Student Application

Phone: (828) 524 – 2157
Fax: 1 (877) 804 – 9207
Website: www.livinghopeway.com

Dear Applicant,

1. The application process has several steps, and there are additional considerations for those who are incarcerated.
2. It is important to read thoroughly and follow every detail carefully.

FIRST: Carefully read pages 1–3 to determine if you are eligible. Sign the bottom of page 3 to acknowledge that you agree with and consent to the program requirements.

SECOND: Complete the application. You may email it back to intake@mtcots.com or fax it to 1-877-804-9207.

THIRD: Our intake coordinator will contact you to schedule a phone interview.

FOURTH: After the phone interview, the Campus Pastor and Intake Coordinator will review your application and the information discussed during your phone interview. You will be contacted **that same day or the following day** and notified of the decision regarding whether you have been accepted into the program or referred to another program that may better meet your needs.

Once you have been accepted into the program, you will be emailed the **preliminary intake paperwork**, which will include a **"What to Bring" list** and additional information to help you prepare for your arrival.

FIFTH: Please feel free to contact us at 828-524-2157 with any questions or concerns.

SIXTH: Students are allowed to attend court dates while they are in the program. We encourage students to stay on top of their own court dates. Students travel to and from court with a MCS staff member.

You must remain in contact with the Program Director or Intake Coordinator **at least every two weeks** throughout the application process. Files are purged after **7 days with no contact** from you or on your behalf. We may also require "clearance" or "verification" letters from other physicians or professionals before you can be accepted into the program.

Please remember that we have a **limited capacity**. If no spaces are available after you have completed the application process and have been accepted into the program, you will be placed on a waiting list until the next available bed becomes available.

Student Application Continued

IMPORTANT: We cannot accept an applicant who has been convicted of a sexual crime or is positive for HIV.

IMPORTANT: Applicants who are currently taking mood-altering, depression, or anxiety medications may be considered for admission on a case-by-case basis. We are unable to accept individuals with a medical diagnosis of Bipolar II or schizophrenia. Because we are not a medical facility, each situation will be reviewed individually to determine whether we can safely and appropriately meet the applicant's needs within the program.

In some cases, applicants may be required to work with their physician to discontinue certain medications prior to entry. Any changes to prescribed medications must be made only under a doctor's supervision and with their approval. Written verification from the prescribing physician may be required. Additionally, some applicants may need to complete a medical detox program before admission due to the nature of our facility and services.

IMPORTANT: Applicants who are currently incarcerated or have pending criminal charges may experience a longer application process. Before moving forward with the full application process, we contact the appropriate legal parties involved in the case to determine whether participation in the program is a viable option. If a program is an option according to the legal parties involved, then we will call the applicant and do a phone interview.

If an applicant is accepted into the program, we will provide an acceptance letter and a program overview to the applicant's attorney or public defender for presentation to the District Attorney and the court. While acceptance into the program is an important step, final approval for participation remains at the discretion of the presiding judge. Acceptance into the program does not guarantee that the court will authorize attendance.

IMPORTANT: You must have two valid forms of ID. One form of ID must be a driver's license or picture ID. The other may be a S.S. card, certified copy of a birth certificate, or a passport. If you do not have two valid forms of ID we encourage you to begin the process of getting your ID now. We cannot allow you to enter the program without them. If you are unsure of how to get an ID please call us and we will help guide you through the process.

IMPORTANT: Once your entry date and time is set you must be on time! This program is structured and regimented which dictates all our time frames; if you are late, it's possible 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

Program Requirements

• You must be 18 to 50 years of age
(Exceptions may be made for applicants over 50 years of age who have extremely good health.)

• You must have a substance abuse issue, or other life-controlling problem.

• Willing to consider a Christian faith-based approach to recovery.

• 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, fiancés and friends.)

• Must have a Social Security Card and Photo ID

• 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.)

• Must submit to a full body and belongings search upon entry to the program.

• 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 are 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.)

• Medications that are NOT allowed during the program include, but are not limited to, the following: methadone, suboxone, vivitrol, etc.
• 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 (EBT) or may be asked to pay an additional monthly fee of $140 for food cost.

Sign your name to establish that you have read, understand, and agree to all the above.

X_____

Date: _____

Student Application

First & Middle Name **Last Name**

Date of Birth

What was your gender at birth? _____

Address

Street

City **State** **Zip**

Phone Number **Email**

Social Security Number **Drivers License Number**

Last Grade Completed **Do you have a GED?** ☐ **Yes** ☐ **No**

Race/Ethnic Background

☐ **White** ☐ **African American** ☐ **Asian** ☐ **Hispanic** ☐ **Native American** ☐ **Other**

Please describe your current living conditions:

_____

_____

Who referred you to Men's Challenge of the Smokies?

Reference Phone

Emergency Contacts

MUST BE IMMEDIATE FAMILY, RELATIVE, OR PASTOR OF THE APPLICANT

EMERGENCY CONTACT #1

First Name **Last Name**

Phone Number **Relationship to Applicant**

Address

Street

City **State** **Zip**

EMERGENCY CONTACT #2

First Name **Last Name**

Phone Number **Relationship to Applicant**

Address

Street

City **State** **Zip**

EMERGENCY CONTACT #3

First Name **Last Name**

Phone Number **Relationship to Applicant**

Address

Street

City **State** **Zip**

Personal Information

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Remarried

Do you have a girlfriend or fiancé? ☐ Yes ☐ No

Reminder: Students will not be allowed to contact non-family members during the program. This includes friends, girlfriends, and fiancés.

Do you have children? ☐ Yes (How many? _____) ☐ No

Please describe your current drug/substance of choice.
Also give a brief summary of your current situation.

_____

_____

When was the last time you used? _____

Do you consider yourself an addict? ☐ Yes ☐ No

Have you attended an Adult & Teen Challenge program before? ☐ Yes ☐ No
If yes,
Where: _____ **When:** _____ **Did you graduate?** ☐ Yes ☐ No

Have you tried other treatment programs before? ☐ Yes ☐ No

Are you a registered sex offender? ☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No

Do you currently have legal charges pending? ☐ Yes ☐ No
If yes, what are they?

_____

_____

Are you mandated to enter and complete the Men's Challenge of the Smokies Program?
☐ Yes ☐ No

Are you on parole? ☐ Yes ☐ No

Are you on probation? ☐ Yes ☐ No

If you are on probation or have pending charges, please provide the following information:

County of Probation	**Lawyer/Law Office**
Probation Officer Name	**Lawyer/Law Office Phone Number**
Probation Officer Phone Number	**Lawyer/Law Office Email**
Probation Officer Email	

Personal Information Continued

Have you EVER been involved in, charged with, or convicted of a violent crime? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Range of your general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any of the following? ☐ HIV ☐ Hepatitis ☐ TB ☐ None

Do you suffer from any of the following? ☐ Epilepsy ☐ Seizures ☐ Diabetes ☐ None

Are you currently taking any medication for anxiety or depression? ☐ Yes ☐ No

If yes, please list each medication, dosage and prescribing physician:

_____

_____

Are you currently taking any other prescription medications? ☐ Yes ☐ No

If yes, please list each medication, dosage and prescribing physician:

_____

_____

Have you *ever* taken any medications for depression, anxiety, or any other diagnoses?

☐ Yes ☐ No

If yes, please list each medication, dosage and prescribing physician:

_____

_____

Have you ever had psychiatric care? ☐ Yes ☐ No

Have you ever attempted suicide? ☐ Yes ☐ No

What is the condition of your teeth? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Consent for the Release of Information

Client Name: _____

Date of Birth: _____

I hereby authorize and request Men's Challenge of the Smokies to obtain/release any information regarding my medical, psychological, legal, or financial situation from/to any entity which has participated in my care or legal issues.

I understand that such disclosure will be made for the following purposes: medical, psychological, legal and financial.

1) I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without consent unless otherwise provided for in the regulations.

2) I also understand that I may revoke this consent at any time except that action has been taken in reliance on it. If not earlier revoked, this consent expires 30 days after discharge from the program.

Signature of Client: _____

Date: _____

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 God's 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 to 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. *

X_____

Date: _____

Student Agreement

1. I have read the general program rules for Men's Challenge of the Smokies (MCS) 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 MCS staff that I qualify for completion; I should come to realize that I cannot do this in my own strength.

3. I release to MCS the right to search, read, and withhold my mail in the manner explained in the rules.

4. I release the right to MCS to do a room search and/or drug screen whenever they deem it necessary.

5. I release the right to MCS to make a thorough search of my person and belongings on the day of my admission.

6. I understand that MCS will not be held responsible for any of my personal property left, lost, or stolen while I am in the MCS program. When leaving MCS, I understand that all my personal property must be taken with me.

7. I release MCS from all financial or legal responsibilities in case of accident, injury, illness, any possible medical or dental issues, or other misfortune.

8. 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 MCS program. I also understand that the purpose of this work is to aid in my vocational training.

9. I release the right to MCS 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.

10. I understand that upon arrival, I must deposit with MCS the cost of return taxi fare and bus ticket to be held for me in case I am dismissed or decide to leave the MCS program prematurely.

11. I agree to submit to the authority of all staff members who may direct me while I'm a student of MCS.

X_____

Date: _____

General Program Rules

The following are some of the basic rules of MCS.
A complete guidelines handbook will be provided upon entrance.

Christian Discipleship and Training Center:

1. I understand that MCS 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 always assume personal responsibility for my own attitude and behavior. I understand that what the 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 nicknames 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 understand that I will be allowed to write letters to immediate family members, relatives, and a pastor after I have been in the program for 30 days as long as my contact list has been finalized. I consent to MCS staff screening and reading all incoming and outgoing mail.
2. I agree to only contact members of my immediate family, relatives, and pastor through approved contact methods – there will be no contact with girlfriends, fiancés, or friends. Approved contact methods include letter writing, phone calls, visits, and passes.
3. I agree to make only two 10-minute phone calls per week, after a 30-day waiting period.
4. I agree not to have any visits until after 40 days.

General Program Rules Continued

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 MCS Program is a minimum of 12 months. I agree to commit to complete phases 1-4 of the MCS Program.

Discipline:

1. I understand that I am to be prepared, in place, and arrive on time for all scheduled activities. I also understand that tardiness, unpreparedness, or any other form of carelessness will result in disciplinary action.
2. I understand that my room must be kept in a neat and orderly manner. I agree to cooperate with my roommates to keep it clean and orderly for daily inspection.
3. I understand there is a dress code.
4. I understand there are grooming and hygiene requirements which include, but are not limited to the following: shaving, brushing of teeth before 1st period, combing of hair (also before 1st period and throughout the day), hair length, hair style, daily shower, etc.
5. I understand that disciplinary action may include extra duties, loss of privileges, suspension, or dismissal.

By signing here, I am indicating that I have a good understanding of these rules, and that I am willing to commit myself to this agreement. I also understand that I will receive a more detailed Handbook Agreement during intake.

X_____

Date: _____

Release of Information

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.

Due to federal confidentiality laws, you must list EVERY person (including immediate family members) that we may communicate with during your intake process.

Person/Entity #1

First Name	**Last Name**
Phone Number	**Relationship to you**

Person/Entity #2

First Name	**Last Name**
Phone Number	**Relationship to you**

Person/Entity #3

First Name	**Last Name**
Phone Number	**Relationship to you**

Person/Entity #4

First Name	**Last Name**
Phone Number	**Relationship to you**

Person/Entity #5

First Name	**Last Name**
Phone Number	**Relationship to you**

I, _____ hereby give Men's Challenge of the Smokies permission to communicate with the persons/entities listed above on my behalf for the purpose of determining my eligibility for, and/or facilitating my entry into, the MCS residential addiction recovery program located in Franklin, NC.

X_____

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.**

Statement of Student Rights

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 Challenge of the Smokies (MCS).
2. You may voice grievances to: 1) First, your counselor or staff, 2) to the Program Director and then 3) the Executive Director of MCS 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 MCS from neglect from physical, verbal and emotional abuse (including corporal punishment) and from all forms of exploitation.
5. MCS 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 MCS.
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 the Program Director. Packages received will be opened in the presence of the staff. However, any mail or other communication that 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 learning contracts for your growth while here at MCS. 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, choir, 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 MCS.
13. You will be allowed visits at designated times and places under supervision.
14. Should you feel the need for 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

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.