

Men's Teen Challenge of the Smokies

P.O. Box 2157
Franklin NC, 28744
Phone: (828) 524-2157

Dear Applicant,

- 1) The application process has several steps & there are additional considerations for those incarcerated.
- 2) **It's important to read thoroughly and follow every detail carefully.**

FIRST: Carefully read pages 1-3 to see if you are eligible. Then sign the bottom of page 3 to agree with and conform to program requirements.

SECOND: Fill out **page 3 & pages 4-15** signed in appropriate places.
Send us Page 3 and 4-15 only at first *(keep pages 1, 2, & 16-22; you will need them later)

A **\$50.00** application fee is required. **(non-refundable, money order, personal check or you may pay through PayPal on our website (use donate link) ***Primary sponsor must provide one of the following: a personal check (which must clear prior to process) or a money order.**

Email the initial application to us at: mike@mtcots.com or fax it to us 1-877-804-9207.

THIRD: You will need to call to have (or set up) a telephone interview to go over your application.

FOURTH: After the phone interview and if you've been granted "acceptance", then the physical check-up and Labs are next (unless other arrangements have been made - if needed we can do the physical and labs here). The Health Screen forms are **pages 16-18** (The required tests that are listed on the health screen forms must be current- **within 8 weeks of starting the Application Process.**)

FIFTH: If you have not done so, arrange for the required **\$500** entry fee (**non-refundable**) and the **\$300** monthly support while in the program by completing and sending the Financial Form. (**Page 15**) Primary sponsors may collect support from other sponsors but are responsible for the entire **\$300** monthly fee. The **\$500** entry fee must be paid prior to or upon entry date, unless other arrangements have been made.
Contact us at with any questions about fees or being able to afford them.

SIXTH: It is preferred that all legal issues must be taken care of or put on hold while you are in the program. However we can usually make exceptions to that and allow students to enter with future court dates. We require written verification along with any requirements the court may impose for reporting.

You must stay in contact with the program director or executive director every two weeks. Files are purged after 60 days with no contact from or on your behalf. We may also require "clearance" or "verification" letters from other physicians or professionals prior to you being accepted.

Once we receive the Initial forms and application, we conduct the phone interview.

IF there is no bed space presently available your name will be put on a waiting list for the next available bed once you have finished the application process., **only after all requirements for entrance have been fulfilled.**

IMPORTANT: At this time we **cannot accept an applicant who has ever been convicted of a sexual crime or is positive for HIV.**

IMPORTANT At this time we **cannot accept applicants who are on mood altering, depression or anxiety medications.** You must come off of them first, with your doctor’s approval and under their supervision. We require written verification stating that this has been achieved. You may also be required to go through medical detox prior to entering due to the fact that we are **not** a medical facility.

IMPORTANT: **You must have two valid forms of I.D.** one form of ID must be a driver's license or picture ID and the other may be a S.S card, certified copy of a birth certificate, or a passport. We recommend you begin the process now if you don't have them because we cannot allow you to enter the program without them. If you don't have a social security card, you must apply for one and bring proof of application.

IMPORTANT: Once your entry date and time has been set you **must be on time!** This program is structured and regimented which dictates all our time frames; if you are late, it's very possible that you may have to reschedule.

Friend, you are at a crossroads in your life. In Deuteronomy 30:19 God says He sets life and death before us. He urges us to choose life but **YOU** must choose your path. You may not know how the next step will work out but God will provide a way if you trust Him. We are here to help in any way we can but the responsibility to follow through and get things done falls on you. The question is how bad do you truly want a changed and hopeful life?

Sincerely,

Administration

Men’s Teen Challenge of the Smokies
PO Box 2157
Franklin, NC 28744
(828) 524-2157

Program Requirements

MEN'S TEEN CHALLENGE OF THE SMOKIES

PO Box 2157

Franklin NC, 28744

Phone: (828) 524-2157

- You must be 18 to 50 years of age (if you are over 50 & have extremely good health, exceptions *might* be made)
- You must have a substance abuse issues, or life controlling problems
- Willing to consider a Christian faith-based approach
- Willing to commit to a minimum of 12 months
- Willing to share a room with others of different races and backgrounds
- Willing to cut off all contact with non-family members while in the program:
**(This includes girlfriends and friends.)*
- Must have a Social Security Card and Photo ID
- If possible resolve any legal matters before entering the program (however can usually make exceptions to this and allow students to go to future court dates)
- Must submit to random drug tests while in the program (This includes, but is not limited to nicotine testing since we are a no nicotine facility.)
- Have a complete Health Examination and lab work done prior to entering the program (unless other arrangements have been made – we can do those here if needed). Dental exam is strongly advised. All medical exams & documentation must be current, **within 2 months** of entry date (TB test 30 days).
- You must have no physical limitations and be able to participate in all program activities. (Classes, walking, hiking, climbing into van, lawn care, maintenance, house cleaning, work detail, etc.)
- Non Psychiatric medications prescribed by a doctor for physical issues such as epilepsy, blood pressure, diabetes, etc. are allowed and will be administered by staff only
- **We do not allow any psychiatric or anti-depressant medications to be taken while in the program (This includes, but is not limited to prescription painkillers, mood stabilizers, etc.)**
- Must be willing to submit to a full body search upon entry
- We cannot accept those who are HIV positive
- We cannot accept those who have been convicted of a sexual crime.
- All students entering our program will apply for government assistance (food stamps) or pay an additional monthly fee of \$140 for food cost.

*****Sign your name to establish you have read, understand and agree to all of the above:**

Name _____ Date _____

Men's Teen challenge of the Smokies Student Application

*Please Print Neatly in Ink- No Cursive

Name _____ Age _____ Today's Date _____
Last First Init

Present Address _____
Street Apt. or building# City State Zip

Home Ph: _____ Cell Ph.: _____ Wk. Ph.: _____

Social Security # _____ Weight _____ Height _____ Birth Date _____

Driver's license # _____ State _____ Circle : Valid Expired Suspended

If suspended, Why? _____

Last grade completed _____ GED? Yes / No Your Email _____

Race / Ethnic background: White Black Asian Hispanic American Indian Other: _____

What is your sexual preference? (circle all that apply) Homosexual Bisexual Transsexual Heterosexual

Have you ever engaged in homosexual activities? Yes / No How recently? _____

Are you an American Citizen? Yes / No Comments _____

Your present living conditions: _____

With Whom? _____ Where? _____

How are you supported? _____

Who referred you to Teen Challenge? _____ ph.# _____

Did you grow up in church? Yes / No Would you call yourself a Christian? Why or why not?

Do you have a specific church preference or background? Explain _____

Have you ever committed your life to God? Yes / No

How many times have you turned away from God? _____ Explain your answer _____

Emergency Contacts:

(Must be immediate family or a TC approved contact)

Contact 1

Name _____ Relationship _____

Address _____ Street, City, State, Zip

Phone 1 # _____ Phone 2# _____

Contact 2

Name _____ Relationship _____

Address _____ Street, City, State, Zip

Phone 1 # _____ Phone 2# _____

Contact 3

Name _____ Relationship _____

Address _____ Street, City, State, Zip

Phone 1 # _____ Phone 2# _____

Marital Status:

Your Marital Status circle one: *Single* *Married* *Separated* *Divorced* *Remarried*

If separated or divorced give date: _____ Reason for break up _____

Girlfriend/Fiancé? Yes / No Details _____

***Important: You will not be allowed to communicate with Girlfriends/Fiancé's/common law by any means as a student of Men's Teen Challenge of the Smokies

Do you have children? Yes / No How many? _____ Do they live with you? Yes / No

Details _____

If married, how long? _____ Wife's Name _____ Age _____

ph 1 _____ ph 2 _____

Is your wife supportive of you coming to and finishing Teen Challenge? Yes / No

Comments _____

Describe any positive and/or negative aspects of your relationship with your children

Describe any problems and/or concerns related to your wife:

Alcohol/Drug History:

How old were you when you first experimented w/drugs, alcohol? _____ Why did You? _____

Do you consider yourself an addict? Yes / No Explain _____

List any & all drugs you have used in the past, even if you only tried it once: _____

What is your drug(s) of choice? _____

I depend on Drugs: (circle one) ...to cope with life ...for fun ...to escape reality ...for pleasure Other _____

Longest period clean? _____ When was that? _____

What have you done about it so far? _____

Have you ever been in a Teen Challenge before? Yes / No Where and When? _____

Why did you leave? _____

Have you tried other treatment programs before? Yes / No

Program Name:	Dates:	City/State:	Reason for leaving:
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to come here specifically? _____

What will make this program different or better than any other program? _____

Are you expecting God to do all the work or do you believe it will take commitment, sacrifice and hard work on your end?

Describe what you're willing to do, what you think is required of you for your life to truly change?

Health Status:

Give a range of your general health: circle one: Excellent Good fair poor

Do you have HIV, Hepatitis or TB? Yes / No Explain: _____

Do you have epilepsy, seizures or diabetes? Yes / No Explain _____

List any medical problems or handicaps: _____

Are there any medical limitations that would keep you from being able to participate in all program activities?
(Classes, walking, climb into van, lawn care, maintenance, house cleaning, work detail, etc.)

Are you currently taking prescription medications? If so, list all of them:

Have you ever had psychiatric care? Yes / No Have you ever attempted suicide? Yes / No

Explain _____

What is the condition of your teeth? Circle one: Excellent Good Fair Poor

*****Important:** you will not be taken to the dentist while in Teen Challenge. We strongly advise a thorough dental checkup before you enter the program.

Legal Status:

*****Important:** *Men's Teen Challenge of the Smokies does not accept registered sex offenders.*

*****Important:** *Court dates & appearances should be completed and cleared (unless exceptions have been made with MTCOTS).*

Have you ever been arrested? Yes / No How many times? _____ Charges pending? Yes / No Court date _____

Are you mandated (court appointed) to enter and complete the Teen Challenge program? Yes / No

Comments _____

Are you on probation? Yes / No Is Teen Challenge a condition of your probation? Yes / No

Must you report to a Probation or parole officer? Yes / No How often must you report? _____

Your Current charges: _____

Other Details _____

**Agency/Probation/Parole officer's name: _____

Address _____

Street, City, State, Zip

Phone# _____ Cell# _____ fax# _____ Email _____

**Lawyer/ Law Office: _____

Address _____

Street, City, State, Zip

Phone# _____ Cell# _____ fax# _____ Email _____

Financial:

***Important: Men's Teen Challenge of the Smokies will not be held responsible for **any** medical/Dental expenses.

Do you have any outstanding debts or fines? Yes / no Explain _____

Do you have health insurance? Yes / No If yes, Company _____

Card Number _____ Ph _____

What financial provisions will be made for any medical/Dental Emergencies? _____

Men's Teen Challenge of the Smokies

Statement of Faith:

1. We believe the Bible is the inspired, infallible and authoritative written Word of God.
2. We believe there is one God, eternally existent in three persons: God the Father, God the Son and God the Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miraculous ministry, His atoning death, in His bodily resurrection, in His Ascension to the right hand of the Father, and His personal return to earth, at which time he will judge the quick and the dead.
4. We believe the only means of being cleansed from sin is through repentance and faith in the precious blood of Jesus Christ.
5. We believe in the ordinances of the church: Holy Communion and Water Baptism.
6. We believe in the infilling of the Holy Spirit, and reliance on his power working in and through us.
7. We believe the redemptive work of Christ on the cross provides divine healing of the human body through prayer and petition according to Gods will.
8. We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a life of devotion and integrity.
9. We believe in the Blessed Hope, the imminent return of Jesus Christ followed by his reign on the earth for 1,000 years.
10. We believe in the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation.
11. We Believe the biblical order for human sexual expression as being between one man and one woman who have committed to a life-long marriage covenant (Gen 2:24, Matt. 19:5). Any expression of human sexuality outside of the marriage covenant between one man and one woman is sin (Ex. 20:14; Lev 18:22-23, 20:13; Matt 15:19). God wants us to avoid sexual immorality and live holy and honorable lives of faithfulness.

I, _____ Have read this statement of faith and acknowledge that while I am not required to believe according the Statement, I am required to attend classes and worship services where these beliefs are taught. I further agree that I will not engage in religious debate or disrespectfully criticize my teachers or the beliefs that they teach. I understand that the teachers will be teaching their interpretation according to this statement of Faith.

Signature _____ Date _____

MEN'S TEEN CHALLENGE OF THE SMOKIES
 PO Box 2157
 Franklin NC, 28744
 Phone: (828) 524-2157

Student Agreement

1. I have read the general program rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC staff that I qualify for completion; I should come to realize that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen whenever they deem it necessary.
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, any possible medical or dental issues or other misfortune.
9. I understand that I will be required to do various work projects while in the program (physical labor). I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary; any items not allowed according to the guidelines will be sent home, possibly discarded or held for me until my departure.
- 11. I understand that upon arrival I must deposit with Teen Challenge the cost of return taxi fare to be held for me in case I am dismissed or decide to leave the Teen Challenge program prematurely.**
12. I agree to submit to the authority of any and all staff members who may direct me while I'm a student of Men's Teen Challenge of the Smokies.

Date

Applicant's Signature

General Program Rules Agreement

MEN'S TEEN CHALLENGE OF THE SMOKIES
PO Box 2157.
Franklin NC, 28744
Phone: (828) 524-2157

*The following are some of the basic rules of Men's Teen Challenge of the Smokies.
You will be provided with a complete guidelines handbook upon admittance.*

Christian Discipleship and Training Center:

1. I understand that Teen Challenge is a Christian discipleship and training program 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 a willing attitude.
3. I understand that my main purpose for being in the program is to learn a new way of life according to biblical standards, not just to get off drugs and/or get out of jail.

Personal:

1. I will not possess or use drugs at any time, including psychiatric medication.
2. I will not possess or use any tobacco product; this includes the vapor type smoking devices.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, sex, partying or reminisce about past sinful practices.
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a limited social group that excludes others.
7. I will not call other people names- including nick names that may connect them to their past life.
8. I will not go outside of the men's dorm without staff permission.
9. I will not bring a radio, tape/CD device, phone, Ipod, musical instruments, books, knives, lighters, etc.

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 girlfriends or friends.**
-

- 3. I agree to make (or receive) only two 10 minute phone calls per week, after a 21 day waiting period.
- 4. I agree not to have any **visits from my immediate family until after 40 days.**

Group:

- 1. I agree to participate in all scheduled activities including class, chapel, choir, church, work, and recreation. I will participate in each of these activities.
- 2. I agree to conduct myself in a reserved, polite manner and will not do anything in public that will call negative 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 phases 1-4 of this Teen Challenge Program.

Discipline:

- 1. I understand that I'm expected to be prepared, in place, and on time for all my scheduled activities. I also understand that any tardiness, being unprepared, dragging my feet or 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 orderly for daily inspection.
- 3. I understand there will be a dress code.
- 4. I understand there will be a grooming code: shave, brush teeth before 1st period, hair combed (also before 1st period and throughout the day), shower once a day, etc.
- 5. I understand that disciplinary action may include: extra duties, 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 am willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Staff Signature _____ Student Signature _____

Date _____

STUDENTS WITH WIFE AND/OR CHILD/CHILDREN:

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

Staff Signature _____ Student Signature _____

Date _____

Release of Information Instructions

VERY IMPORTANT: This release of Information document informs us of any person that you want informed of your intent to enter the program, or who may be involved in your intake process. The information exchanged with these people may be utilized to determine your eligibility for the program, and develop or revise a treatment plan once enrolled. Because of Federal confidentiality laws, you must list, **EVERY** person, even immediate family members, that are to be informed of your intent or may be involved in the intake process. In short, **if a person's name is not on the list, we will not be allowed to communicate with them or even acknowledge the receipt of an application, regardless of who they are or their relationship to you.** The ONLY exception to this will be in accordance with Federal guidelines.

EMERGENCY NOTIFICATION

Next of Kin Name: _____ Relationship: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature of Applicant _____ Date _____

List the names of those you want involved or notified as well as their title, relationship and phone/fax number. You and a witness sign and date the form.

Release of Information Form

I, _____ do hereby give Men’s Teen Challenge of the Smokies and the following people and entities:

Name of Probation Officer (please print)

Name of Attorney (please print)

- 1. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
- 2. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
- 3. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
- 4. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
- 5. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number
- 6. _____ / _____
Name (please print) Title, Relationship, Phone/Fax Number

Permission to share and communicate personal information concerning me for the purposes of determining eligibility for and or facilitating entry into the Teen Challenge residential program located in Franklin NC. This release shall also extend to the development and revision of my treatment plan while enrolled in the program as well as making the transition back to normal life after the program.

Student Signature _____ Date _____

Witness Signature _____ Date _____

*This consent is subject to revocation in writing by the student at any time except to the extent that the ministry or person who is to make the disclosure has already acted on it.

This consent automatically expires one year and six months from the date it is signed.



Financial Responsibilities of Applicant/Student

1. Physical examination, including blood tests, before entrance into Men's Teen Challenge of the Smokies Program, hereafter referred to as Teen Challenge for the purpose of this document. **(Required)**
2. **Return fare (cash) for return home** from Teen Challenge provided upon entrance into the Program. **(Required)**
3. Accept responsibility for payment of any of the following (if they are necessary). **(Required)**
 - * Medical bills and dental bills
 - * Eye examinations, glasses, clothing and shoes
 - * Psychological testing with professional consultant, if indicated
4. The cost for a secular rehabilitation program exceeds \$10,000 for a 28-day program. Many are higher. The cost to care for a student in the Men's Teen Challenge of the Smokies program is approximately \$2,000.00 per month.

We (Men's Teen Challenge) will raise most of the expense to care for the student. We are asking the family, friends, and church to commit the rest of the expense as a **"minimum"** support level. This can be done by using the same methods that we use, contacting family, friends and your church family to give towards this support. While we do receive food stamp subsidies for some students, it in no way covers the expense to feed our residents for a month.

After the application is received, the **\$50.00 (non-refundable)** application fee and the initial **\$500.00** entrance fee **(non-refundable)** is paid, the family will be required to raise/donate a minimum level of support of **\$300.00 per month**.

The process will work like this:

- A. \$50.00 non-refundable application fee (paid when application is submitted)
- B. \$500.00 non-refundable entrance fee paid prior to entrance (unless other arrangements have been made)
- C. **MINIMUM** monthly support level of \$300.00 per month

Please talk to us, if you have a financial hardship, we may be able to scholarship.

Payment options must be set up and confirmed before the assigned entry date. Options are: Our website (PayPal), money order or Personal check (must clear prior to entry). All monthly support **MUST** be paid on time for students continued enrolment in Men's Teen Challenge of the Smokies.

If the applicant receives SSI (Social Security) or other Government benefits (disability, pension, etc.), the Social Security Administration has designated that 30% of your benefit must be applied to room and board. While enrolled in the program, you will be required to pay 30% to Teen Challenge for your housing. Automatic bank payment is preferred

5. I commit to provide \$_____ monthly while _____(student) is in the program.

Student Name (Please Print)	Sponsor Name (Please Print)
Telephone #	Address
Date	City State Zip
Student Signature	Telephone #
Email Address	Sponsor Signature

Form of payment will be _____ **Important Note:** Failure to make payments will result in the release of the student from the program. Initials _____

Health Screening Form

MEN'S TEEN CHALLENGE OF THE SMOKIES
PO Box 2157
Franklin NC, 28744
Phone: (828) 524-2157

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner ONLY!

Many or all of the following tests might be completed at your local Health Department

1. Name _____ D.O.B. _____ Todays Date _____
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: _____

Physical Examination Code: Satisfactory = **S** Unsatisfactory = **U** Not Examined = **O**

Height _____

Weight _____

B/P _____

Pulse _____

Respirations _____

Temperature _____

Patient Name _____ Date _____

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 _____ Neurologic _____

Required Lab Tests

Attach computer printout of all test results

• Hepatitis B _____ Hepatitis C _____

➡ If you **UNEXPECTEDLY** test positive for Hepatitis B or C you must have a liver function test and a Doctor's clearance letter.

• H.I.V. _____

• TB _____ *This test must be done within 30 days prior to entering program

General comments, assessments, and recommendations on above:

*

***Signature of Examining Physician**

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Men's Teen Challenge of the Smokies Drug/Alcohol/ Withdrawal Dental/Medical Policy

Due to the fact that Men's Teen Challenge of the Smokies is NOT a medical facility, the following policies have been enacted:

DRUG/ALCOHOL WITHDRAWAL:

Due to the fact that some withdrawal symptoms are unpleasant but some can be FATAL, severe alcoholics and those taking certain medications require a physician's statement that you have gone through a "detox" process or that you have been weaned off the medication under their supervision. **Check with us to find out if we will require detox in your case.** If you enter the program but are not able to participate due to drug or alcohol withdrawal for more than 4 days, you will be required to take a leave of absence and go through a medically supervised detox. To return to the program you would need to provide us with medical verification that you have done so.

Applicant Initial _____

DENTAL:

We *encourage* students to have a dental exam before entering the program but it is not required. Students enrolled in our program will not have access to a dentist for 12 months. In the event of an emergency, the student's family will be responsible for any medical/dental costs. *If a student in the program requires on-going dental treatment that cannot be taken care of while on pass, they will be required to take a leave of absence.* Once dental work is completed and we receive verification, they can return to the program. **Note:** this "medical leave of absence" will be considered *dead time*, and will not count towards program time requirements, however, their bed will be held for them for a 10 day grace period.

- Date of last dental check-up _____

Applicant Initial _____

MEDICAL:

Students will only have access to medical care in case of emergencies. Students that have a pre-existing medical condition or a condition that develops while enrolled in the program which requires on-going medical treatment will be required to take a leave of absence if that condition interferes with you meeting the program requirements.

Applicant Initial _____

I have read and understand the above policies.

Applicant Name (print): _____

Applicant Signature: _____ DATE: _____

Statement of Student Rights

MEN'S TEEN CHALLENGE OF THE SMOKIES

PO Box 2157, Franklin NC 28744

Phone: (828) 524-2157

1. You will be fully informed upon admission of your rights and responsibilities and limitations of those rights imposed by the agreements of Men's Teen Challenge of the Smokies.
2. You may voice grievances to: 1) First, your counselor or staff, 2) to the Program Director and then 3) the Executive Director of Men's Teen Challenge of the Smokies and to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination or reprisal.
3. You will be treated with consideration, respect, and full recognition of your dignity and individuality.
4. You will be protected by your leaders at Men's Teen Challenge of the Smokies from neglect from physical, verbal and emotional abuse (including corporal punishment) and from all forms of exploitation.
5. Men's Teen Challenge of the Smokies will assist you in the exercise of your civil rights.
6. You will not be expected to perform services which are ordinarily performed by the staff of Men's Teen Challenge of the Smokies.
7. Upon admission you will be allowed to fill out a mailing list of family members with whom you desire to communicate, subject to approval by your assigned Life-Coach and the Program Director. Mail will be opened in the administration office and given to your Life-Coach for delivery to the student. Packages received will be opened in the presence of the staff. However, any mail or other communication which is not delivered to the student for whom it is intended shall be returned to the sender.
8. You will participate in the development of the "Life-Map" for your growth while here at Men's Teen Challenge of the Smokies. You will also receive sufficient information about proposed and alternative interventions and program goals.
9. You will participate in all scheduled activities including class, chapel, church, work and recreation.
10. You will have free use of designated areas in the facility. Consideration will be given regarding privacy, personal possessions and the rights of others.
11. You will be provided privacy for the use of the bathrooms and showers.
12. Your personal items are subject to approval by the guidelines of Men's Teen Challenge of the Smokies
13. You will be allowed visits at designated times and places under supervision.
14. Should you feel the need of outside assistance, you have the right to call the appropriate advocacy representative. Some are listed below:

Health Department, American Civil Liberties Union, Macon County Sheriff's Department

*** See Title VI of the 1964 Civil Rights Act on the following page.**

Title VI of the 1964 Civil Rights Act

“No person in the United States shall on the basis of race, color or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Prohibited Practices

- Denying any individual services, opportunities, or other benefits for which that individual is otherwise qualified;
- Providing any service or benefit in a different manner from that which is provided to others in a program because of race, color, or national origin;
- Segregating service recipients solely because of race, color, or national origin;
- Restricting access to program services or benefits because of race, color, or national origin;
- Adopting methods of administration which would limit participation by any group of recipients or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin.

What to Bring:

*Upon entering TC all your belongings and luggage will be thoroughly searched. Anything deemed detrimental will be sent back home or discarded. The items listed include the **maximum** allotted number; you aren't required to have everything on this list, this is simply items that are allowed and the limit of these pre-approved items.

Short Sleeve T-shirts: 4 for work, 4 for everyday

Long sleeve dress shirts- 3

Short sleeve dressy with collar, Polo Type- 3

*** (Maximum of 14 shirts)

Dress pants: khaki- 2 pair

Jeans every day and dress- 5 pair

Work pants- 3 pair

*** (Maximum 10 pair of pants)

Shorts/ casual or sport – 4 pair

Coats: 1 dress, 1 everyday, one heavy

Ties: total of 5

Sweat pants- 2 pair

1 bathrobe

Sox/combination of dress and white- 12 pair

Underwear- 10 pair

Shoes: 2 dress, 2 casual/sport sneakers, 1 work boot

***(Maximum 5 pairs shoes)

Shower shoes/flip flops- 2 pair (*not counted in maximum shoe count*)

2 Belts: 1 dress, 1 every day.

1 alarm clock (no radio)

1 watch (with **no** phone capabilities)

1 personal fan, 1 personal night light

Hangers, 2 Towels, 2 wash rags

Toothbrush, toothpaste, deodorant, comb/brush

Razors, shaving cream, cologne, hair gel, body wash

Mouthwash (alcohol free), floss, baby powder

1 or 2 Bibles (NIV, NKJ or NLT is preferred)

Notebooks, pencils, pens, highlighters, envelopes, stamps

***Photos, cards, Letters from Family, etc. – *may be acceptable, but must be approved.*

******No musical instruments may be brought at this time.***

MEDS: the **ONLY** OTC medications we allow are: Tylenol, Ibuprofen, Aspirin, and specific limited ingredient cold meds- any must be approved.

Any prescription medication must also be approved BEFORE entry date.

******No Phones, IPods, IPads, flash drives or such type devices are allowed.***

Student Weekly Schedule:

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Monday - Friday: 7:00 AM	Wake-Up (5 min. grace period) Shave, Brush Teeth, Make Bed, etc.
7:15	Meet in Living Room for Prayer & Daily Announcements
7:30	Breakfast, Clean up, Med-Call
8:00	Morning Chores/Room Clean/Class Prep
8:30	Devotions (No Talking) Break 9:00
9:10	1st period: Personal Studies Class- Dorm Floor
10:30	Break
10:45	2nd Period: Group Studies Class-Downstairs Classroom * <u>Chapel on Mondays & Fridays</u>
11:55	Break, Lunch Prep
12:00 PM	Lunch; Med-Call
12:30	<u>Recreation</u>
1:30	Meet in Living Room for Work detail (Organized Rec on Tuesday & Friday)
5:00	Clean Up, Prep for Dinner
5:30	Dinner; Med-Call
6:00	Free-Time (Gym, Showers & Phones Open) Gym Closes at 7:00
7:15	Study Hall- In Personal Studies Room (No Talking)
8:00	Evening Chores (staff discretion) Free-Time (No Personal Goals with staff after 9:15)
9:00	Phones Close 9:00, Showers Close 9:00 (<i>Hushed Tones Engage</i>)
9:30	Staff/Student Prayer: PSNC or LR + Journal Entries until 9:50 (10 mins each)
10:00	Devotions (No Talking)
10:30	Lights Out (whispering allowed until 11:00, then talking ceases)

Saturday: 8:00 AM	Wake-Up (5 min. grace period) ***Dress for Work Detail***
8:15	<u>House Clean:</u> Rooms, hallway, Bathrooms (dust, sweep, mop, paper products, trash, clean toilets, sinks, etc.) (<i>Hushed Tones Recede</i>)
9:00	Prayer/Breakfast/Med-Call
10:00	Work Detail
1:30 PM	Prayer/Lunch/Med-Call
2:15	*Off Site Recreation or Organized Rec on site *(will vary depending on staff availability)
5:15	Free-Time (or continued Rec) Gym Opens
6:00	Dinner, Med-Call (Phones & Showers open at 6:30)
7:30	Life-Lesson or Teaching Video in Classroom/approved movie (Staff Directed) (Gym Closes at 7:15)
8:30	(Showers & phones Close at 9:30) (<i>Hushed Tones Engage 9:00</i>)
10:00	Devotions (No Talking) - Lights out at 10:30 (whispering allowed until 11:00)
Sunday: 8:00 AM	Wake-Up, Shave, Brush Teeth, Make Bed, Etc. (<i>Hushed Tones Recede at 8:30</i>)
8:20	Prayer, Breakfast, Med-Call, Get Ready for Church, etc.
10:00	Meet in Living Room, Leave for Church, Return, Change Clothes, etc.
12:30 AM	Lunch/Med-Call
2:00	Visitation 1 st and 3 rd Sundays 2pm – 4pm; students may nap in bed on Sundays (Phones open 2:30)
6:00	Light Dinner, Med-Call
7:00	Prayer Service in Chapel or Staff Directed Activity (TBA)
8:00	Free Time (Phones & Showers open from 8:00 to 9:30) (<i>Hushed Tones Engage at 9:00</i>)
9:30	Devotions (No Talking) - Lights Out 10:00 (whispering allowed until 10:30)