served Annually (estimate)

90 Students

3-5 New Students per month

30 Men @ \$360/mo= \$10,800/mo \$129,600/yr

90 Students @ \$1,150 Induction Fee (one- time non-refundable portion) \$103,500/yr

Annual Intake income potential **\$233,100/yr**

**Note: Insure you have a system in place to collect monthly fees.
See attached “Financial Agreement”**

Negotiations- Closing the Deal

Discuss program costs only after a thorough interview.

1. State the Cost.

The cost to feed, house and train each student is:

- \$1,050/month for Men's Centers
- \$1,500/month for Women's Centers

2. Give Opportunity for Response.

Discuss any concerns with cost and make suggestions:

i.e. Would suggested amount be easier for you?

i.e. What would you consider an affordable cost?

3. Have a Bottom Line Financial Goal.

Our bottom line goal is 1/3 of our hard costs.

- \$360/month
- \$ 12/day

Give perspective –

"You have been incurring this cost and more when your loved one cycled back home."

4. Investing in the Reluctant Family.

Some families are emotionally spent. They feel relieved knowing their loved one is in a safe place, but they are unwilling to contribute financially.

An appropriate response –

"I can understand why you feel the way you do. I would be reluctant too. I don't blame you for being hesitant."

Teen Challenge Will Commit to:

- Invest our resources for the first thirty days.
- Call you to evaluate the student's progress after thirty days.

After 30 Days:

1. If you don't see any progress, we will release the student.
2. If you do see progress, we will need you to come to our bottom line financial goal.



Teen Challenge International, Southeast Region Financial Agreement

The Induction Fee and Monthly Tuition costs have been established per individual student. The costs include the intake process, housing, and training of each student during the one year program.

It has been explained to me, and I understand that **\$1,350.00 is the one-time Induction Fee, of which \$1,150.00 is non-refundable.**

This amount consists of the following:

• Intake Processing	\$ 1,000.00	(Non-refundable)	<input type="checkbox"/>
• Curriculum Fee	150.00	(Non-refundable)	<input type="checkbox"/>
• Bus Fare	100.00	(Refundable)	<input type="checkbox"/>
• Medical	100.00	(Refundable)	<input type="checkbox"/>
• Student Account (optional)		(No more than \$100.00 balance)	<input type="checkbox"/>
Total Induction	\$1,350.00		

It has been explained to me, and I understand that the **Monthly Tuition cost is \$1,050.00.**

It has been explained to me, and I understand that the following is due upon enrollment:

• Total Induction	\$ 1,350.00	
• First Months Tuition	<u>\$ 1,050.00</u>	
Total Due	\$ 2,400.00	Payable by: Cashier's Check or Money Order

Special Remarks: _____

Students without Supporting Families

Fifty percent (50%) of all incoming personal monies sent to fund the non-paying student's Student Account will be transferred to repay the outstanding **Induction Fee** and **Monthly Tuition** cost.

All Students

In the event that the student fails to complete the program, he shall receive his **personal monies from his Student Account and any unused bus fare** by check in person (during business hours) or by mail (during non-business hours) within 30 days of departure **providing the tuition commitment is current.**

My Monthly Tuition Commitment

I agree to pay \$ _____ per month for the tuition costs of _____
Student's Name (please print)

I understand that my monthly tuition of \$ _____ is due and payable on the ☐ 1st or ☐ 15th of each month.
Beginning Date _____

Please designate your choice of payment from the following.

- ☐ Cashier's Check or Money Order sent by mail (Payments not made within 5 days of due date will be charged to credit card on file)
- ☐ Auto Bank Debit by fund transfer from checking account
- ☐ Credit Card/EFT Processing



**ATTACH
VOIDED
CHECK**

I authorize Teen Challenge to debit my bank account in the amount of:

\$_____ on the ☐ 1st or ☐ 15th of each month

Print Name_____

Signature_____ Date_____



- ☐ I authorize Teen Challenge to charge the following
☐ I understand Teen Challenge will charge my Monthly Tuition should I be 5 days late in sending my payment.

☐ VISA ☐ MASTERCARD ☐ AMEX

In the amount of \$_____ on the ☐ 1st or ☐ 15th of each month

Card Number (16 digits)

CVC (3 digits)

Expiration Date_____/____/_____

Print Name_____

Signature_____ Date_____

I warrant and attest that I have read, understand and accept the Financial Agreement with Teen Challenge.

Dated this_____ day of_____ 20_____.

Sponsor Name_____

Please Print

TC Representative Signature

Address _____

Sponsor Signature

Notary

Monthly Tuition Register

Date _____

Check # _____

Amount \$ _____

Support Month _____

Monthly Tuition Mail-In Coupons

Please detach and return with your monthly payment

Student's Name _____

Your Relationship to Student _____

Support Month _____

Special Remarks _____

Monthly Tuition Register

Date _____

Check # _____

Amount \$ _____

Support Month _____

Monthly Tuition Mail-In Coupons

Please detach and return with your monthly payment

Student's Name _____

Your Relationship to Student _____

Support Month _____

Special Remarks _____

Monthly Tuition Register

Date _____

Check # _____

Amount \$ _____

Support Month _____

Monthly Tuition Mail-In Coupons

Please detach and return with your monthly payment

Student's Name _____

Your Relationship to Student _____

Support Month _____

Special Remarks _____

Monthly Tuition Register

Date _____

Check # _____

Amount \$ _____

Support Month _____

Monthly Tuition Mail-In Coupons

Please detach and return with your monthly payment

Student's Name _____

Your Relationship to Student _____

Support Month _____

Special Remarks _____



Teen Challenge Monthly Tuition Coupon Book

Student's Name _____

Monthly Commitment \$ _____

Start Date _____



Teen Challenge Monthly Tuition Coupon Book

Student's Name _____

Monthly Commitment \$ _____

Start Date _____



Teen Challenge Monthly Tuition Coupon Book

Student's Name _____

Monthly Commitment \$ _____

Start Date _____

Entry Day Preparations

- 1. Entry Day Guidelines**
- 2. Copy of “Student Welcome! Sheet”**
- 3. Copy of “Student Application”**

Entry Day Guidelines

Advance Preparations:

1. Set tables in meeting area with tablecloths, pens and Student Applications.
2. Make coffee and have bottled water available for families.
3. Post *Welcome! Sheet w/new student's name and information in designated area where new students can set their luggage while completing paperwork.
4. Set-up television for PowerPoint.

Greeting Protocol for all Staff Members:

1. Make eye contact with new families and students.
2. Smile and give your first name.
3. Say, "Welcome to Teen Challenge, we're glad you're here!"

Designated Assignments:

1. *Staff Members and Student Leaders* will:
 - Direct cars to parking area.
 - Greet families and carry luggage to meeting area, placing suitcases by posted Welcome! sign w/new student's name and information.
2. The *Executive Director* will:
 - Welcome families and introduce Department Heads.
3. The *Intake Coordinator* will:
 - Show Power Point presentation of the program.
 - Have families fill out the Student Application. All paperwork should begin with a Welcome! Cover Sheet personalized with the incoming student's name. *See attached sample
 - Direct family members to meet privately with the Office Administrator to notarize the Financial Agreement as they finish their paperwork.
 - Take picture of Student. A separate picture of family is taken before their departure.
 - Conduct a tour for families and make introductions of all on-duty Staff Members.

Note: During the parent tour, Student Leaders assist Staff in taking the new student's luggage to their room and bed assignment. Students have 45 minutes to unpack. All students then meet the tour for viewing of 50th Anniversary DVD.
4. The *Staff Member* on-duty at mealtime will:
 - Instruct Student Leaders to introduce their new student assignee to the student body at mealtime.
 - Offer prayer for the meal and include a blessing over new students.
 - Place new students first in the serving line.

Tour Conclusion: The tour should end with a viewing of the 50th Anniversary DVD (7 minute version) leaving families with hope and vision for what God has in store for them.

Family's Departure: Family members are invited to say good bye and a group prayer is offered by the Intake Coordinator or designee. This is a good time to take a picture of the family.

WELCOME!

We are proud of you for taking this step!

Student Name: _____

Room: _____ **Bed:** _____

Student Leader: _____

Primary Counselor: _____

Teen Challenge International, Southeast Region

Application for Enrollment

Confidential

PERSONAL DATA & INFORMATION:

Name: _____
Last First M.I.
Address: _____
Street City State Zip Code
Home Phone: _____ Work Phone: _____
Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____
Social Security Number: _____ Birth Date: _____ Age: _____
Driver's License Number _____ State: _____
Driver's License: _____ Valid _____ Expired _____ Suspended _____
If Suspended, Why? _____
In Case of Emergency, Contact: _____
Address: _____
Street City State Zip Code
Home Phone: _____ Work Phone: _____
Relationship: _____

REFERRED TO TEEN CHALLENGE BY:

Name: _____
Last First
Address: _____
Street City State Zip Code
Phone Number: _____ Relationship: _____

RACE / ETHNIC BACKGROUND (Please Circle Only One)

Caucasian	Japanese	Haitian
Puerto Rican	Cuban	Filipino
African American	Chinese	Asian
American Indian	Other	

Are you an American Citizen: _____ Yes _____ Native _____ Naturalized _____ No
If you answered No, please 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: _____

PERSONAL FAMILY HISTORY

List Parent/Parent Figures, Spouse, Boyfriend, Brothers, Sisters, and Children

NAME RELATIONSHIP AGE ADDRESS

(Use the back of this page if additional space is required)

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

	As a Child	Now
Very Good		
Good		
Average		
Fair		
Poor		

For the following questions please **circle** the answer that applies:

Are your parents still living? Father: Yes or No Mother: Yes or No

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

Are you adopted? Yes or No

Were you raised by anyone other than your parents? Yes or 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 Remarried Living Together

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? _____

Growing up, who did you feel closest to? Father Mother Other _____

MARITAL / INTIMATE RELATIONSHIP HISTORY

For the following questions please **circle** the answer that applies:

Marital Status: Single Married Separated Divorced Remarried Widowed

List your present living arrangement:

Living Alone With Parents With Spouse With Others (non-relatives)

With Others (relatives, children) Other: _____

If you are, or have been married, please list: (start with most recent marriage)

Person Married To: _____ Month/Year Ended In _____ Month / Year _____

Current Spouse (full name) _____

Address: _____

_____ Street _____ City _____ Zip _____

Home Phone (____) _____ Work (____) _____

Describe your relationship with your spouse: _____

Do you have any children? ___Yes ___No If yes, please list:

<u>Name of Child(ren)</u>	<u>Age</u>	<u>Where Living</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use back of this page if additional space is required

Describe any positive or negative aspects of your relationship with your children:

Describe any problems or concerns related to your relationship with your spouse:

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: _____

When: _____ Who: _____

Sexual Lifestyle: (please circle all that apply) Bi Sexual Heterosexual Homosexual

Pornography Prostitution

How recently involved? _____

Have you engaged in homosexual activity? Yes No Explain: _____

MILITARY SERVICE HISTORY

Have you ever served in the U.S. Armed Forces? Yes No Explain: _____

If yes, describe: Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____

Military Occupation Standing: _____

Rank Attained: _____

Discharge Received (circle): Honorable Less than Honorable Dishonorable

Eligible for V.A. Medical Benefits? Yes No Unknown

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 county of origin: _____

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

Method of reporting: Phone Letter In person Explain: _____

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

Probation or Parole Officer's Name: _____

Agency: _____ Phone Number: _____

Address: _____

Street City State Zip

Are any of the following pending against you? (please circle those that apply)

Arrest Warrant Court Appearance Criminal Charges Sentencing Other: _____

If you have checked any of above, please explain: _____

List all arrests and convictions:

Date	Charges	Conviction Yes or No	Sentence	Time in Jail	Were alcohol, drugs, or both involved?

Have you ever been in prison?

DATE	INSTITUTION
_____	_____
_____	_____
_____	_____

SOCIAL INVOLVEMENT HISTORY

Describe your involvement in the following:

Religion _____

Recreation / Sports _____

Peer Groups _____

Community Affiliations _____

Hobbies _____

Other _____

ACADEMIC HISTORY

List the highest grade that you have completed: _____

Are you currently in an education program? Yes No

If yes, list: _____

Name of School	City
----------------	------

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 (Mo/Yr to Mo/Yr)	CERTIFICATE ISSUED Yes or No
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can you read? ____ Yes ____ No (Circle one) Good Average Poor

Can you write? ____ Yes ____ No (Circle one) 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 years? _____

Check your present employment status:

____ Unemployment (have not sought employment in last 30 days)

____ Unemployment (have sought employment in the 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? (Begin 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 income: _____

Describe your future occupational goals and plans: _____

Employable Skills: _____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in Teen Challenge?
Yes or No If yes, please explain: _____

PSYCHOLOGICAL HISTORY

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

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome

(Use the back of this page if additional space is required)

Has a family member or someone close to you ever attempted or committed suicide? Yes or No

Have you ever thought about committing suicide? Yes or No

Are you currently thinking about committing suicide? Yes or No

Have you ever received psychiatric care? Yes or 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 or No

INSURANCE INFORMATION

List your health insurance type: (please circle)

No health insurance Other private insurance Blue Cross/ Blue Shield

Medicaid / Medicare Other public funds _____

Insurance policy number: _____

Company: _____ Phone: _____

PERSONAL / FAMILY MEDICAL HISTORY

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

	Grandpt	Father	Mother	Spouse	Brother	Sister	Child
Drug Abuse							
Alcoholism							
Physical Problems							
Mental Health Problems							

Describe any illness or developmental problem/concern(s) you experienced as a child.

Do you have any special diet requirements? Yes or No

If yes, please explain:

When were your teeth last examined?

Are you currently experiencing problems with your teeth? Yes or 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

List how often you used the following drugs (Never, Once, Several Times, or Regularly)

Alcohol		Glue	
Barbiturates (downers)		Tobacco	
Amphetamines (uppers)		Marijuana	
Heroin		Crack	
Cocaine		Crank	
Hallucinogenics		Others (specify)	
Opium			

List your present physician's name

Address:

Street

City

State

Zip

Phone Number:

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? Yes No 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 pray? Never Occasionally Often

How often 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 Christian Science, Jehovah's Witnesses, Mormonism, Islam, Scientology, TM, Eastern Religions, or others? Explain:

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? _____

Have you ever been in a treatment program? _____

Was it religious or non-religious? _____

In how many programs have you been enrolled? _____

Program Name _____ Time in Program _____

City/State _____

Reason for Leaving _____

Program Name _____ Time in Program _____

City/State _____

Reason for Leaving _____

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

When? _____ Where? _____

Why did you leave the program? (Circle one)

Dismissed by Staff I Chose to leave Completed Program 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 knowledge, and that the application form has been completed and filled out by student applicant in his 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

Date

Authorization for Release of Student Information
Teen Challenge International, Southeast Region
CONFIDENTIAL

**IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING
REGULATIONS APPLIES TO YOU:**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFT Part II. A general authorization of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

Client: _____

Date of Birth: _____ SSN _____

I, _____, hereby authorize Teen Challenge Int'l Southeast Region to release the following information.

The purposed need of this authorization is for Program Participation.

Quarterly Student Progress Report

This information is to be released to _____
(Name of Recipient)

Who resides at _____
(Address of Recipient)

Probation Office Information _____

Parole Office Information _____

I know that this release may be revoked by me at anytime, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire in 365 days, from the date below, unless a different date, event, or condition is listed herein below.

(Date, Event or Condition of Expiration)

Student Signature

Date of Signature

Witness Signature

Date of Signature

Student Correspondence List
CONFIDENTIAL

Name _____ Date of Entry _____

Please list all persons whom you would like to communicate with for staff approval (mail, visits & passes, phone calls).
All communications are subject to be screened and all mail is read by staff.
Please print clearly and legibly.

Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____
Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____
Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____
Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____
Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____
Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____	Name: _____ Address: _____ _____ Phone #: (_____) _____ - _____ Relationship: _____

Student Progress Reports

- 1. Copy of “Student Progress Report”**
- 2. Process for Completion of Student Progress Report**
- 3. Copy of “Authorization for Release of Student Information”**



Student Progress Report

Confidential

Name _____ DOE _____

Assessment Period: 30 Days 4 Months 7 Months 10 Months

(Evaluate each of the following areas 1 – 5. 1 being never and 5 always)

I. SPIRITUAL GROWTH / SELF EVALUATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I participate in worship on campus | 1 | 2 | 3 | 4 | 5 |
| 2. I attend and participate in optional prayer times | 1 | 2 | 3 | 4 | 5 |
| 3. I share my faith with others | 1 | 2 | 3 | 4 | 5 |
| 4. I honor commitments in action and word | 1 | 2 | 3 | 4 | 5 |
| 5. I show preference for my fellow students | 1 | 2 | 3 | 4 | 5 |
| 6. I seek accountability in relationships | 1 | 2 | 3 | 4 | 5 |
| 7. I express humility and take ownership for wrongdoing | 1 | 2 | 3 | 4 | 5 |
| 8. I show reverence toward others in word and deed | 1 | 2 | 3 | 4 | 5 |
| 9. I engage other students in a positive manner | 1 | 2 | 3 | 4 | 5 |
| 10. I seek and follow Godly counsel and decisions | 1 | 2 | 3 | 4 | 5 |

Total _____

I believe God is helping me _____

I need God to help me _____

II. EDUCATION

- | | | | | | |
|---|---|---|---|---|---------|
| 1. Current on all assigned work | 1 | 2 | 3 | 4 | 5 |
| 2. Participates in classroom activities & discussions | 1 | 2 | 3 | 4 | 5 |
| 3. Completes GSNC accurately and on schedule | 1 | 2 | 3 | 4 | 5 |
| 4. Completes PSNC accurately and on schedule | 1 | 2 | 3 | 4 | 5 |
| 5. Completes Turning Point accurately and on schedule | 1 | 2 | 3 | 4 | 5 (n/a) |
| 6. Uses class time wisely & effectively | 1 | 2 | 3 | 4 | 5 |
| 7. Prompt attendance to scheduled classes | 1 | 2 | 3 | 4 | 5 |

Total _____

Number of contracts completed and subjects covered _____

General Educational & Literacy goals for next three months _____



Student Progress Report

Teen Challenge Southeast Region

Confidential

III. COUNSELING / PERSONAL GROWTH

- | | | | | | |
|--|---|---|---|---|---|
| 1. Participates in scheduled counseling groups | 1 | 2 | 3 | 4 | 5 |
| 2. Maintains personal integrity in all relationships | 1 | 2 | 3 | 4 | 5 |
| 3. Works through issues effectively following biblical format:
(Matthew 18:15-20 & 5:23-24) | 1 | 2 | 3 | 4 | 5 |
| 4. Consistently displays respect for others | 1 | 2 | 3 | 4 | 5 |
| 5. Uses self control in language & actions | 1 | 2 | 3 | 4 | 5 |
| 6. Communicates effectively to help restore family relationships | 1 | 2 | 3 | 4 | 5 |
| 7. Developing healthy boundaries in relationships | 1 | 2 | 3 | 4 | 5 |
| 8. Completes assigned counseling homework | 1 | 2 | 3 | 4 | 5 |

Total _____

IV. CAMPUS RELATIONSHIPS / RESPONSIBILITIES

- | | | | | | |
|---|---|---|---|---|---|
| 1. Submits to campus rules and guidelines | 1 | 2 | 3 | 4 | 5 |
| 2. Prompt attendance at scheduled activities | 1 | 2 | 3 | 4 | 5 |
| 3. Keeps personal spaces orderly and clean | 1 | 2 | 3 | 4 | 5 |
| 4. Promotes accountability on and off campus | 1 | 2 | 3 | 4 | 5 |
| 5. Participates in ministry opportunities (Drama, Media,
Rally Teams, Stay Sharp, other _____) | 1 | 2 | 3 | 4 | 5 |
| 6. Works with staff and interns to maintain a positive culture on campus | 1 | 2 | 3 | 4 | 5 |
| 7. Participates in recreational activities | 1 | 2 | 3 | 4 | 5 |
| 8. Volunteers to help when needs are presented | 1 | 2 | 3 | 4 | 5 |
| 9. Avoids negative conversations and situations | 1 | 2 | 3 | 4 | 5 |
| 10. Responds to discipline and correction properly | 1 | 2 | 3 | 4 | 5 |
| 11. Displays a willingness to embrace leadership opportunities | 1 | 2 | 3 | 4 | 5 |
| 12. Courteous to other students, volunteers and staff | 1 | 2 | 3 | 4 | 5 |
| 13. Maintains healthy hygiene habits | 1 | 2 | 3 | 4 | 5 |
| 14. Maintains healthy diet and balanced exercise plan | 1 | 2 | 3 | 4 | 5 |

Total _____

Areas of concern or commendation _____



Student Progress Report

Confidential

V. VOCATIONAL

1. Works well with others.	1	2	3	4	5
2. Performs work to expected quality levels	1	2	3	4	5
3. Follows instruction without debate	1	2	3	4	5
4. Seeks additional information when needed	1	2	3	4	5
5. Works well when supervised	1	2	3	4	5
6. Works well when unsupervised	1	2	3	4	5
7. Looks for ways to go above the call of duty	1	2	3	4	5
8. Leads by example	1	2	3	4	5
9. Gives attention to detail	1	2	3	4	5
10. Consistently completes assigned tasks	1	2	3	4	5
11. Comprehends directions and follows through	1	2	3	4	5

Total _____

Overall work ethic _____

Crew Leader

Work Supervisor

Primary Counselor

Education Coordinator

Vocational Supervisor

Program Manager

Process for Completion of Student Progress Report

It is the Primary Counselor's responsibility to initiate the Student Progress Report (SPR) for their counselees during the scheduled assessment periods of; 30 Days, 4, 7 and 10 Months.

Student Progress Report (SPR) Circulation

1. The Primary Counselor has the Student self evaluate the **SPIRITUAL GROWTH/SELF EVALUATION** section and return the SPR to them.
2. The Primary Counselor fills out the **COUNSELING/ PERSONAL GROWTH** section of the evaluation.
3. The SPR is forwarded to the Education Department for completion of the **EDUCATION** section.
4. The Education Department brings the SPR to Weekly Staff Meeting where staff will complete the **CAMPUS RELATIONSHIPS/RESPONSIBILITIES** section.
5. The Program Manager fills out the **VOCATIONAL** section and forwards the SPR to the Student's Primary Counselor.
6. The Primary Counselor goes over the completed SPR Evaluation with the student and makes a copy to be retained in their Confidential File. A copy is then sent to the approved person on the "Authorization for Release of Student Information Form."

Authorization for Release of Student Information
Teen Challenge International, Southeast Region
CONFIDENTIAL

**IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING
REGULATIONS APPLIES TO YOU:**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFT Part II. A general authorization of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

Client: _____

Date of Birth: _____ SSN _____

I, _____, hereby authorize Teen Challenge Int'l Southeast Region to release the following information.

The purposed need of this authorization is for Program Participation.

Quarterly Student Progress Report

This information is to be released to _____
(Name of Recipient)

Who resides at _____
(Address of Recipient)

Probation Office Information _____

Parole Office Information _____

I know that this release may be revoked by me at anytime, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire in 365 days, from the date below, unless a different date, event, or condition is listed herein below.

(Date, Event or Condition of Expiration)

Student Signature

Date of Signature

Witness Signature

Date of Signature

The Intake Coordinator Role

- 1. What Kind of Person Serves Best in the Intake Role?**
- 2. Job Description**

What Kind of Person Serves Best in the Intake Role?

A **Conversationalist** who:

- Enjoys people.
- Listens well.
- Asks the “right” questions to extract more information.
- Facilitates conversations to an end.

A **Communicator** who:

- Clearly articulates the program structure, benefits and requirements.
- Skillfully raises cooperation levels.
- Secures commitment.
- Discerns when a family would be best served by alternative program services.

A **Mature Person** who:

- Has experience talking to people of different backgrounds.
- Possesses real-life experience and successes.
- Relates to an adult world and responsibilities.
- Converses well with adults and understands enabling and codependent behaviors.
- Isn't “stuck” in Christian lingo or terminology.
- Communicates beyond the limitations of a Teen Challenge setting.

Ideal **Temperament** for the Intake Role:

The Intake Coordinator should possess some degree of *Sanguine* gifting. Because the role requires significant phone and face time with people, someone who truly enjoys others will fit well in the required interfacing. Following are some strengths and weaknesses of each temperament style and how they might be carried out in the IC position.

- Sanguine:** Pro: *Sanguines* love people and we all know that they've “never met a stranger!”
Con: However, if this temperament style is too predominant, they may do a lot of talking without moving the discipleship process forward.
- Choleric:** Pro: *Cholerics* will get the job done and keep the process moving forward.
Con: However, if this temperament style is too predominant, they may communicate insensitivity to the individual needs and circumstances of those who are seeking help from us.
- Phlegmatic:** Pro: *Phlegmatics* stay cool, calm and collected in dealing with people who are in crisis mode.
Con: However, if this temperament is too predominant, things might not be dealt with in a timely manner and those seeking help will feel that Teen Challenge is aloof to their situation.
- Melancholy:** Pro: *Melancholies* will ensure that the administrative side of Intake is very thorough!
Con: However, if this temperament style is too predominant, this person will grow weary of the “people emphasis” that comes with Intake.

Ideal **Spiritual Gifts:**

- Motivational Gifts:** Perceiver, Exhorter, Administrator, Compassion
Ministry Gifts: Prophet, Evangelist, Helps, Administrations
Manifestation Gifts: Intake Coordinators should be able to operate in these gifts as needed.



**TEEN CHALLENGE
INTERNATIONAL**
“Where Life Transformation Happens”

Intake Coordinator

Job Description

*“Concerning all the statutes of the house of the Lord... mark well the entrance of the house, with all the exits of the sanctuary.”
Ezekiel 44:5*

The Intake Coordinator

The Intake Coordinator is to be our first contact and First Hope Responder for individuals in search of help for themselves or their loved ones. The Intake Coordinator's communication should always portray Teen Challenge's desire to help the hurting while presenting the program in clear and concise ways. The Intake Coordinator consistently represents Teen Challenge with professionalism, compassion and excellence in all they do.

Responsibilities:

Overview

1. The Intake Coordinator (IC) is responsible for interviewing prospective students and families that will walk through the process of program application and induction.
2. The IC will assist the Executive Director in preparation for a specified Entry Day, making sure new students have been given room, bed, Student Leader and Primary Counselor assignments.
3. The IC forwards all Food Stamp applications for new students to the appropriate administrative staff and maintains communication with them of enrollment status for all students thereafter.
4. The IC will maintain monthly residential reports to TC USA, using their website and our passwords.

The Intake Interview and Process

The Intake Coordinator will **Review** the following with prospective students and families.

- ✓ "Discerning Ministry Potential"
- ✓ "Ministering to Families in Crisis"
- ✓ "TC Information Packet"

The Intake Coordinator will Send the following to students and families prior to their arrival on Entry Day.

- ✓ A copy of the "Teen Challenge Culture"
- ✓ A copy of the "Program Narrative"
- ✓ A copy of the "Financial Agreement"
- ✓ A copy of the "Student Entry Agreement"

The IC must make sure the following are **Signed and Returned** before a Student enters the program.

- ✓ "Student Entry Agreement"
- ✓ "Financial Agreement" (The person assuming the financial responsibility for the new student must sign this document)
- ✓ "The Student Application for Enrollment"
- ✓ "Christian Conciliation" form
- ✓ "Procedure for Departing Students" form

Time Management

The Intake Coordinator's responsibilities may not be limited to the Intake Office alone. Therefore, they must manage their time wisely to effectively fulfill duties in each area assigned to them.

- ❖ **Preparation** – Proper preparation is necessary for excellence in all we do. Prayer, planning and organization are all essential in communicating clearly to others and fulfilling our duties. Specific time is to be set aside for each assigned responsibility to insure files, organization, and communication are maintained and accomplished with efficiency.
- ❖ **Intake Communication** – Appropriate communication to potential students and their families should be made through letters, e-mail, or via telephone to attorneys and probation when required.
- ❖ **Appointments** – The IC is responsible for scheduling any intake appointments/interviews/tours for prospective students and their families.