



RESIDENTIAL DISCIPLESHIP PROGRAM APPLICATION PACKET

Welcome to Alabama Teen Challenge, one of the oldest, largest and most successful discipleship ministries in the state of Alabama for helping people get set free from addictions.

We want to introduce you to our ministry. Teen Challenge started in Brooklyn, New York in 1958, by the late Rev. David Wilkerson. Rev. Wilkerson was a country preacher in Eastern Pennsylvania. Troubled by an article he read in LIFE magazine about seven (7) young teenagers on trial for murder, he sensed God wanted him to do something to help those teens. He eventually moved to New York to work full-time among the gang members. Out of this work, “Teen Challenge” was birthed. Today Teen Challenge is a world-wide ministry with 1,400 centers and 27,000 beds available to offer help, hope, and healing to those addicted individuals looking for a change in their lives.

Teen Challenge is not a clinical drug or alcohol treatment program – despite its success among that population. So, while Teen Challenge largely, intentionally, and successfully ministers among an addicted population, Teen Challenge is an arm of the local church seeking to evangelize and disciple people who have life-controlling addictions.

Alabama Teen Challenge offers a 12-month residential program. That program consists of:

- 1- Studies:
 - a) Group Studies – a traditional style of class training in such subjects as: How Can I Know That I am A Christian; Love and Accepting Myself; Overcoming Temptation; Anger & Personal Rights; Obedience to God and Man, etc.
 - b) There are fourteen (14) studies in all.
 - c) Personal Studies – students work on personal level regarding: Character Qualities, Scripture Memorization, Bible reading, Personal Reading, along with lessons designed to help a student come to grips with their personal problems.
- 2- Work Program:
 - a) All students will be assigned work details while they are students...KP duty, cooking, lawn care, maintenance, etc.
 - b) We endeavor to help our students develop good works habits and skills.
- 3- Church Attendance:
 - a) Every Sunday, each student will attend a church/chapel service along with the other staff and students.
 - b) There will be chapel services at each center – attendance is mandatory.
 - c) Church Rallies – some students will be asked to be on a ministry team from that center...this is a time for the student to share what God is doing in his or her life.

Our residential program is a loving, disciplined, and structured environment. An example of our daily schedule is provided for your reference.

Teen Challenge is about a total life commitment to an ultimate relationship by the student with Jesus Christ. We believe that addiction is sin, and that we must begin at the root problem as well as address the effects of the problem in the student's life. Students will never understand their own value in the world until they understand their true identity and value in Christ. True discipleship is learning Jesus by experience. This ministry is marked by the Presence of God. Discipleship is what we are all about.

We are already praying for you, even as you fill-out this application. We look forward to welcoming you to the Alabama Teen Challenge family!

Alabama Teen Challenge Residential Program Daily Schedule

Monday-Friday

Wake-up	6:00-6:30 a.m.
Breakfast	6:30-7:00 a.m.
Personal Devotion	7:00-7:30 a.m.
Med Call/Chores	7:30-8:30 a.m.
Corporate Prayer/Worship	8:30-8:50 a.m.
Work Experience to help develop a healthy work ethic	Minimal Time Varies
Personal Studies/Group Studies	9:00-10:00 a.m.
Break	10:00-10:30 a.m.
Personal Studies/Group Studies	10:30-11:30 a.m.
Break	11:30-12:00 p.m.
Lunch	12:00-12:30 p.m.
Med Call/Chores	12:30-1:30 p.m.
Personal Studies/Chapel	1:30-2:30 p.m.
Recreation	2:30-5:00 p.m.
Personal	4:00-6:30 p.m.
Dinner	5:00-5:30 p.m.
Chores	5:30-6:30 p.m.
Personal	5:30-7:00 p.m.
Personal Studies/Group Studies	7:00-7:45 p.m.
Snack Call/Break	7:45-8:00 p.m.
Personal/Group Studies	8:00-8:50 p.m.
Break	8:50-9:00 p.m.
Corporate Prayer/Worship	9:00-9:30 p.m.
Med Call/Room Time	9:30-10:00 p.m.
Lights Out	10:00 p.m.

SATURDAY

Wake-Up	7:00 a.m.
Breakfast	7:30-8:00 a.m.
Personal Devotion	8:00-8:30 a.m.
Med Call/ Chores	8:30-12:00 p.m.
Lunch	12:00-12:30 p.m.
Chores	12:30-1:30 p.m.
Personal Recreation	12:30-9:30 p.m.
Room Time/Med Call	9:30 p.m.
Lights Out	10:00 p.m.

(This schedule is subject to change according to Center location.)

You will need to bring the following with you:

1. At least one dress outfit, dress shoes, dress pants/skirt, shirt with collar.
2. Enough personal hygiene products to last for 60 days. We do not make shopping trips unless it is an emergency, so please plan ahead. This includes any approved medications.
3. Laundry basket & Laundry Detergent
4. Enough towels and wash clothes for one week. Shower sandals & shower caddy
5. Enough casual clothes for one week.
6. Enough work clothes for one week.
7. Sheets to fit a twin bed. Pillow and blanket. (Women bring pillow only)
8. NIV or New King James Bible. However, any version of the Bible is fine, but these are the ones we use most often.
9. Individually wrapped, hard candy.
10. Envelopes, stationary, and stamps.
11. Writing utensils, paper/3 ring binder, notebooks, index cards, etc.
12. Addresses and phone numbers of immediate family members. (Only those approved by your teacher/mentor may contact you.) This also includes address of probation or parole officer.
13. A list of projected court dates, if you have any. We require families to transport students to court. Please plan ahead.
14. \$450 entrance fee (certified funds or debit/credit card – non-refundable)
15. \$150 In state or \$200 out of state return bus fare from Alabama Teen Challenge to your home. (cash, money order, cashier's check - nonrefundable if program is not completed)
16. Completed sponsorship forms.
17. Student Account Funds in the form of a (Visa) cash card, which needs to be activated before student arrives. (non-refundable if program is not completed).

Forbidden items:

Please do not bring digital devices (cell phones, cameras, ipods/mp3players, burned compact disks or DVDs). Please do not bring t-shirts or items that have cigarette ads, alcohol ads, sexually suggestive material, gang related emblems, non-Christian music or reading material. Please do not bring any substance that can be huffed or consumed such as, but not limited to, mouthwash with alcohol, rubbing alcohol, aerosol cans, etc. Anything kept back as contraband must be returned to your home within 30 days or it will be destroyed. All tobacco products, lighters, illegal drugs, drug paraphernalia, gum and/or unwrapped candy will be destroyed upon entrance. You and your personal belongings will be searched upon entrance into Alabama Teen Challenge.

Women's Center Only:

Pads (Sanitary napkins)

Toilet Paper

Water bottle

Flash Light

Black modest shirt/black dress pants/black closed toed shoes/black socks

Shower Robe

Flat/long rolling bin with wheels for underneath their bed for storage (you can get these at WalMart)

Alabama Teen Challenge, Inc.

General Program Rules Agreement

The following are just some of the basic rules of Alabama Teen Challenge. You will be provided a complete list of rules upon admittance.

Christian Growth Center:

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

Personal:

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

Family:

1. I will agree to the staff screening and reading my mail.
2. I agree to write only members of my immediate family - no letter writing to girl/boy friends.
3. I agree to make (or receive) only two phone calls per week, after a 14-day waiting period.
4. I agree not to have any visits from my immediate family until after 60 days.

Group:

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

Discipline:

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

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

Applicant's Signature & Date

Staff Signature & Date

Application – Alabama Teen Challenge, Inc.

PERSONAL

Date: _____ Name: _____ Date of Birth: _____
Gender at Birth: Male Female
Street Address: _____ City/State/Zip: _____
Phone Number: _____ Social Security #: _____
Any prior Teen Challenge? Yes/No Marital Status: Single/Engaged/Married/Divorced/Boyfriend/Girlfriend
Other treatment/recovery? Yes/No If yes, where? _____
Wedding Date? _____ Children: Yes/No
Primary Caregiver? _____ Are you currently incarcerated? Yes/No
If yes, where? _____

What types of life-controlling problems are you having, and why do you feel you need to come to Teen Challenge?

What would you say led to your drug use?

What do you think this program can do for you?

What are your current living conditions?

LEGAL

Are you currently incarcerated? Yes/No If yes, where? _____
Parole/Probation/Bail: Yes/No Name of PO: _____ Phone # _____
Attorney: _____ Phone # _____
Pending Court Cases? Yes/No If yes, explain? _____
Outstanding Warrants? Yes/No If yes, explain? _____
Crime: _____ Sexual or Violent Crimes: _____

MEDICAL

Have you ever seen a psychiatrist? Yes No Diagnosis? _____
Psychiatric hospitalization? Yes/No If yes, explain. _____
Suicide attempts? Yes/No If yes, explain? _____
Eating Disorder? Yes/No If yes, explain? _____
Self Injury/Mutilation? Yes/No If yes, explain? _____
Are you on any medication? Yes No
If yes, explain?

(If you are on mood enhancing anti-depressants, anti-anxiety, or narcotic medication, you will not be allowed to take these in our program. Please seek doctor’s care if you are interested in coming off of unapproved meds to access our residential program. We do not have medical personnel on staff.)

History of Medical Problems: _____ Yes _____ No If yes, describe: _____
Physical Disorder/Disease/Physical Limitations: _____ Yes _____ No If yes, describe: _____

FINANCIAL

____welfare ____ social security payments ____unemployment compensation ____disability payments
____workman's compensation ____alimony _____ other income?

(You will be required to remit 25% of your income, not to exceed \$1000 per month, while at Alabama Teen Challenge)

Work History/Special Trade Skills? _____

Education Level? _____

Do you understand your financial obligations?: _____ Yes _____ No

\$450 non-refundable processing fee (nonrefundable) What is plan to pay? _____

\$150 In State /\$200 Out of State Return bus fare What is plan to pay? _____

Applicant's Signature & Date

Alabama Teen Challenge, Inc.

Applicant's Financial Responsibilities:

1. Physical examination, including blood tests, before entrance into Alabama Teen Challenge. (Required)
2. \$450 processing fee. (Certified funds or debit/credit card required.)(Fee will not be refunded after applicant is accepted - even if applicant does not enter the program.)(Required) If a student voluntarily/involuntarily leaves the residential program, and desires re-entry, there will be a required \$450 processing fee.
3. \$150 In State or \$200 Out of State Return bus fare from Alabama Teen Challenge to your hometown, (Cash, money order, or cashiers check is required. Non-refundable if program is not completed.)
4. Provide student account money: \$10-\$20 per month. (Checks are to be made payable to the student, not Alabama Teen Challenge.) (Nonrefundable if program is not completed)
5. Accept responsibility for payment of any of the following:
Medical and dental bills, eye examination, glasses, clothing, long distance phone calls. (If necessary)
6. The student will be required to pay \$.535 per mile for any personal transportation using Alabama Teen Challenge vehicles.
7. Our in-house industries, fundraisers, and contributions from individuals, grants, foundations, churches and businesses make Teen Challenge one of the most accessible recovery programs in the world. However, we still need your help because the costs of services for our one-year residential program are approximately \$12,000.00 per student. We require that all applicants are personally invested in their recovery. In addition to our \$450 Induction Fee, part of that process is asking family, friends, and home church to commit to a monthly tax-deductible contribution supporting your recovery. Monthly support can be set up via www.alatc.org, copying and disbursing the provided forms, or by calling 205-763-0909 prior to your acceptance into the program.

Our philosophy of ministry is not driven by our bottom line. We want you to discover true freedom and restoration that Jesus Christ can bring in your life. If you or the people in your support system cannot afford the initial investment, please discuss this directly with our Intake Coordinator.

(Applicant's Signature & Date)

(Staff Signature & Date)

Alabama Teen Challenge, Inc.

Health Screening Form TO BE COMPLETED BY CERTIFIED MEDICAL PERSONNEL ONLY

Today's Date _____

1. Name _____ D.O.B. _____

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

3. Allergies:

4. Medicine currently prescribed and reason:

5. Has client been exposed to any communicable diseases: Yes No
If yes, please specify:

6. History of chronic or major illness:

7. Operations:

8. Hospitalizations:

9. Immunizations: Last Tetanus Toxoid _____ Polio _____ Measles _____
Mumps _____ Rubella _____ Other _____

Physical Examination

Code: Satisfactory = S Unsatisfactory = U Not Examined = O

Height _____ Weight _____ B/P _____

Pulse _____ Respirations _____ Temperature _____

General Appearance (including schemata of drug abuse)

Nutrition _____

Head _____

Ears _____

Hearing: R _____ L _____

Eyes _____

Vision: (without glasses) R _____ L _____

(with glasses) R _____ L _____

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

Chest _____ Cardiac _____ Abdomen _____ Genitalia _____

Hernia _____ Skin _____ Musculo-Skeletal _____ Neurological _____

Required Blood Tests:

Hepatitis B & C:

H.I.V.

Required Tests:

T.B.

Required Tests (Female):

Pregnancy

Pap Smear

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

Optional Tests:

CBC Liver Function

General comments, assessments, and recommendations on above:

Signature of examining Physician: _____

(Address)

(Phone Number)