

CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY

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Director
(606) 599-9716

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(502) 541-9478

Dear Prospective Student,

Enclosed are the student handbook and application forms for Chad's Hope Teen Challenge. **If you are interested in becoming a student at Chad's Hope Teen Challenge of Eastern KY please follow all steps listed below.**

1. Read student handbook and all the enclosed information carefully.
2. Complete and sign all Chad's Hope Teen Challenge of Eastern KY forms.
3. Receive a physical exam including a TB test, HIV test, and Hepatitis test and have a doctor complete a medical exam form with Doctor's signature.
4. Mail the application, medical form, student entry agreement, civil rights waiver form, and general release form to Chad's Hope Teen Challenge of Eastern KY with \$500.00 application fee.
5. Deliver a copy of the sponsorship letter to at least five (5) individuals who might be willing to help support the program during your stay. Provide a complete list of prospective sponsors on the sponsorship form.
6. Contact the Intake Coordinator at Chad's Hope Teen Challenge of Eastern KY to arrange an interview (606) 599-9716.
7. After you are approved for entry, prepare the following item to bring to Chad's Hope Teen Challenge of Eastern KY:
 - \$500.00 induction donation (covers the first month)
 - Social Security Card
 - Picture ID
 - Sponsorship Form
 - Return bus fare or means of transportation in case you decide to leave or are dismissed.
 - All legal papers pertaining to your sentence, parole or probation, or court order.
 - All personal items listed on the application cover sheet.

Sincerely,

Chad's Hope Teen Challenge of Eastern KY Staff



**CHAD'S HOPE
TEEN CHALLENGE
OF EASTERN KY**

300 CHAD MCWHORTER LANE

MANCHESTER, KY 40962

(606) 599-9716

STUDENT HAND BOOK

PLEASE CAREFULLY READ ENTIRE HANDBOOK

MISSION STATEMENT

The goal of Chad's Hope Teen Challenge of Eastern KY (CHTC) is to evangelize people with life-controlling problems with primary emphasis on helping those with drug and alcohol problems. The rehabilitation program is designed to initiate the Christian discipleship process, which will enable students to function as Christians in society, applying biblical principles to relationships in the family, local church, chosen vocation, and the community. CHTC endeavors to help individuals become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive.

HISTORY

David Wilkerson, author of "The Cross and the Switchblade," founded Teen Challenge in Brooklyn, New York, in 1958. The work began as a ministry to teenage addicts and street gang and evolved into a residential program for drug addicts, alcoholics, and others with life-controlling problems.

There are now approximately 300 centers in more than 65 countries with approximately 4,500 students in residence. Teen Challenge is considered to be one of the most effective and successful addiction rehabilitation programs in the world.

PURPOSE

CHTC is a voluntary residential Christ-centered program designed to help men find a meaningful answer to the problems, habits, and conflicts which control them, through building a personal relationship with Jesus Christ and applying Biblical principles in their daily lives. The program focuses primarily on reaching and discipling people with life-controlling drug and alcohol problems.

WHO DOES THE TEEN CHALLENGE PROGRAM HELP?

Since life-controlling problems affect people of all ages, the program is available to any persons from ages eighteen and older who have a sincere desire to seek answers to the spiritual, emotional, and physical difficulties that they are experiencing as a result of their drug and alcohol problems. Students must be genuinely serious about changing their life, and be willing to voluntarily submit themselves to the disciplined 14-month residential program. They must be willing to consider Biblical alternatives, be teachable, and have no severe disabilities that would prevent them from participating in the program.

CHTC does not accept psychiatric cases or those who are currently taking psychiatric medications. Students who have HIV/Hepatitis C may be admitted if they are capable of fully participating in the program. HIV/Hepatitis testing prior to admission is required. If, while attending the program a student finds that he is HIV/Hepatitis C positive, he is not necessarily dismissed, provided he can cope with the daily program.

WHAT DOES THE TEEN CHALLENGE PROGRAM OFFER?

Teen Challenge is concerned with the "total person." The program is structured to address each person's spiritual, mental, physical, social, educational, and vocational needs.

1. **SPIRITUALLY:** Teen Challenge views the students' problems as symptoms, which relate to deeper issues and conflicts. Real healing is experienced when spiritual needs are met. It is the power of God that gives one the ability to overcome problems and live a successful life.
2. **MENTALLY:** The healing of the abused minds is of key importance. The consistent study of the Bible enhances mental growth by serving as the foundation for the restructuring of negative, worldly thought

patterns, and for creating a new and stable way of life. Individual and group counseling with concerned staff members helps students to find answers and work through the conflicts they are facing.

3. **PHYSICALLY:** Through group living, students are helped to identify and resolve relationship problems and to relate more successfully to family, peers and authority figures. This social group interaction promotes growth of character, enhances development of right attitudes and desires, and helps develop moral excellence.
4. **EDUCATIONALLY:** Teen Challenge provides a structured fourteen-month Christian Education program designed to enhance the whole person. Teen Challenge may also assist students who have not completed their high school education.
5. **VOCATIONALLY:** Through household chores, short-term supervised work assignments, work experience, and vocational training, students learn responsible work habits and vocational skills.

ADMISSION REQUIREMENTS

1. Must be male over age eighteen (18).
2. Must be motivated to complete the entire program of at least fourteen (14) months.
3. Must have read and be voluntarily willing to abide by the policies, standards, and rules of this student handbook.
4. Must not be taking any narcotic pain medications or psychiatric, mood or mind altering drugs at least fifteen (15) days prior to arrival.
5. Must possess sufficient emotional and mental stability to participate successfully in a group living environment without psychiatric, mood, or mind altering drugs.
6. Must be physically able to participate in spiritual, educational, and vocational program activities.
7. Must have thoroughly completed and submitted the application, medical form, and signed waivers.
8. Must have completed a pre-admission interview and been approved by the Intake Director.
9. Must be detoxified from all addictive drugs prior to arrival (we are not a medical facility).
10. Must have paid the non-refundable \$500 admission donation.
11. Must be prepared to pay the suggested \$500 monthly donation or document significant attempts to procure family, friends, or churches which are willing to sponsor on a monthly basis.
12. Must have all legal, medical and dental issues resolved prior to admission.
13. Must provide legal documentation upon arrival: court order, judge, social worker, and parole officer if applicable; social security card, driver's license or state picture ID, marriage license.

MONTHLY DONATION & STUDENT MONEY

Students are responsible to ensure that the **\$500 non-refundable intake donation**, which covers the first month, is paid prior to arrival at Chad's Hope Teen Challenge of Eastern KY. Students are responsible to ensure that the **\$500 monthly donation** continues to be paid each month. This may include significant attempts to contact family, friends, or churches to obtain monthly sponsorship.

All students' personal money must be turned in to the Facility director. Student personal money will be put in a safe in an account in the student's name. 80% of all monies received will go toward any unpaid monthly donations.

PROGRAM PHASES & GRADUATION

Our program has three phases. First phase (Pre-induction) is approximately 5 weeks. Second phase (Induction) is 4-6 months. Third phase (Training Center phase) is approximately 8 months. **East student must complete a contract for each phase and gain staff approval before moving to the next phase or graduating from the program. After graduation from the second phase (Induction Center), students may remain at Chad's Hope Teen Challenge of Eastern KY or may be required to complete the third phase (Training Center) at Cape Girardeau, Missouri or another Teen Challenge Training Center. In order to graduate from Teen Challenge, students must have successfully completed the contracts for each phase and graduated from all three phases.**

In addition to completing the contract for each phase, personal growth in the following areas will be used to evaluate progress, advancement to the next phase, and final graduation.

1. Spiritual progress and development of Christ-like character qualities.
2. Participation in and understanding of the need for continued Christian worship, fellowship, and accountability.
3. Development of industrious work attitude, work habits, and productivity.
4. Development of diligent attitude toward scripture study and academic learning in general.
5. Development of a respectful attitude towards those in authority and towards others.
6. Development of personal responsibility and initiative.
7. Development of integrity and honesty with one's self, God, and others.
8. Evidence of the fruit of the Spirit as described in Galatians 5.

ACTIVITIES AND MEETINGS

As discussed in the mission statement and introduction of this student manual, Teen Challenge is an evangelical Christian discipleship ministry focused on life transformation for people with life-controlling problems and deliverance from addiction through a personal relationship with Jesus Christ and practical application of biblical principles. Consequently, **all students are required daily to attend and participate in various Christian related activities within and outside the program facility.** These activities may include Group Studies (lecture/discussion on coping with vital life issues through application of biblical principles), Turning Point Groups (facilitated discussion groups focused on addiction, twelve-step, spiritual, relationship, and vital life issues), Personalized Studies (individual development, sermon application, reading, goal setting), individual counseling, personal devotions, chapel services, prayer, worship, bible study, church services, work activities, house meetings, group and individual recreation. Some of these activities may include sharing ones personal testimony with others either verbally or in writing. Growth is produced by active, enthusiastic, and honest participation. Participation is defined as active listening, following along in Bibles or books, appropriate verbal and written responses, and giving undivided attention to the speaker, especially through eye contact. Rest room needs are to be taken care of prior to or after but not during any activity. **Students are not permitted to leave any classes or activities without staff permission.**

Outside functions: Students are to enter, sit, and remain as a group within speaking distance of staff supervision. No one is permitted to leave the group without staff permission. All restroom needs must be taken care of before and after church or other functions. In case of emergency, with special staff permission, students using the bathroom must be accompanied by a partner designated by the staff member in charge. Students are not to argue, use profanity, or disrespect staff or hosts under any circumstances. If a student believes instructions are questionable, the student must obey first and later discuss the issue with the staff member or program director privately. Students are not to solicit or ask for assistance (financial or other requests) from volunteers, hosts, or guests.

Students are also not permitted to give or receive any addresses or phone numbers or invite people to the center for dinner, visits, or any other activity without explicit permission from staff.

Students are not permitted to conduct personal or intimate conversations with women other than immediate family or to have the appearance of close contact. **Remember-we are representatives of the Lord and Teen Challenge everywhere we go.**

WORK EXPERIENCE PROGRAM

All students will be assigned daily household chores and various short-term, supervised work assignments in and outside Chad's Hope Teen Challenge of Eastern KY facility. The goal of these assignments is to gain practical work experience, develop responsibility and accountability, gain knowledge and attitudes conducive to successful job performance, develop constructive work habits, learn how to cooperate with fellow workers, develop respect for authority, and prepare to assume a productive role in society. Some assignments may include work related to fund-raising.

Students are not compensated financially for their work. Although work assignments may enhance Teen Challenge property or provide revenue in the form of donations, any financial contributions or other funds received as a result of work assignments are used exclusively to help cover the cost of staffing and operating the work experience program and Teen Challenge facility.

General Work Experience Program Rules:

1. Work with enthusiasm, to the best of your ability, "as unto the Lord," without complaining.
2. Do not use tools or equipment without permission and supervision of a staff member.
3. Do not leave prescribed work area without permission.
4. Be on time for work assignment.

MEDICAL/DENTAL ISSUES

Chad's Hope Teen Challenge of Eastern KY does not provide any medical or dental coverage for students in the program. All dental and medical issues must be resolved prior to arrival. However, if medical or dental problems arise, appointments must be scheduled through the staff office. Each student is responsible for his own medical/dental care and all expenses incurred. If a long-term illness arises which prevents the student from full participation in the program, it may be necessary for the sick student to leave the program until the illness is resolved. **CHAD'S HOPE TEEN CHALLENGE OF EASTERN KY ASSUMES NO RESPONSIBILITY FOR INJURIES, MEDICAL OR DENTAL ISSUES OR BILLS INCURRED BY STUDENTS PRIOR TO OR DURING THEIR STAY.**

Medications: students are only to take medicine prescribed to them by their doctor. **Students must report their addiction to their doctor. Addictive pain medications are not permitted in the program.** It is the student's responsibility to request his medication from staff at the appropriate times. Students are not to share any medications. Prescriptions, and over the counter medications etc. are to be locked in the medicine cabinet. These medications are to be taken only under staff supervision.

Bed rest and sickness: students need to make significant effort not to miss any program activities due to sickness. Missing program activities may result in extra program time needed to complete student's contracts and graduate. If a student is sick enough for bed rest, staff may encourage that student to see a doctor at the student's expense. Student on bed rest must remain in bed until wake-up the next morning and are not permitted to write letters, engage in personal pursuits, or work on discipline projects. If a pattern develops and staff suspects that the student is feigning illness to avoid program responsibilities or work, staff may require the student to get out of bed and/or to see a doctor at the student's expense.

VISITATION RULES

In order to maintain focus on and minimize distractions from the primary mission of life transformation, visits are limited as follows.

1. Visits are permitted on the second Sunday of every month from 10am to 4pm.
2. Visitors are limited to immediate family and pastors. Girlfriends are not approved.
3. Students must submit names of visitors to staff three (3) days prior to visit.
4. The facility director or executive director may grant permission to students in the second or third program phase to leave the premises during visiting hours.
5. Staff may deny a visit based on discipline, poor progress, or perceived negative influence.
6. Students may be tested for drug, alcohol, or tobacco use after a visit.

TELEPHONE CALLS

In order to maintain focus on and minimize distractions from the primary mission of life transformation, phone calls are limited as follows. One (1) week after arrival at Teen Challenge, students are permitted **one (1) fifteen (15) minute phone call per week during weekend or evening free-time. Prior to the call, students must check with staff, which will approve and log the call. Staff only will dial or answer all phone calls.** Staff may monitor phone calls. It is a student's responsibility to show consideration and trustworthiness by limiting his call to fifteen (15) minutes. Calls are permitted to immediate family and pastor only. Incoming call from family will be permitted only during weekend or evening free-time and will be counted as the one (1) call for that week. Exceptions may be approved by the student advisor, program director or executive director in exceptional circumstances. **Abuse or violations of phone call policy may result in loss of phone call privileges.**

Additional grace calls may be approved by the student advisor, program director, or executive director for purposes of business, social services, or counseling.

MAIL

In order to maintain focus on the primary mission of life transformation, limit destructive influence or illegal activity, mail use is limited as follows. Students may **send to and receive mail from only immediate family and pastors.** Letters may be written or read **only during free-time**, never during group, personal studies, work, devotions, or any program activity. Student must **present mail to staff for review prior to sending and open received mail in front of staff for review.** Objectionable mail will be confiscated. Illegal contents may be reported to the police. Students must provide their own envelopes and stamps. No mailing lists, periodicals, newsletters, etc. are permitted. Exceptions may be approved by the student advisor, facility manager or executive director in exceptional circumstances.

MEAL TIMES

Every attempt is made to serve balanced, nutritious, good-tasting meals. Students are not to hassle the cook or criticize the meal. If you disapprove of something offered, don't take it. If you feel you have a legitimate complaint, speak with the House Manager. Remember, we are to be truly thankful for what God has supplied. The following rules also apply:

1. Students are permitted to have only two cups of coffee per day during breakfast.
2. Students are required to eat everything on their trays (plates). Only take what you will eat.
3. After eating, take tray/plate to garbage can in kitchen, scrape excess food into can, and give tray/plate to dishwasher.
4. Students are not permitted in the kitchen without staff permission.

SHOPPING

Occasionally, staff will schedule a shopping trip. Students should purchase all necessary toiletries during this time. Students must remain in groups of 2 or 3 as designated by staff. All snack food items must be consumed before return to the center. No snacks, drinks, or food items, may be brought back to the center. Students must present their purchase receipt and items to staff for inspection upon return to the center.

DORM ROOM RULES

Staff will assign each student a specific room and bed, which is subject to change by staff. A student's cooperation is expected. If a problem arises, try to resolve it using biblical principles learned in this program. If the problem persists, seek help, guidance, or mediation from the staff. Students are responsible to comply with the following dorm rules:

1. Rooms must be cleaned, organized, dusted, vacuumed, beds made, and wastebaskets emptied prior to 8:00 am each day.
2. Clothes are kept neatly only in the closets, dressers, or a dirty clothes bag; not hanging, laying, or draped anywhere else.
3. Shoes are to be placed neatly under the bed, dresser or closet.
4. No drinks, food, gum, or candy are permitted in bedrooms with the exception of hard candy.
5. No student may enter another student's room at any time. You may talk at the entrance to the room.
6. Each dorm room will be assigned a laundry day. Laundry must be in a laundry bag and ready to wash that day. If you miss you laundry day, your clothes will not be washed until next week. Bedding (sheets and pillowcases) must be laundered every two weeks.
7. Students are not permitted outside their dorm rooms after lights out.

DRESS & CLOTHING GUIDELINES

Proper dress may increase our self esteem and communicate respect to others. Students will observe the following guidelines:

1. Collared shirts or sweaters, full length trousers, shoes, and socks will be worn during all classes.
2. Shirts are to be buttoned to the color button and shirt tails tucked.
3. Dress slacks and shirt with tie are to be worn to Sunday morning church services.
4. Socks and shoes are required in all areas except the dorm room and showers.
5. No cut-off shirts, tank tops, or shorts except during work detail or recreation.
6. No sunglasses or hats inside the building.
7. No clothes with worldly or ungodly sayings, pictures, or advertisements such as beer advertisement, bars, rock bands, pictures of women, profanity, etc.
8. No jewelry, beads, necklaces, earrings, body piercing, tongue or lip rings. Watches are permitted.

PERSONAL HYGIENE & APPEARANCE

Good personal hygiene, good grooming, and cleanliness are mandatory. Please take care in your appearance. Don't offend others. Please observe the following general rules.

1. Hair must be neat, clean, and off the top of the collar. No outrageous or objectionable hairstyles.
2. No beards. Students must be clean-shaven daily. Mustaches must be clean, neat, and trimmed short.
3. Showers must be taken daily but limited to five (5) minutes each shower.

STUDENT CONDUCT

1. Treat others with respect, courtesy, and kindness at all times.
2. Treat staff and volunteers with respect and obedience. Address staff as "brother" or "sister."
3. Staff instructions must be obeyed. If necessary, objections may be discussed with the program director or executive director at a later time.
4. No smoking, tobacco, alcohol, drugs, gambling, or sexual behavior.
5. Conversation should be edifying, encouraging, constructive, or related to recovery. No cursing, profanity, improper language, gossip, slander, or "war or street stories", (bragging about or glorifying past episodes involving drugs, booze, crime, sex, sinful or destructive behavior).
6. Students must fully participate in all program activities unless given special permission from the staff for an exceptional reason.
7. At no time are students permitted to lie on a couch, bed, or floor, cover their face to block out light, or attempt to sleep or nap from wakeup until lights out. Students' body language should indicate alertness and engagement in program activities.
8. All property must be respected. Any property damage may result in fines, restitution, and program dismissal.
9. No knives or weapons of any type.

10. No aggressive, violent, or threatening behavior at any time. Such behavior is subject to program dismissal. Conflicts must be resolved in a biblical manner through discussion and staff mediation.

GENERAL HOUSE RULES

1. Bathrooms must be cleaned after use. Towels hung up, soap and shampoo put away, drains cleaned, paper picked up, sink cleaned after shaving, toilets flushed, etc.
2. Students must take all personal items, bibles, books, pens, notebooks, etc. with them when they leave any general areas of the house other than their dorm rooms. All personal items should be stored in the student's dorm room. No personal items should be left in areas such as the dining room, lounge, classroom, etc.
3. Any special request should be addressed to the facility manager via a written request slip. Students are not permitted to request special favors from staff members, volunteers, visitors, or guests.
4. Students must ask permission to use the restroom during any activities (i.e. Chapel, Class, Prayer, and Study time.) Please plan ahead and take care of restroom needs prior to these activities.
5. Students must have permission from staff to leave the facility for any reason. Leaving the facility without permission may result in dismissal from the program.
6. Students are not permitted personal books, newspapers, magazines, cell phones, radios, walkmans, cassette tapes or players, CDs or players, TVs, electronic or audiovisual equipment, medications, money, cards, games, weapons, or secular music.
7. Students are not permitted to answer the phone or the door.
8. Students are not permitted in kitchen, staff rooms, shop areas, or gym room without direct permission from staff.
9. Staff may require students to be tested for tobacco, alcohol, or drug use at random, after returning from a visit, or at any time that use is suspected.

STAFF AUTHORITY

The purpose of the standards and rules cited is to create a safe and orderly environment in which students can accomplish the primary mission of life transformation and freedom from addiction. The above guidelines give a clear outline of expected behavior. However, they may not cover every situation or problem that can arise. Within the framework of our mission and purpose and the structure of this program, staff possesses the authority to revise standards, modify rules and schedules, and give additional instructions at any time to address problems, resolve issues, maintain order, and improve learning conditions. **Students must agree to obey all rules and staff instructions (written or verbal). Failure to obey these rules and staff instructions may result in disciplinary actions and possible dismissal from the program.**

APPEAL PROCEDURE

If a student has a significant complaint or firmly believes that a staff member's instructions or decision violates the program mission and purpose, the student's treatment goals, or the security of the program, the student may appeal to the program director. The program director may meet with the student and staff member individually or together and attempt to resolve the conflict as soon as possible. Should the student be dissatisfied with the decision made by the program director, the student may continue his appeals process to the Executive Director. If still not satisfied, the Student may request a hearing before the Grievance Review Committee (three delegates appointed by the Board of Directors of Chad's Hope Teen Challenge of Eastern KY). The Grievance Committee will have final authority in any appeals matter and will reach a decision within two weeks of the request for a hearing (excluding program holidays).

DISCIPLINE POLICY

The purpose of discipline is to assist the student to develop self-control spiritually, mentally, physically, and socially; instill respect for authority, others, and self; develop and nurture desirable character qualities; correct destructive attitudes and behavior patterns; develop mature and meaningful relationships; and develop Christ-like attitudes and responses to discipline.

Discipline should be assigned by at least two staff members meeting with the student as soon as possible after the rule violation, destructive behavior pattern, or negative attitude is observed. Staff should attempt to assign discipline appropriate to the offense. The student will accomplish all discipline during free time and not during any other program

activities. Discipline may include but is not limited to: extra work, writing, reading, or study assignments; temporary loss of any privileges such as phone, visits, free time, recreation, shopping trip, etc; a period of silence, extending time required to complete a phase or graduate the program; dismissal from the program.

PROGRAM DISMISSAL

INVOLUNTARY: The following behaviors may result in immediate dismissal: possession or use of any type of tobacco; possession or use of drugs or alcohol; insubordination; refusal to comply with discipline or staff instructions; threats of bodily harm; fighting, assault, or violent behavior; destruction of property; sexual activity; theft; or any type of criminal behavior. A student also may be dismissed in order to receive proper medical care if his health deteriorates to the point where he is no longer able to participate in the daily program activities or his medical condition requires daily medical supervision.

VOLUNTARY: Participation in Chad's Hope Teen Challenge of Eastern KY is completely voluntary. A student is free to leave at any time. However, students are not permitted to repeatedly speak to other students about leaving as this may discourage others from their recovery goals. Students wishing to leave should advise the program director preferably between 8:00 a.m. and 5:00 p.m. Once the student verbalizes his decision to leave the program, staff may not permit the student to reverse that decision. The student may be required to leave the program.

CHECKOUT: The facility manager or designated staff member will check all personal belongings to ensure that the student has returned all books or other materials belonging to Chad's Hope Teen Challenge of Eastern KY and that the student has no items belonging to others in his possession. The student is solely responsible to arrange transportation home including any costs and to ensure that he takes all his personal property. Chad's Hope Teen Challenge of Eastern KY is not responsible for any transportation fees or arrangements or for any personal property the student leaves behind. Any personal property remaining at the program will become property of Chad's Hope Teen Challenge of Eastern KY after five (5) days of the student's departure.

Chad's Hope Teen Challenge of Eastern Kentucky

STUDENT ENTRY AGREEMENT

In signing this document, I acknowledge that I am voluntarily choosing to enter Chad's Hope Teen Challenge of Eastern KY, Inc. (hereafter call CHTC, Inc.); I have carefully read the student handbook and this agreement or have had them read to me; I fully understand their contents; and I agree to abide by all the student handbook rules, which include all the statements below.

1. I am committed to complete the entire CHTC, Inc. program, which is a minimum of twelve months.
2. I agree to be weaned from all psychiatric mood or mind altering medication for at least 15 days prior to entering the program.
3. I agree to pay the non-refundable \$500.00 induction donation, and non-refundable \$500 monthly donation. If these are not paid up to date, I agree to give CHTC, Inc. 80% of all personal monies brought with me, sent or given to me and to give all remaining funds in my student and medical account to CHTC, Inc. when I leave.
4. I agree to resolve all outside business with creditors and legal authorities prior to program entry.
5. I agree to address and resolve all know medical or dental issues before I enter the CHTC, Inc. program.
6. I agree that if I require detoxification, I must enter a proper medical facility to be detoxified before entering CHTC, Inc.
7. I agree to allow CHTC, Inc. staff member to search my body and person and to check all of my personal possessions upon entry and periodically during my stay.
8. I agree to have no money on my person or stored in my belongings and to turn all money over to staff for holding in my student account while in the CHTC, Inc. program.
9. I agree to fully participate in all program activities described in the student handbook, which will include church, group and individual counseling, bible study, worship, prayer, work, scripture memorization, recreation, etc.
10. I agree to fully participate in the work experience program and not to receive personal compensation for any work during my stay at CHTC, Inc. I agree not to hold CHTC, Inc. liable for any injury incurred during my stay.
11. I agree to shower daily and maintain healthy personal hygiene.
12. I agree to limit all contact (mail, calls, & visits) with people outside the program to immediate family and pastors.
13. I agree to allow a staff member to screen all incoming and outgoing mail for unsuitable content, drugs, pornography, or rule violations; and to allow staff to monitor all telephone conversations.
14. I agree to limit my calls to one per week and visits to one per month according to student handbook rules. I understand calls and visits may be further restricted due to discipline or abuse of these privileges.

15. I agree not to have contact with or possess photographs of females outside of my immediate family during my stay at CHTC, Inc. I understand these photographs or other prohibited objects or material may be confiscated.
16. I agree not to receive any type of mood altering, psychiatric, or addictive medication while I am a student in CHTC, Inc. I agree to inform my physicians of my addictive disorder in order for them to prescribe proper medication for my illness.
17. I agree to allow CHTC, Inc. to use my personal testimony, either verbally or in writing, or my photograph. I agree not to hold CHTC, Inc. liable for use of my testimony or photography.
18. I agree to limit conversation to what is edifying, encouraging, constructive, or recovery related and to refrain from profanity, street stories, or bragging about exploits involving drugs, booze, sex, sinful behavior, or crimes.
19. I understand that CHTC, Inc. rules and guidelines may not cover every situation and that staff have the authority to modify the rules at any time. I agree to obey all staff instructions written or verbal.
20. I agree to allow staff to determine my housing, work, therapeutic, and phase assignments and changes.
21. I agree to be subject to discipline, including loss of privileges, for rule violations as described in the student handbook.
22. I agree not to hold CHTC, Inc. responsible for any belongings that are lost, stolen or that I leave behind.
23. I understand I can be dismissed from the program for the following: possession or use of tobacco, alcohol or drugs; refusal to comply with discipline or staff instructions; fighting, assault, or violence; verbal threats of bodily harm; destruction of property; sexual activity; theft; or criminal behavior, repeated rule violations.
24. I agree to be solely responsible for arranging transportation and return fare home for myself and my belongs if I choose to leave or am dismissed from the program. I agree that after five days of leaving all belongs left behind will become property of CHTC, Inc.

Signature of Student	Date
Witness	Date
	Signature of

IF FOR ANY REASON YOU WILL BE UNABLE TO COMPLY WITH ANY OF THE ABOVE CONDITIONS OR RULES IN THE STUDENT HANDBOOK, PLEASE DO NOT APPLY HERE FOR RESIDENCY AS A STUDENT.

CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY
CIVIL RIGHTS WAIVER

I, _____, UNDERSTAND THAT I HAVE CIVIL RIGHTS GUARANTEEING CONFIDENTIAL COMMUNICATIONS BY PHONE AND MAIL AS WELL AS EXERCISING THE RELIGION OF MY CHOICE. TEEN CHALLENGE IS AN EVANGELICAL CHRISTIAN DISCIPLESHIP MINISTRY FOR PEOPLE WITH LIFE-CONTROLLING PROBLEMS. AS SUCH, I REALIZE AND VOLUNTARILY SUBMIT TO THE MINISTRY'S EXPECTATIONS TO ATTEND CHRISTIAN RELIGIOUS ACTIVITIES COORDINATED BY THE MINISTRY. FURTHER, FOR REASONS OF ASSISTING ME IN DEALING WITH LIFE-CONTROLLING PROBLEMS, I UNDERSTAND STAFF MAY REGULATE AND MONITOR MY COMMUNICATIONS INCLUDING MAIL, PHONE, AND VISITS.

I VOLUNTARILY GIVE MY CONSENT ALLOWING STAFF TO EXERCISE THESE PROCEDURES AS OUTLINED IN THE STUDENT HANDBOOK, WHICH I HAVE READ OR HAVE HAD READ TO ME. I FULLY UNDERSTAND MY RIGHTS AND WHAT I AM WAIVING.

SIGNATURE OF STUDENT	DATE
SIGNATURE OF WITNESS	DATE

APPEAL PROCEDURE

IF A STUDENT HAS A SIGNIFICANT COMPLAINT OR FIRMLY BELIEVES THAT A STAFF MEMBER'S INSTRUCTIONS OR DECISION VIOLATES THE PROGRAM MISSION AND PURPOSE, THE STUDENT'S TREATMENT GOALS, OR THE SECURITY OF THE PROGRAM, THE STUDENT MAY APPEAL TO THE PROGRAM DIRECTOR. THE PROGRAM DIRECTOR MAY MEET WITH THE STUDENT AND STAFF MEMBER INDIVIDUALLY OR TOGETHER AND ATTEMPT TO RESOLVE THE CONFLICT AS SOON AS POSSIBLE. SHOULD THE STUDENT BE DISSATISFIED WITH THE DECISION MADE BY THE PROGRAM DIRECTOR, THE STUDENT MAY CONTINUE THIS APPEALS PROCESS TO THE EXECUTIVE DIRECTOR. IF STILL NOT SATISFIED, THE STUDENT MAY REQUEST A HEARING BEFORE THE GRIEVANCE REVIEW COMMITTEE (THREE DELEGATES APPOINTED BY THE BOARD OF DIRECTORS OF CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY). THE GRIEVANCE COMMITTEE WILL HAVE FINAL AUTHORITY IN ANY APPEAL MATTERS AND WILL REACH A DECISION WITHIN TWO WEEKS OF THE REQUEST FOR A HEARING (EXCLUDING PROGRAM HOLIDAYS).

I, _____, HAVE READ OR HAVE HAD READ TO ME THE ABOVE APPEAL PROCEDURE AND FULLY UNDERSTAND MY RIGHTS OF APPEAL.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF WITNESS

DATE

CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY

GENERAL RELEASE OF ALL CLAIMS AND LIMITED WAIVER OF RIGHTS

I, _____, ACKNOWLEDGE THAT I HAVE FULLY READ THE STUDENT HANDBOOK OF CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY, INC. (HEREAFTER CALLED CHTC, INC.) I AFFIRM AND VOLUNTARILY AGREE TO FULLY COMPLY WITH ALL RULES AND PROCEDURES OUTLINED IN THE HANDBOOK AND THE STUDENT ENTRY AGREEMENT, INCLUDING THOSE RULES AND PROCEDURES THAT MAY LIMIT OR RESTRICT MY RIGHTS. I AM DELIVERING THIS GENERAL RELEASE OF ALL CLAIMS AND LIMITED WAIVER OF RIGHTS TO CHTC, INC. WITH FULL KNOWLEDGE AND EXPLANATION OF THE FACT THAT THIS IS A VOLUNTARY RELEASE WHEREBY I HAVE EXTINGUISHED, WAIVED, SURRENDERED, LIMITED AND RESTRICTED MY RIGHTS AND CLAIMS TO AND AGAINST CHTC, INC., ITS BOARD MEMBERS, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS.

MY PURPOSE FOR VOLUNTARY ADMITTANCE INTO THIS PROGRAM IS TO GAIN RECOVERY FROM MY ADDICTIONS OR LIFE-CONTROLLING PROBLEMS THROUGH A DEEPER RELATIONSHIP WITH GOD AND APPLICATION OF BIBLICAL PRINCIPLES IN MY LIFE. I VOLUNTARILY CHOOSE TO RECEIVE THE SERVICES OFFERED IN THE STUDENT HAND BOOK INCLUDING LODGING, BOARD, GROUP AND INDIVIDUAL COUNSELING, WORK EXPERIENCE, BIBLICAL EDUCATION, CHURCH, WORSHIP, PRAYER, DISCIPLINE, RECREATION, ETC.

I MAY CHOOSE TO WITHDRAW FROM THE PROGRAM AT ANY TIME. IF I CHOOSE NOT TO ABIDE BY THE RULES AND PROCEDURES OUTLINED IN THE STUDENT HANDBOOK OR I REVOKE THIS CONSENT IN WRITING, CHTC, INC. MAY TERMINATE ME FROM ITS TREATMENT PROGRAM AND SERVICES.

I AFFIRM AND AGREE THAT THIS CONTRACT SHALL BE LEGALLY BINDING. I, _____, ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, HEREBY FULLY RELEASE AND DISCHARGE CHTC, INC., ITS BOARD MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND ASSIGNS FROM ALL RIGHTS, CLAIMS, AND ACTIONS WHICH I AND MY ABOVE-MENTIONED SUCCESSORS MAY NOW OR HEREAFTER CLAIM AGAINST CHTC, INC. OR ANY OF ITS ABOVE-MENTIONED AGENTS OR ASSIGNS. AS STATED ABOVE, I AM FULLY RELEASING AND DISCHARGING ALL CLAIMS AGAINST CHTC, INC., ITS AGENTS AND ASSIGNS FOR ANY LIMITATION OR RESTRICTION OF MY RIGHTS OR OTHER CLAIMS ARISING OUT OF ACTIVITIES, PROCEDURES, AND RULES OUTLINED IN THE STUDENT HANDBOOK INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

THE PUBLICATION OR OTHER USE OF PHOTOGRAPH OR OTHER PHYSICAL REPRESENTATION OR LIKENESS;

1. THE PUBLICATION OR OTHER USE OF MY PERSONAL TESTIMONY OR ACCOUNTS OF INCIDENTS WHICH OCCURRED TO ME OR I WHICH I WAS INVOLVED;
2. THE OPENING AND INSPECTION OF MY INCOMING OR OUTGOING MAIL AT ANY TIME DURING MY STAY AT CHTC, INC.;
3. A SEARCH OF MY BODY AND PERSON OR THE INSPECTION OF MY PROPERTY AND PERSONAL BELONGINGS AT ANY TIME DURING MY STAY OR WHICH MAY BE LOCATED UPON THE PREMISES AT CHTC, INC. OR ITS AGENTS;
4. ANY ADMINISTRATIVE, DISCIPLINARY, OR OTHER ACTION UNDERTAKEN CONCERNING ME WHILE I AM INVOLVED IN THE CHTC, INC. PROGRAM;
5. ANY MEDICAL, DENTAL OR OTHER PHYSICAL OR EMOTIONAL CONDITIONS OR MALADY WHICH I MAY HAVE UPON MY BECOMING INVOLVED IN THE CHTC, INC. PROGRAM OR WHICH I MAY HAVE HAD PRIOR TO MY BECOMING INVOLVED IN THE SAID PROGRAM;
6. ANY MEDICAL OR DENTAL OR OTHER PHYSICAL OR EMOTIONAL CONDITION OR MALADY WHICH I MAY CONTRACT OR WHICH MAY BE AGGRAVATED WHILE I AM INVOLVED IN THE CHTC, INC. PROGRAM;

STUDENT INITIALS _____

1 OF 3

7. ANY MEDICAL, DENTAL, PHYSICAL, EMOTIONAL, OR CARE WHICH I MAY RECEIVE WHILE I AM INVOLVED IN THE CHTC, INC. PROGRAM;
8. ANY ASSAULT, DISTRESS, INJURY, DAMAGES, PROPERTY OR OTHER LOSS WHICH I MAY SUSTAIN OR SUFFER WHILE I AM INVOLVED IN THE CHTC, INC. PROGRAM;
9. THE DISPOSITION OF MY PROPERTY AND PERSONAL BELONGINGS WHICH I ABANDON OR LEAVE BEHIND UPON MY DEPARTING THE LODGING PROVIDED BY CHTC, INC.;
10. THE LIMITATION OF VISITS WITH PEOPLE OUTSIDE OF THE CHTC, INC. PROGRAM TO IMMEDIATE FAMILY AND PASTORS, ONCE PER MONTH, AND SUBJECT TO STAFF APPROVAL; OR LESS IF RESTRICTED BY DISCIPLINE DUE TO MY BEHAVIOR OR RULE VIOLATIONS;
11. THE PROHIBITION OF CONTACT (MAIL, CALL, OR VISITS) WITH PREVIOUS GIRLFRIENDS, PAST FRIENDS, OR FEMALES (EXCEPT IMMEDIATE FAMILY) AND PHOTOGRAPHS OF THESE PERSONS (WHICH ARE SUBJECT TO CONFISCATION), DURING MY STAY AT CHTC, INC. PROGRAM;
12. THE CONFISCATION OF ANY PROHIBITED PHOTOGRAPHS, OBJECTS, MAIL, OR MATERIAL;
13. MY REQUIRED PARTICIPATION IN ALL PROGRAM ACTIVITIES WITHIN AND OUTSIDE THE CHTC, INC. FACILITY AND IN THE COMMUNITY, WHICH WILL INCLUDE GROUP AND INDIVIDUAL COUNSELING, WORK EXPERIENCE, BIBLICAL EDUCATION, CHURCH, WORSHIP, PRAYER, DISCIPLINE, RECREATION, SHOPPING AND ALL OTHERS MENTIONED IN THE STUDENT HANDBOOK;

14. THE LIMITATION OF ONE INCOMING/OUTGOING CALL PER WEEK TO IMMEDIATE FAMILY OR PASTORS, WHICH MUST BE AUTHORIZED AND REGISTERED BY A STAFF MEMBER, MAY BE MONITORED, OR MAY BE RESTRICTED BY DISCIPLINE DUE TO MY BEHAVIOR OR RULE VIOLATION;
15. ANY LIMITATION IN CONDUCTING OUTSIDE BUSINESS, SUCH AS DISPOSING OF BILLS, INCOME TAX, CHILD SUPPORT, AND OTHER LEGAL ISSUES, WHICH MUST BE RESOLVED BEFORE ENTERING THE CHTC, INC. PROGRAM;
16. ANY DEBT I INCUR BEFORE, DURING OR AFTER THE PROGRAM, AND MY ABSOLUTE AGREEMENT TO NOT HOLD CHTC, INC. LIABLE;
17. MY SURRENDERING ALL MONEY SENT OR GIVEN TO ME BY FAMILY OR OTHERS TO CHTC, INC. STAFF FOR PLACEMENT IN MY STUDENT ACCOUNT AND MY AGREEMENT NOT TO HAVE MONEY IN MY POSSESSION OR STORED IN MY BELONGINGS AT ANY TIME DURING MY STAY AT CHTC, INC.
18. MY PAYMENT OF THE \$500.00 INDUCTION FEE OR THE \$500.00 MONTHLY FEE.
19. MY PAYMENT OF 80% OF ALL PERSONAL FUNDS RECEIVED THROUGH MAIL OR IN PERSON WHILE AT CHTC, INC., WHEN THERE IS ANY UNPAID INDUCTION OR MONTHLY FEE.
20. MY PAYMENT OR CONFISCATION BY CHTC, INC. OF ALL REMAINING FUNDS IN MY STUDENT AND MEDICAL ACCOUNT TO BE USED TOWARDS MY UNPAID INDUCTION OR MONTHLY FEES IF I CHOOSE TO LEAVE OR AM DISMISSED FROM CHTC, INC.
21. MY ACCEPTANCE OF SOLE RESPONSIBILITY TO ARRANGE TRANSPORTATION AND RETURN FARE HOME IN THE EVENT I CHOOSE TO LEAVE OR AM DISMISSED FROM THE PROGRAM.
22. MY PERFORMANCE OF WORK ASSIGNMENTS NOT AS AN EMPLOYEE AND WITHOUT FINANCIAL COMPENSATION; BUT SOLELY FOR MY BENEFIT TO FURTHER MY SPIRITUAL GROWTH, MATURITY, CHARACTER DEVELOPMENT, WORK EXPERIENCE, WORK HABITS, RECOVERY FROM CONTROLLED SUBSTANCES, AND PREPAREDNESS TO RETURN TO THE WORK PLACE;
23. MY COMPLIANCE IN NOT RECEIVING OR POSSESSING ANY TYPE OF MOOD ALTERING OR ADDICTIVE MEDICATION WHILE IN THE CHTC, INC. PROGRAM, AND IN INFORMING ANY TREATING PHYSICIAN, DENTIST, OR HEALTH CARE PROFESSIONAL OF MY ADDICTIVE DISORDER IN ORDER FOR PROPER MEDICATION TO BE PRESCRIBED.

STUDENTS INITIALS _____

20F3

I, _____, AFFIRM AND AGREE TO THE FOLLOWING STATEMENTS AND DISCLOSURES:

1. I PRESENTLY DO NOT HAVE OR HAVE NEVER BEEN EXPOSED TO ANY MEDICAL, DENTAL, OR OTHER PHYSICAL, MENTAL, OR EMOTIONAL CONDITIONS OR MALADIES OTHER THAN THOSE LISTED IMMEDIATELY BELOW:

2. I PRESENTLY AM NOT PRESCRIBED OR TAKING OR HAVE NEVER BEEN PRESCRIBED OR TAKING ANY MEDICATION OTHER THAN THOSE LISTED BELOW:

3. I AM EIGHTEEN YEARS OF AGE OR OLDER AND AM IN ALL RESPECTS LEGALLY AND MEDICALLY COMPETENT TO ENTER INTO THIS RELEASE AND WAIVER AGREEMENT.
4. I AM MAKING THE AFORESAID REPRESENTATIONS; INCLUDING MY RELEASE AS TO ALL INJURIES, UNKNOWN, FORESEEN OR UNFORESEEN, PATENT OR LATENT; FOR THE PURPOSE OF INDUCING CHTC, INC. ITS DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS TO ADMIT ME INTO THE CHTC, INC. PROGRAM AND HEREBY CERTIFY AND AFFIRM THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.
5. I UNDERSTAND AND ACKNOWLEDGE THE SIGNIFICANCE OF THIS GENERAL RELEASE AND WAIVER AND THE CONSEQUENCES OF MY SPECIFIC INTENTION TO RELEASE ALL CLAIMS AS MENTIONED. I HEREBY ASSUME FULL RESPONSIBILITY AND LIABILITY FOR ANY INJURY, DAMAGE OR LOSS THAT I MAY INCUR FORM OR DURING MY INVOLVEMENT IN THE CHTC, INC. PROGRAM.
6. I HAVE FREELY AND VOLUNTARILY SIGNED THIS RELEASE AFTER HAVING READ IT, OR HAVING IT READ TO ME, AND AFTER HAVING HAD ITS TERMS AND PROVISIONS AND THE CONSEQUENCES THEREOF EXPLAINED TO ME. I HAVE FREELY AND VOLUNTARILY DELIVERED THIS RELEASE AND WAIVER TO CHTC, INC.

READ CAREFULLY BEFORE SIGNING

PRINTED NAME OF RELEASOR-STUDENT

STUDENT SIGNATURE

DATE

PRINTED NAME OF WITNESS

WITNESS SIGNATURE

DATE

HEATHER BAKER-ADMISSIONS
STATE DIRECTOR
(606)599-9716
(502)541-9478

ROBERT MORCK- DIRECTOR

(606)599-9716

(606)599-0041

V. CLAYTON ARP-

DEAR POTENTIAL SPONSOR:

RE: _____
(APPLICANT'S NAME)

THE ABOVE INDIVIDUAL HAS APPLIED FOR ENTRY INTO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY, INC., A FOURTEEN (14) MONTH, FAITH BASED, RESIDENTIAL REHABILITATION PROGRAM FOR INDIVIDUALS WITH DRUG, ALCOHOL, AND OTHER LIFE-CONTROLLING PROBLEMS. YOU CAN FIND MORE INFORMATION ON THE INTERNET AT WWW.CHADSHOPEKY.COM.

TEEN CHALLENGE IS AN INTERNATIONAL, NON-PROFIT, INTERDENOMINATIONAL, CHRIST-CENTERED MINISTRY, WHICH IS WIDELY ACKNOWLEDGED TO BE ONE OF THE MOST SUCCESSFUL REHABILITATION PROGRAMS IN THE WORLD. CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY, INC. IS GOVERNED BY A LOCAL BOARD OF DIRECTORS, DOES NOT RECEIVE GOVERNMENT FUNDS, AND IS RESPONSIBLE FOR RAISING ITS OWN FINANCIAL SUPPORT.

EACH STUDENT AND HIS FAMILY ARE ASKED TO ACQUIRE SPONSORS. THIS SHOWS INTEREST AND DESIRE IN SEEKING A LIFE CHANGE. SPONSORS CAN BE FAMILY, FRIENDS, CHURCHES, BUSINESSES, OR OTHER CONCERNED INDIVIDUALS. SPONSORS WILL HELP US UNDERWRITE THE OPERATIONAL COSTS OF THE PROGRAM. IT COSTS APPROXIMATELY \$2000 PER MONTH TO KEEP A STUDENT IN THE PROGRAM. SPONSORS ARE PARTNERS IN BRINGING HOPE, DELIVERANCE, AND RESTORATION.

IF YOU ARE INTERESTED IN BEING A SPONSOR, PLEASE INDICATE YOUR COMMITMENT ON THE SPONSORSHIP FORM BELOW AND RETURN IT WITH YOUR CHECK TO:

CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY
300 CHAD MCWHORTER LANE
MANCHESTER, KY 40962

ALL SPONSORSHIP DONATIONS ARE TAX DEDUCTIBLE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT 606-599-9716.

NAME _____ DATE _____

ADDRESS _____

CITY,ST.,ZIP _____ PHONE _____

I PROMISE TO GIVE \$ _____ MONTHLY IN SUPPORT OF _____

SPONSORSHIP FORM

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP TO STUDENT _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP TO STUDENT _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP TO STUDENT _____

NAME _____ PHONE _____
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RELATIONSHIP TO STUDENT _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP TO STUDENT _____

NAME _____ PHONE _____
ADDRESS _____
RELATIONSHIP TO STUDENT _____

CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY INDUCTION CENTER APPLICATION

ALL SECTIONS OF THE ATTACHED INDUCTION CENTER APPLICATION AND MEDICAL HISTORY EXAMINATION FORM NEED TO BE COMPLETED AND RETURNED, WITH THE STUDENT ENTRY AGREEMENT, CIVIL RIGHTS WAIVER FORM, THE GENERAL RELEASE FORM, AND THE \$500 APPLICATION FEE, TO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY, 300 CHAD MCWHORTER LANE, MANCHESTER, KY 40962. THE MEDICAL HISTORY EXAMINATION FORM MUST BE COMPLETED AND SIGNED BY A DOCTOR. ALL MEDICATIONS MUST BE LISTED.

AFTER WE RECEIVE ALL THE ABOVE, AN INTERVIEW WITH THE INTAKE DIRECTOR MUST BE SCHEDULED. AFTER THE INTAKE INTERVIEW, YOU MAY BE PLACED ON THE WAITING LIST FOR ENTRY INTO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY.

PLEASE BE PREPARED TO BRING ONLY THE FOLLOWING ITEMS:

- | | |
|------------------------------|----------------------------|
| *1 BIBLE | TOILETRIES: |
| *1 BLANKET OR COMFORTER | *TOOTHBRUSH |
| *1 PILLOW | *TOOTHPASTE |
| *2 PAIRS OF DRESS SLACKS | *DEODORANT |
| *2 DRESS COLLARED SHIRTS | *SHAVING SUPPLIES |
| *2 DRESS POLO SHIRTS | *SOAP |
| *5 SETS OF CASUAL CLOTHES | *SHAMPOO |
| *2 SETS OF WORK CLOTHES | *MOUTHWASH (NON-ALCOHOLIC) |
| *7 PAIR OF UNDERWEAR & SOCKS | *LAUNDRY BAG |
| *2 TOWELS | *HANGERS |
| *2 WASHCLOTHS | *PENS & PENCILS |
| *1 PAIR SHOWER SHOES | *WRITING PAPER |
| *1 BATH ROBE | *RETURN FARE |
| *1 PAIR WORK BOOTS | *\$500 INTAKE FEE |
| *1 PAIR SNEAKERS | |

DO NOT BRING: *JEWELRY *MEDICAL, DENTAL, OR LEGAL APPOINTMENTS *CIGARETTES, CHEW, SNUFF, DRUGS, ALCOHOL, NICOTINE OF ANY KIND *MAGAZINES, BOOKS OR ANY LITERATURE EXCEPT BIBLE *RADIOS, WALKMANS, CLOCK RADIOS, ALARM CLOCKS, CASSETTES, CD'S, MUSIC, ANY TYPE OF AUDIOVISUAL EQUIPMENT *GUNS, KNIVES, SCISSORS, SHARP INSTRUMENTS, ANY WEAPONS *FOOD, SNACKS, DRINKS *NUTRITIONAL SUPPLEMENTS, VITAMINS

No mind-altering, mood altering, psychiatric, or addictive pain medications are permitted in the program. All other medications must be turned into staff and kept in a secure cabinet.



Teen Challenge of Eastern Kentucky

300 CHAD MCWHORTER LANE MANCHESTER, KY 40962/606-599-9716 FAX 606-599-0274
STUDENT APPLICATION FORM

Today's Date: _____ Date of Entry: _____

I. General

1. Name: _____
(Last) (First) (Middle)

2. Present Address: _____
(Street) (City) (State) (Zip)

PHONE: _____

3. IN CASE OF EMERGENCY, NOTIFY:

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

(STREET) (CITY) (STATE)(ZIP)

4. DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

5. MEDICAL INSURANCE

NO: _____ COMPANY: _____

ADDRESS: _____ PHONE: _____

(STREET) (CITY) (STATE)(ZIP)

6. INCOME (SSI, ETC.) _____ MONEY IN SAVINGS OR INVESTMENTS _____

II. PERSONAL:

1. DATE OF BIRTH: _____ AGE: _____ GENDER: (M/F) _____ WEIGHT: _____ HEIGHT: _____

2. RACE: WHITE _____ AFRICAN-AMERICAN: _____ ASIAN/PAC. ISLANDER: _____ HISPANIC: _____ NATIVE AMERICAN: _____ OTHER: _____

3. DESCRIBE PROBLEMS LIVING AT HOME?

4. DESCRIBE SIGNIFICANT CHANGES IN YOUR LIFE RECENTLY? (BEHAVIOR, EMPLOYMENT, ACTIVITIES)

5. MARITAL STATUS:

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ REMARRIED _____

SPOUSE (FULL NAME) _____ PHONE: _____

ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP)

DATE MARRIED: _____ REMARRIED: _____

DESCRIBE CURRENT RELATIONSHIP WITH YOUR SPOUSE/EX-SPOUSE? _____

IF SEPARATED OR DIVORCED, GIVE DATE: _____ REASON FOR BREAKUP: _____

6. ARE YOU CURRENTLY IN A RELATIONSHIP WITH A FINANCE/GIRLFRIEND? _____

DO YOU LIVE TOGETHER? (Y/N) _____ DO YOU HAVE A SEXUAL RELATIONSHIP WITH HER? (Y/N) _____

WILL YOU REFRAIN FROM CONTACT WITH HER WHILE YOU ARE IN TEEN CHALLENGE? (Y/N) _____

7. DO YOU HAVE CHILDREN? (Y/N) _____ PLEASE COMPLETE THE INFORMATION BELOW:

CHILD'S NAME DATE OF BIRTH AGE OTHER PARENT'S NAME CHILD SUPPORT CUSTODY

DO YOU OWE ALIMONY PAYMENTS? (Y/N) _____ AMOUNT: _____

8. TO YOUR KNOWLEDGE HAS ANYONE IN YOUR FAMILY COMMITTED INCEST/MOLESTATION? (Y/N) _____

WHO: _____ TO WHOM: _____ WHEN: _____

WHO: _____ TO WHOM: _____ WHEN: _____

9. HOBBIES: _____

10. EDUCATION: LAST GRADE COMPLETED: _____ TECHNICAL/VOCATIONAL SCHOOL ATTENDED: _____

11. SEXUAL ORIENTATION: HOMOSEXUAL _____ BISEXUAL _____ TRANSEXUAL _____ HETEROSEXUAL _____

12. HAVE YOU EVER ENGAGED IN HOMOSEXUAL ACTIVITIES? (Y/N) _____

DO YOU CONSIDER YOURSELF TO BE A HOMOSEXUAL? (Y/N)

13. ARE YOU WILLING TO RECOGNIZE THIS BEHAVIOR/LIFESTYLE AS SINFUL AND IN OPPOSITION TO BIBLICAL TEACHING? (Y/N)

EXPLAIN: _____

14. ARE YOU WILLING TO COMPLETELY ABANDON IT? (Y/N) _____

15. HAVE YOU EVER BEEN SEXUALLY ABUSED? (Y/N) _____ EXPLAIN: _____

III. Personality Information and Mental Health History

1. DESCRIBE HOW YOU FEEL MOST OF THE TIME: _____

2. IS IT EASY FOR YOU TO EXPRESS YOUR FEELINGS? _____

3. DO YOU HAVE TROUBLE SLEEPING? _____

4. DO YOU PREFER BEING ALONE OR WITH OTHERS? _____

5. DESCRIBE YOUR FEARS: _____

6. EVER FELT PEOPLE WATCHING YOU AND /OR TALKING ABOUT YOU? (Y/N) _____ EXPLAIN: _____

7. EVER FEEL PEOPLE ARE OUT TO GET YOU? (Y/N) _____ EXPLAIN: _____

8. EVER HAD HALLUCINATIONS? (Y/N) _____ EXPLAIN: _____

9. EVER HEARD VOICES: (Y/N) _____ EXPLAIN: _____
10. SEEN THINGS OTHERS COULDN'T SEE? (Y/N) _____ EXPLAIN: _____
11. BEEN AWARE OF UNUSUAL SMELLS? (Y/N) _____ EXPLAIN: _____
12. HAD SUICIDAL THOUGHTS? (Y/N) _____ EXPLAIN: _____
13. ATTEMPTED SUICIDE? (Y/N) _____ EXPLAIN: _____
- _____
14. EVER FELT UNUSUALLY SAD OR DEPRESSED? (Y/N) _____ EXPLAIN: _____
- _____
15. HAD TIME YOU HAVE FELT AN UNUSUAL DEGREE OF ENERGY OR UNUSUAL FEELINGS OF WELL-BEING? (Y/N) _____
EXPLAIN: _____

IV. Parental Family History

1. MOTHER'S NAME; _____ PHONE: _____
ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
FATHER'S NAME: _____ PHONE: _____
ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
2. DESCRIBE CURRENT RELATIONSHIP WITH YOUR PARENTS. EXCELLENT ___ GOOD ___ FAIR ___ POOR ___ EXPLAIN: ___

3. WHEN DID YOU LAST SEE YOUR PARENTS? _____ WHEN DID YOU LAST LIVE AT HOME? _____
4. ARE YOU ADOPTED? (Y/N) _____
5. IF YOU WERE REARED BY ANYONE OTHER THAN YOUR PARENTS, EXPLAIN: _____

6. IF DIVORCED, CAUSE OF PARENTS DIVORCE: _____

7. RATE YOUR PARENTS' MARRIAGE: VERY HAPPY ___ HAPPY ___ AVERAGE ___ UNHAPPY ___ VERY UNHAPPY _____
8. AS A CHILD, DID YOU FEEL CLOSEST TO: FATHER ___ MOTHER ___ SOMEONE ELSE _____
9. HOW MANY OLDER BROTHERS ___ SISTERS ___ DO YOU HAVE?
10. HOW MANY YOUNGER BROTHERS ___ SISTERS ___ DO YOU HAVE?
11. WHAT IS YOUR CURRENT RELATIONSHIP WITH YOUR SIBLING? EXCELLENT ___ GOOD ___ FAIR ___ POOR ___ DESCRIBE: _____

V. Legal Status

1. HOW MANY TIMES HAVE YOU BEEN ARREST? _____

Date	Charges	Convicted (Y/N)	Sentence	Time in Jail
2. WHAT ARE THE SPECIFIC TERMS OF YOUR PROBATION OR PAROLE? _____

3. NAME OF PAROLE/PROBATION OFFICER: _____ PHONE: _____
ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
4. HOW OFTEN DO YOU REPORT? _____ IN PERSON ___ PHONE ___ MAIL ___
5. WILL YOU BE COURT ORDERED TO COMPLETE TEEN CHALLENGE? _____
6. WHAT LEGAL AUTHORITY SHOULD BE CONTACTED? _____ PHONE: _____
ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)
7. HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? (Y/N) ____ EXPLAIN: _____

VI. Employment

1. WHAT IS YOUR TRADE/PROFESSION, IF ANY? _____
2. HOW MANY DIFFERENT JOBS HAVE YOU HELD IN THE LAST YEAR? _____
REASONS FOR LEAVING: _____
3. DESCRIBE SPECIFIC JOB TRAINING YOU HAVE RECEIVED: _____

4. WHAT KIND OF JOB TRADE WOULD YOU LIKE TO LEARN? _____
5. HAVE YOU EVER BEEN FIRED FROM A JOB? (Y/N) ____ REASONS: _____
6. HOW HAVE YOU SUPPORTED YOURSELF FOR THE PAST YEAR? _____
7. DO YOU OWE ANYONE MONEY? (Y/N) ____ HOW DO YOU EXPECT TO REPAY THEM? _____

8. DO YOU HAVE A JOB WAITING FOR YOU WHEN YOU ARE FINISHED WITH THIS PROGRAM? (Y/N) ____
WHERE? _____
9. LIST ANY WORK SKILLS YOU HAVE (TYPING, COMPUTERS, CONSTRUCTION, ETC.) _____

10. WHAT IS YOUR CURRENT JOB STATUS? _____
11. COMPANY NAME: _____ PHONE: _____
ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)
12. HAVE YOU EVER SERVED IN ANY BRANCH OF THE MILITARY? (Y/N) ____ BRANCH: _____
TYPE OF WORK: _____ DATE OF SERVICE: _____
DISCHARGE DATE: _____ HONORABLE: ____ LESS THAN HONORABLE _____ DISHONORABLE _____

VII. Spiritual

1. ARE YOU A CHRISTIAN? (Y/N) ____ HAVE YOU BEEN "BORN AGAIN"? (Y/N) ____
2. WHAT ARE THE CIRCUMSTANCES THAT LED YOU TO ACCEPT JESUS CHRIST AS YOUR SAVIOR? _____

3. DESCRIBE YOUR RELATIONSHIP WITH JESUS RIGHT NOW: _____
4. ARE YOU A MEMBER OF ANY CHURCH? (Y/N) ____ WHICH ONE? _____
ADDRESS: _____ PHONE: _____
(STREET) (CITY) (STATE) (ZIP)
5. WHAT CHURCH DID YOU ATTEND AS A CHILD? _____ HOW LONG? _____
WHICH DENOMINATION? _____
6. HOW OFTEN DID YOU ATTEND CHURCH AS A CHILD? NEVER ____ OCCASIONALLY ____ REGULARLY ____
7. HOW OLD WERE YOU WHEN YOU STOPPED ATTENDING? ____ REASON FOR QUITTING? _____
8. HOW MANY TIMES HAVE YOU BACKSLIDDEN? _____
9. DESCRIBE RECENT SPIRITUAL CHANGES IN YOUR LIFE (IF ANY)? _____

VIII. Drug History

1. HOW DID YOU BECOME INVOLVED WITH DRUGS? _____
2. HABIT COST PER DAY: _____ LONGEST PERIOD CLEAN: _____ LAST TIME YOU USED: _____
3. HAVE YOU RECEIVED DRUG REHABILITATION BEFORE? (Y/N) ____ WHERE? _____
4. I DEPEND ON DRUGS: (CHECK ALL THAT APPLY TO YOU)

- _____ A. TO COPE WITH LIFE CHALLENGES
- _____ B. FOR PLEASURE
- _____ C. TO ESCAPE REALITY
- _____ D. OTHER _____
- _____ D. TO BE "IN" WITH THE CROWD
- _____ E. BECAUSE I AM ADDICTED
- _____ F. TO EASE PAIN

5. COMPLETE THE LIST TO THE BEST OF YOUR KNOWLEDGE:

DRUGS USED	DATES/YEARS	FREQUENCY OF USE	AMOUNT	IV	SMOKE	ORALLY
ALCOHOL	_____	_____	_____	_____	_____	_____
AMPHETAMINES	_____	_____	_____	_____	_____	_____
BARBITURATES	_____	_____	_____	_____	_____	_____
COCAINE/CRACK	_____	_____	_____	_____	_____	_____
HALLUCINOGENS	_____	_____	_____	_____	_____	_____
HEROIN	_____	_____	_____	_____	_____	_____
OPIATES (DILAUDID, OXYCONTIN, MORPHINE, HEROIN)	_____	_____	_____	_____	_____	_____
METHAMPHETAMINE	_____	_____	_____	_____	_____	_____
MARIJUANA	_____	_____	_____	_____	_____	_____
TOBACCO	_____	_____	_____	_____	_____	_____
OTHER (SPECIFY)	_____	_____	_____	_____	_____	_____

6. DO YOU SINCERELY DESIRE TO BE COMPLETELY FREE FROM ALL ADDICTIONS AND ALL SUBSTANCES? (Y/N) _____

7. WHAT STEPS ARE YOU WILLING TO TAKE TO BE COMPLETELY FREE FROM ALL ADDICTIONS? _____

IX. Medical History

1. LIST ALLERGIES TO ANY FOODS, MEDICINES OR OTHER SUBSTANCES: _____

2. LIST ANY PHYSICAL LIMITATIONS OR DISABILITIES: _____

3. SURGERIES: _____ DATES: _____

4. MAJOR ILLNESSES: _____ DATES: _____

5. DO YOU HAVE A COMMUNICABLE DISEASE? (Y/N) _____ SPECIFY: _____

6. ARE YOU CURRENTLY BEING TREATED BY A DOCTOR? (Y/N) _____ SPECIFY: _____

7. HAVE YOU EVER HAD PSYCHIATRIC CARE? (Y/N) _____ REASON: _____

WHERE: _____ DATE: _____

NAME OF DOCTOR: _____ PHONE: _____

DIAGNOSIS: _____

TREATMENT: _____

8. LIST ALL MEDICATIONS YOU ARE TAKING: _____

X. Essay

1. EXPLAIN WHY YOU WANT TO BE ACCEPTED INTO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY: _____

2. DESCRIBE WHAT YOU EXPECT TO ACHIEVE AT CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY: _____

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3. ARE YOU WILLING TO MAKE A COMMITMENT TO COMPLETE THE 14 MONTH TEEN CHALLENGE PROGRAM? (Y/N)_____
 4. IF NECESSARY, WOULD YOU BE WILLING TO TRANSFER TO A TEEN CHALLENGE FACILITY IN ANOTHER STATE IN ORDER TO COMPLETE THE TRAINING PHASE (LAST 8 MONTHS)? (Y/N)_____
 5. DO YOU HAVE ANY UNANSWERED QUESTIONS CONCERNING YOUR ADMISSION TO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY? _____
-

I CERTIFY THAT ALL MY ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I AM REQUESTING CONSIDERATION FOR ADMISSION TO CHAD'S HOPE TEEN CHALLENGE OF EASTERN KENTUCKY. I WILL DO MY BEST TO HONOR MY COMMITMENT THAT I HAVE MADE TO TEEN CHALLENGE

SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

DATE: _____

STAFF SIGNATURE: _____

DATE: _____