

STUDENT INTAKE PACKET

Long Term Program

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STUDENT APPLICATION FOR ENTRY
(Part B)

THIS FORM SHALL BE COMPLETED BY THE APPLICANT AND HIS OR HER DOCTOR. **ON PAGE 12 THERE IS A PLACE PROVIDED FOR YOUR DOCTOR TO SIGN.**

1. Please read and carefully follow instructions.
2. The enclosed application provides Teen Challenge with a student's health, medical, psychological, and substance abuse history.
3. If you will be taking a particular medication while in the Teen Challenge program, we will need a letter of authorization from the prescribing physician – **this is a must.**

STUDENTS SHALL NOT BE PERMITTED TO BRING PRESCRIPTION MEDICATION INTO THE PROGRAM OR RECEIVE THEM FROM OUTSIDE THE PROGRAM. THEY MUST BE PURCHASED BY THE CENTER STAFF, FOR THE STUDENT, LOCALLY. BRING MONEY WITH YOU TO BUY THE MEDICATION – NO EXCEPTIONS.

Non- prescription Items – Students are permitted to bring non- prescription items into the program or receive them from outside the program (aspirin, vitamins, etc.), if, and only if they are enclosed in the manufactures original package and the wrapping seal is unbroken – NO EXCEPTIONS.

4. Copies of the results of the following examination and/or lab test items checked below shall be completed and mailed to the address listed below – TEST RESULTS MUST BE CURRENT.

Physical examination to rule out contagious diseases or significant mental or physical impairment – similar to a sports physical – USE DOCTOR FORMS

Tuberculosis test: PPD or chest X- Ray

Genital exam – if indicated for sexual transmitted diseases

Hepatitis B screening lab test

COMPLETE THIS FORM AND RETURN TO :
TEEN CHALLENGE MONTEREY BAY
PO BOX 1807
FREEDOM, CA 95019-1746

Your application will not be processed until PART (B) and the other requirements are completed and returned to the above address.

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Describe treatment and/or medicine you are currently receiving for illnesses, injuries or symptoms noted in items (1) and (2) above:

Please list ALL medications that you would be required to take with in the Teen Challenge program. (Bring medications with you):

Describe any allergies (hay fever, hives, etc.) or reactions to medications (i.e. Novocain, penicillin, aspirin, or other antibiotics) foods, bee stings or other substance:

Describe any illness and developmental problem/concern that you experienced as a child:

Do you have epilepsy or seizures? _____ (Yes) _____ (No)

Type: _____

Medication and frequency used: _____

Do you have diabetes? _____ (Yes) _____ (No)

Medication and frequency used: _____

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List any major operation- START WITH YOUR MOST RECENT

Month/ Year	Reason for Operation

(USE BACK OF THIS PAGE IF ADDITIONAL SPACE IS REQUIRED)

Do you have special diet requirements? _____ (Yes) _____ (No)
 If yes, please explain:

When were your eyes last examined: _____
 Results: _____ (Excellent) _____ (Good) _____ (Fair) _____ (Bad)
 Explain any presenting problems with your eyes:

When were your teeth last examined: _____
 Are you currently experiencing any problems with your teeth: _____ (Yes) _____ (No)
 If yes, please explain: _____

If you drink coffee/ tea or smoke cigarettes, please list the amount that you consume per day:
 Coffee: _____ Cups consumed per day.
 Tea: _____ Cups consumed per day.
 Cigarettes: _____ Packs consumed per day.

How would you rate your personal health? _____ (Good) _____ (Fair) _____ (Poor)

HAVE YOU EXPERIENCED OR PRESENTLY HAVE A PHYSICAL AILMENT, INJURY, HANDICAP OR MEDICAL PROBLEM THAT WOULD PREVENT YOU FROM PERFORMING MANUAL WORK RELATED TASKS WHILE ENROLLED IN ANY TEEN CHALLENGE PROGRAM? ___ (YES)___ (NO)

IF YES, PLEASE EXPLAIN: _____

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Please check any of the following illnesses or symptoms that you have experienced. PROVIDE AN EXPLANATION FOR EACH ITEM CHECKED "YES"

INTEGUMENTARY	YES	NO	G. U.	YES	NO
Excessively dry skin?			Frequent urination?		
Excessive sweating?			Excessive thirst?		
Frequent rash?			Blood in urine?		
Frequent boils			Pus in kidneys?		
Severe itching?			Frequent urination at night?		
			Burning on urination?		
NEUROPSYCHIATRIC	YES	NO	Loss of control of bladder?		
Are you nervous?			Frequent kidney infections?		
Are you depressed often?			Do you strain to urinate?		
Do you worry?			Kidney stones?		
Do you sleep well?					
Are you excessively sleepy?			G. I.	YES	NO
			Poor appetite?		
NEUROMUSCULAR	YES	NO	Nausea?		
Arthritis?			Vomiting?		
Blackout spells?			Stomach ulcer?		
Convulsions?			Stomach pain?		
Backache?			Yellow jaundice?		
Dizziness?			Gas pain?		
			Diarrhea?		
RESPIRATORY	YES	NO	Piles or hemorrhoids?		
Coughing blood?			Constipation?		
Asthma?			Black stools?		
Night sweats?			Intestinal parasites?		
Wheezing?			Persistent weight gain?		
			Weight loss?		

HEAD	YES	NO	IF YES- WHEN?	
			PAST	PRESENT
Severe or persistent headache?				
Blurred vision?				
Blindness?				
Pain in the eyes?				
Red or inflamed eyes?				
Watery eyes?				
Runny ears?				
Ringing in ears?				
Frequent sneezing?				
Hay fever?				
Sinus trouble?				

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PAST HISTORY	YES	NO	AGE
Scarlet fever?			
Measles?			
Chicken pox?			
Mumps?			
Whooping cough?			
Small pox?			
Nervous breakdown?			
Gonorrhea?			
AIDS?			
Herpes?			
Syphilis?			
Diphtheria?			
Hepatitis?			
Tuberculosis?			
Pneumonia?			

CARDIAC	YES	NO
High blood pressure?		
Low blood pressure?		
Severe chest pain?		
Racing of heart?		
Shortness of breath?		
Swelling ankles?		
Leg cramps?		
Rhemautic fever?		
Heart trouble?		

FAMILY MEDICAL HISTORY

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

	FATHER	MOTHER	SISTER	BROTHER	SPOUSE	CHILD
Drug Abuse						
Alcoholism/ alcohol related problems						
Physical problems						
Mental health problems						

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Family medical history (list tuberculosis, diabetes, heart disease, asthma, chronic kidney trouble, high blood pressure, etc.). If deceased, write D under age.

RELATIVE	AGE	AGE AT DEATH	PRESENT STATE OF HEALTH OR CAUSE OF DEATH
Mother			
Father			
Sister			
Bother			

PERSONAL AND MENTAL HEALTH HISTORY

Please circle the word or words below that describe you now:

- | | | |
|-----------------|-----------------|---------------------|
| ACTIVE | EASY- GOING | LIKEABLE |
| AMBITIOUS | IMPULSIVE | EASILY INFLUNCED |
| SELF- CONFIDENT | GOOD- NATURED | VALUABLE |
| ORGANIZED | INTORVERT | WORTHLESS |
| NERVOUS | EXTROVERT | SUBMISSIVE |
| HARDWORKING | SHY | BITTER |
| IMPATIENT | LEADER | DISILLUSIONED |
| SLOPPY | QUIET | HAPPY |
| MOODY | HARD- BOILED | FOLLOWER |
| OFTEN BLUE | IMAGINITIVE | JITTERY |
| EXCITABLE | SELF- CONSCIOUS | UPSET AND IRRRIATED |
| PERSISTENT | LONELY | FRIGHTENED |
| CALM | SENSITIVE | ANGRY |
| SERIOUS | | |

OTHER (PLEASE SPECIFY): _____

Is it easy for you to express your feelings? _____ (Yes) _____ (No) _____ (Sometimes)

Do you enjoy being around people? _____ (Yes) _____ (No)

Would you rather be alone? _____ (Yes) _____ (No)

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

If yes, explain:

Have you ever thought about committing suicide? _____ (Yes) _____ (No)

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Have you ever attempted suicide? ____ (Yes) ____ (No) If yes, please explain:

Have you ever received mental health treatment not related to drug or alcohol use? ____ (Yes) ____ (No)
If yes, please list:

Date: _____ Name of Clinic: _____ Outcome: _____

Reason for Mental Health Treatment:

Date: _____ Name of Clinic: _____

Outcome: _____

Reason for Mental Health Treatment:

Date: _____ Name of Clinic: _____

Outcome: _____

Reason for Mental Health Treatment:

Would you as a student of our program, be willing to authorize doctors' or agencies involved in previous treatment to release the above mentioned confidential information, (7) (a) (b) to Teen Challenge?
____ (Yes) ____ (No)

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SUBSTANCE ABUSE TREATMENT HISTORY

Why did you become involved with: _____ (Drugs) _____ (Alcohol)

Cost to support substance abuse per day: _____

Longest time period clean: _____

Method of supporting substance abuse: _____

Previous occurrence of overdose, withdrawal or adverse drug reactions:

DRUG USED	REACTION (EXPLAIN)	FINAL OUTCOME	APPROX. DATE

Alcohol, drug and medical counseling (Start with your most recent treatment experience):

DATE ADMITTED AND DISCHARGED	PROGRAM/ FACILITY	REASON FOR LEAVING

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When answering the questions HOW Often TAKEN – in the chart below, please use the following symbols:

If taken once. Use an O

If taken several times, use an ST

If taken regularly, use an R

If continually strung- out, use an SO

Drug used	Currently using		AGE TRIED?	AGE WHEN LAST USED?	HOW OFTEN?	CHECK USUAL ROUTE OF ADMINISTRATION				
	YES	NO				ORAL	SMOKE	SNORT	IM	IV
Alcohol										
Amphetamines (upper										
Barbiturates (downers)										
Chew- tobacco										
Cocaine/ crack										
Crystal Methampheta										
Dilatud										
Free basing										
Glue sniffing										
Gasoline huffing										
Hallucinogenic										
Heroin										
Lsd/ acid										
Marijuana										
Morphine										
Opium										
Paint sniffing										
Pcp										
Tobacco- smoking										
Other (specify)										

THE UNDERSIGNED STUDENT APPLICANT FULLY ACKNOWLEDGES THAT THE INFORMATION PROVIDED HERIN IS ACCURATE AND TRUE TO THE BEST OF HIS KNOWLEDGE, AND THAT THE APPLICATION FORM HAS BEEN COMPLETED AND FILLED- OUT BY STUDENT APPLICATN IN THEIR HANDWRITING. STUDENT APPLICANT FURTHER UNDERSTANDS THAT ANY FALSE OR INCOMPLETE INFORMATION MAY CAUSE AND RESULT IN DISQUALIFICATION FROM ADMITTANCE INTO THE PROGRAM, WHETHER A STUDENT IS JUST ENTERING INTO OR IS IN THE PROGRAM.

_____ (Student Applicant)

_____ (Date)

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IF THIS APPLICATION FORM HAS BEEN COMPLETED OR FILLED OUT BY ANYONE, OTHER THAN THE STUDENT APPLICANT, PLEASE PROVIDE THE FOLLOWING:

Name of person completing and filling out application form: _____
Date: _____ Relationship to the applicant: _____

EXPLAIN WHY STUDENT APPLICANT WAS UNABLE TO COMPLETE OR FILL OUT THE ENCLOSED APPLICATION FORM:

PHYSICIAN TO SIGN

Upon examination of the perspective student named herein, I find them to be in _____ physical health,
_____ mental health and _____ health.

IN MY OPINION THIS PERSON IS CAPABLE, PHYSICALLY, MENTALLY, AND EMOTIONALLY TO PARTICIPATE IN A YEAR LONG PROGRAM INVOLVING TEACHING, LEARNING, WORK EXPERIENCE, TAKING OF RESPONSIBILITY AND STRICT DISCIPLINE TO HELP PRODUCE A SELF- DISCIPLINED LIFE- STYLE.

Physician's Name: _____ Phone Number: (____) _____

Physician's Signature: _____ Date: _____

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PROGRAM ENTRANCE AGREEMENT AND ACCEPTANCE
CONFIDENTIAL

THIS AGREEMENT AND ACCEPTANCE, is made and entered in to this _____ day of _____ 20_____.
Between said Student: _____ and Teen Challenge Monterey Bay.

TERMS AND CONDITIONS OF PROGRAM ENTRANCE – AGREEMENT AND ACCEPTANCE

Whereas, the above student chooses to enter the Teen Challenge program and Teen Challenge has expressed a willingness to accept him/her in order to overcome his/her life- controlling problem(s) and to receive Christian discipleship through enrollment in its program.

Now therefore, it is **AGREED** by and between Teen Challenge and myself, in consideration of the potential help offered to me by the program, that: **(initial each separate item listed below)**

_____ **1. COMPLETED APPLICATION REQUIREMENTS AND PROCEDURES** – I confirm that I understand, accept and complied fully with all **application requirements and procedures** and that knowingly, I have not withheld any information that might jeopardize my eligibility and entry into the program. I understand and accept that such non-disclosure, incomplete information or false statements made on the application, associated entrance forms, or future consolation with Teen Challenge staff, may constitute an automatic and immediate disqualification, suspension, or termination from the program.

_____ **2. STUDENTS TO ASSUME PERSONAL RESPONSIBILITY FOR THEIR ACTIONS** – I understand that it is primarily my responsibility to face the reality of dealing and handling my problems day- to- day basis. I also understand that I assume full responsibility for keeping the terms of this agreement (abiding by or breaking rules). Infractions on my part, therefore, constitute my decision not to cooperate with the program as agreed. Such failure to comply with any of the terms of this agreement, or any directives by Teen Challenge, will subject me to possible dismissal by Teen Challenge and from the program, and I agree to bear the responsibility for any disciplinary or dismissal consequences for such. In such case, Teen Challenge and Teen Challenge staff will be entitled to recourse to any legal action provided by law.

_____ **3. TEEN CHALLENGE IS A CHRISTIAN DISCIPLESHIP PROGRAM** – I understand Teen Challenge is not a **“drug rehabilitation program”**. It is a Christian discipleship program which is aimed at those with life- controlling problems. As such, I realize that building a relationship with Jesus Christ is the heart of the program. Extra peripheral helps, such G.E.D. training, vocational guidance and training, etc., are only secondary.

_____ **4. PROGRAM IS NOT RESPONSIBLE FOR STUDENT MEDICAL OR DENTAL EXPENSE** – I understand that Teen Challenge shall not be responsible for the medical or dental needs of a student prior to entry or during program attendance. Student's medical and dental expenses incurred by students while enrolled in Teen Challenge shall be the responsibility of each individual student. This shall include an accident or injury while student is enrolled and participating in the program.

_____ **5. SUBSTANCE WITHDRAWAL WHILE IN PROGRAM** – I understand that withdrawal from drugs, alcohol, tobacco, or any other chemical will be done **“cold turkey”** (without a graduated chemical detoxification) aided by prayer.

_____ **6. STUDENT HAS READ AND WILL COMPLY WITH STUDENT CONDUCT PROGRAM GUIDELINES** – I have read and understand the Teen Challenge program **Student Conduct Policies and Guidelines** manual and agree to conduct appropriate attitude, behavior, commitment, and responsibility in accordance with Teen Challenge policies and guidelines.


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_____ **7. STUDENT TO PARTICIPATE IN PROGRAM WORK EXPERIENCE ACTIVITIES** – I understand and agree that I will participate in the work experience programs of the Center as long as I am in the program and will work willingly and I will complete all assignments given to me. Student work experience assignments are an integral part of the program, not only in terms of character, responsibility, honesty and good work habits; but also as a way of financial support basis for the program. Students shall not be paid for work performed will in the program.

_____ **8. STUDENT TO PARTICIPATE IN ALL SCHEDULED PROGRAM ACTIVITIES** – I understand and agree to participate and complete the program’s educational curriculum, treatment plan, work experience assignments by following policies and procedures adopted by the program.

_____ **9. NOT IN THE PROGRAM JUST TO DO TIME** – I understand that each phase isn’t achieved automatically by time alone. I am not in Teen Challenge to “do time”, but to do whatever is necessary for me to be a true follower of Christ.

_____ **10. PROBATION TERMS OF PROGRAM** – I understand that during or following completion of the probationary period if it is determined I am not following after the Lord in a cooperative and teachable manner that I will be asked to leave (and referred elsewhere appropriate).

_____ **11. COUNSELING** – I understand that the counseling I am to receive is not professional clinical counseling. It will be Biblical counseling, and for the most part “Peer Counseling”.

_____ **12. NOT LICENSED BY THE STATE** – I understand that many of the people living at Teen Challenge have histories including, but not limited to, drug and alcohol abuse, mental and emotional problems. I also understand that, while Teen Challenge meets its own National Certification Standards, it is not licensed by the State as a mental health facility. I agree not to hold Teen Challenge liable for any possible negative consequence, be it physical or emotional, resulting from my living here. I understand that I am here voluntarily and that I may leave at any time.

_____ **13. SEARCH AND MONITORING OF STUDENT, PERSONAL PROPERTY, ROOMS, MAIL, AND PHONE CALLS** – I authorize the Teen Challenge staff to search my person and my belongings upon admission into the program. It’s further understood that I release the right to Teen Challenge to make room searches and also my physical search of my person as deemed appropriate by Teen Challenge. I also authorize Teen Challenge to search my incoming and outgoing mail or any items brought in later by visitors for drugs, information, or any matter that might be harmful to my progress or other students. I understand that all phone calls made by or received for me will be screened and/or monitored.

_____ **14. STUDENT RESPONSIBLE FOR PERSONAL PROPERTY WHILE IN PROGRAM** – I understand that Teen Challenge or Teen Challenge staff shall not be held responsible for any of my personal property while I am in the program in case of damage, fire, loss or theft, or left upon leaving. I understand that when I leave the program, I must take all my personal property with me unless left, by special arrangement, for a limited, specific period of time. Otherwise, they may become property of the program. Any funds credited to my account, return ticket, etc., may be forfeited to the general fund if I fail to comply with program procedures.

_____ **15. CONFIDENTIALITY OF STUDENT RECORDS** – I agree that Teen Challenge Monterey Bay may reveal information about me to any or all of the Teen Challenge Monterey Bay staff. I understand that Teen Challenge Monterey Bay has a policy of maintaining the confidentiality of all my private communications between Teen Challenge Monterey Bay and me. Generally, such confidential communications will not be disclosed to a person or persons outside the Teen Challenge program, including my family members, unless I have signed the **Authorization for Release of Confidential Information** for the release of such information and/or records. Even then, Teen Challenge Monterey Bay reserves the right to privileged information unless required by law in accordance with Federal Law 42 CFR Part II. This means that Teen Challenge Monterey Bay has no duty to notify or inform family members about any program communication (s) between Teen Challenge Monterey Bay and myself. If Teen


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Challenge Monterey Bay does make such disclosures as they believe are in my best interest, I waive any objection to such disclosures as per my signing a form: **Authorization for Release of Confidential Information.**

_____ **16. TEEN CHALLENGE NOT RESPONSIBLE FOR** – Furthermore, in consideration for the opportunity to obtain this program ministry, I promise that I will not take any legal action in the future for anything said, done or omitted by Teen Challenge Monterey Bay during enrollment in the program. I agree to hold Teen Challenge harmless for any legal claims of negligence or damage of any sort which a person could assert relating to the program ministry.

I specifically release Teen Challenge Monterey Bay and its staff from any and all financial or legal responsibility in case of accident, injury, illness, or other imponderable misfortune, and release Teen Challenge Monterey Bay and its staff from all liability of any kind whatsoever as a result of this agreement and my participation with them.

_____ **17. CONSENT TO SUBMIT TO BLOOD TEST OR URINALYSIS** – I understand that Teen Challenge Monterey Bay shall reserve the right to require me to submit to drug testing upon demand and that such test (s) shall be paid for by the program. I further acknowledge that my refusal to submit to such testing will be choosing to leave the program, requiring an Accountability Hearing.

_____ **18. STUDENTS TO ASSUME PERSONAL RESPONSIBILITY FOR THEIR ACTIONS** – I understand and agree to assume personal responsibility for my own attitudes and behavior while in the program. I further understand that inappropriate behavior as set forth in the program policies, procedures and directives shall be confronted and if required manner in or outside the facility. All my behavior and attitudes shall manifest Christian love, compassion, consideration, cooperation and respect for each other. All things should edify and build one- another up in Christ.

_____ **19. CIVIL RIGHTS WAIVER ACKNOWLEDGMENT** – I understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. I also understand that Teen Challenge Monterey Bay is an evangelical Christian discipleship ministry for people with life controlling problems. Therefore, since I choose to be a Student in this program, then I also realize and submit to the ministry's expectations to attend Christian religious activities as coordinated by the ministry. Further, for reasons of assisting me in dealing with my life- controlling problem, I understand staffs will regular monitor my communications while in the program, in accordance with the program's policies and procedures.

_____ **20. By signing this form, ENTRANCE AGREEMENT** I acknowledge that I have examined and read this agreement, the **Student Conduct Policies and Guidelines** manual and confirm that I understand them. I do hereby agree to abide by all rules, regulations and conditions of Teen Challenge Monterey Bay program.

In Witness Whereof,

Teen Challenge and said Student have caused this **Entrance Agreement** to be executed.

Teen Challenge Student: _____ Date: _____

Teen Challenge Staff: _____ Date: _____

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MEDICAL FORM

Date: _____

Upon examination of _____, I found him/her, in
(Patients name)

My medical opinion, to be free from communicable disease and in _____
(good, average, poor)
health physically, and in _____, health emotionally.
(good, average, poor)

Handicaps (physical, mental, emotional): _____

Specific Treatment: _____

Drug Allergies: _____

Any evidence of MRSP (Macrolide- Resistant Streptococcus Pneumoniae)? _____

LABORATORY RESULTS	
V.D. Test Results:	_____
T.B. Skin Results:	_____
Hep A, B, & C:	_____
Pregnancy Test Results (for women):	_____
HIV Test:	_____

In my professional opinion this person is stable enough physically, mentally, and emotionally to participate in a 13- month minimum residential program at Teen Challenge Monterey Bay Pajaro Men's Center or Freedom Women's Center.

Doctor's Signature: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____

WORK ASSIGNMENTS

Student Applicant Acknowledgments Regarding Work Assignments

Statement of Student Applicant:

_____ I understand that IF I am admitted as a student, that I will be required to participate in Teen Challenge Monterey Bay Work Therapy Program.

_____ I acknowledge that I have read and fully agree with Teen Challenge's description of it's Work Therapy Program, which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.

_____ I understand that IF I am admitted, I will be performing my work assignments not as an employee of Teen Challenge Monterey Bay, but solely for my benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the work place.

_____ Accordingly by submitting this Application, I am not applying for a position of employment, and IF admitted, I understand I will not be receive ANY compensation or in-kind benefits in exchange for the performance of any work assignments.

_____ I further understand that if I fail to perform my work assignments, Teen Challenge Monterey Bay may revoke my status and privileges as a student, not because performance of work assignments are the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

Signature of Applicant: _____

Date: _____

Name (print): _____

Signature of Witness: _____

Date: _____

Name (print): _____

Civil Rights Waiver Acknowledgment

The right to confidential communications and the exercise of the religion of choice are civil rights. However, Teen Challenge, in the interest of the discipleship process for the student, reserves the right to monitor and/or control communications. Further, as an evangelical ministry, we require students to attend religious functions. This waiver shall be administered at the time of admission or as soon thereafter as the student is capable of rational communication.

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. I also understand that Teen Challenge is an evangelical Christian discipleship ministry for people with life-controlling problems. Therefore, since I choose to be a Student in this program, then I also realize and submit to the ministry's expectations to attend Christian religious activities as coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problems, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures

I fully understand my rights and what I am waiving.

Signature of Applicant: _____

Signature of Staff on Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

Non-Negotiables

We believe that every action is a result of a personal choice, whether premeditated or impulsive. Therefore, when a student chooses to break one of the non-negotiable rules, the student has, in effect, chosen to leave the program. When a student chooses to leave the program by engaging in one of these behaviors, the student may either actually pack up and leave or request to go before the Accountability Committee to discuss the possibility of being accepted back into the program. Following are the non-negotiable issues for TCMB.

- (1) Using drugs and/or alcohol (refusing a drug/alcohol test is considered an admission of use)
- (2) Threatening a student or staff.
- (3) Verbal and/or physical assault towards student(s) or staff.
- (4) Leaving the program, which can include- consistent defiance towards authority, leaving the premises without permission or not being where assigned.
- (5) Stealing and/or stashing food items/ prescription or non-prescription medicine.
- (6) Smoking.
- (7) Racial or Sexual Harassment.

If the student shows true penitence and the determination to work toward changing old habits, the Accountability Committee may choose to reinstate the student. A restriction may be imposed, such as a 30-day hold on the program, 30-day blackout with no outside contact, etc.

Signature of Applicant: _____

Signature of Witness: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

SMOKING POLICIES

Drugs and Alcohol are not the only addictive substances available to hinder our walk with the Lord. Most of us have addictive personalities to some degree, but even more so for the drug/alcohol abuser. Nicotine is an extremely addictive substance, and smoking itself is very hazardous not only to your own health, but to those around you. We tend to accept smoking as not that important because we don't see the destruction till years later, and because it is a legal activity.

However, we at Teen Challenge Monterey Bay feel we need to submit all unhealthy habits to the Lord. Therefore, we have a strictly non-negotiable NO SMOKING/NO TOBACCO PRODUCTS policy. This means not only no smoking, etc., within the gates, but also not outside the gates or when away from the Center on an outing or work project, or even WHEN HOME ON PASS.

Following are the consequences for those caught smoking or in possession of cigarettes:

1. Evaluate
2. Loss of privileges for 30 days: no store runs, no visits, no phone calls, no pass. Should there be a special event at the Center, such as movie night or birthday, the Student will be allowed to take part in that activity.
3. Loss of privileges will be cumulative. Should a Student be found to be smoking during a 30-day blackout period, he will have an additional 30 days' loss of privileges added to the current loss of time, etc.
4. A Crisis Phase Student must have four (4) clean tobacco-use tests in a row to promote to First Phase.
5. A fifth Phase student caught smoking will have to work two weekends in a row.
6. Staff caught smoking will forfeit two weeks' pay.

Signature of Applicant: _____

Signature of Staff on Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

CONFIDENTIALITY OF RECORDS

Notice to Students

In accordance with 42CFR 2.1 (10-1-91 Ed.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program or disclose any information identifying a student with a life-controlling problem, especially alcohol or drug abuse, unless:

- (1) The student consents in writing,
- (2) The disclosure is allowed by a court order, or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I warrant that I have read the above notice prior to its execution and that I am fully familiar with the contents thereof.

Signature of Applicant: _____

Signature of Staff on Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

BACKGROUND INVESTIGATION CONSENT

By my signature below, I expressly authorize and instruct Teen Challenge Monterey Bay (TCMB) to perform a Background Check Report(s) on me in conjunction with my job and/or enrollment application. I understand that if TCMB hires and/or admits me, my consent will apply throughout my employment and/or enrollment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to TCMB.

I understand that, to the extent allowed by law, information contained in my job and/or enrollment application or otherwise disclosed by me before, during or after my employment and/or enrollment, if any, may be utilized for the purpose of obtaining Background Check Reports.

By my signature below, I authorize the disclosure to TCMB of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information TCMB deems pertinent by an individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions; including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources.

I further acknowledge that a telephone facsimile (FAX) or photogenic copy of this release will be as valid as the original.

I understand that any false statements or deliberate omissions on this document or any other document I file with TCMB may be grounds for disqualification from employment/admission or, if discovered after I have been admitted or employment begins, could result in discipline up to and including termination of employment/ enrollment.

Last Name

First Name

Middle Name

Maiden Name or other name(s) used: _____

Social Security Number: _____

Date of Birth/ Place of Birth: _____

Signature: _____

Date: _____

TEEN CHALLENGE  MONTEREY BAY

A NEW WAY OF LIFE FOR MEN, WOMEN AND CHILDREN

BACKGROUND INVESTIGATION CONSENT FORM CONT...

Please respond to the following question in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court.

Have you ever been charged, indicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of no contest, or been placed on adult diversion for any violation of any law? Note: You must respond "yes" even if the charge(s) or action was ultimately dismissed, expunged, pardoned or the matter was not prosecuted. It is unnecessary to report misdemeanor traffic offenses that DO NOT involve alcohol or drugs.

_____ No _____ Yes

If yes, please give details (on a separate piece of paper) including date, state/county court in which violation was entered, type of violation and penalty or disposition.

() I have read the Background Investigation Consent and Release form and understand my rights.

ADDITIONAL STATE LAW NOTICES

CALIFORNIA: YOU MAY VIEW THE FILE MAINTAINED ON YOU BY TCMB.

Signature of Applicant: _____

Signature of Staff On Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

RELEASE WITH CONSENT

I _____ give Teen Challenge Monterey Bay authorization to release the following information: (type of information to be disclosed)

Release shall be made to: _____

For the purpose of: _____

This statement of consent is subject to revocation by the student at any time except to the extent that the ministry or person who is to make the release has already acted in reliance on it.

This consent EXPIRES on: _____

Signature of Applicant: _____

Signature of Staff On Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

AIDS STATEMENT FOR NEW STUDENTS

Teen Challenge does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of I.V. users have been infected with the HIV virus, at any given time there may be one or more Students in the program who are HIV+. This Center does not require Students who are HIV+ to notify other Students in the program of their HIV status, since HIV+ alone is not a contagious condition that others should be concerned about.

Teen Challenge is not a medical care facility and is unable to provide 24-hour on-site medical supervision. Therefore, all Students entering the program must be in good health and able to participate in all activities in the program. If a Student's health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or medical condition requires 24-hour medical supervision, he/she will have to leave the Teen Challenge Program.

Student Responsibilities

- A. HIV+ Students will not be allowed to work in the kitchen or in any food handling capacity at any time. There WILL BE NO EXCEPTIONS.
- B. HIV+ Students MUST visit a nurse at a clinic a minimum of once a week. It's the Student's responsibility to do so.
- C. HIV+ Students who have family members or friends who have possibly contracted the virus from them shall NOTIFY THEM IMMEDIATELY.
- D. If not covered elsewhere, then at this point we state the policy regarding sexual relationships with others while in the program. All Students are prohibited from any sexual intercourse (relationships) with other STUDENT OR STAFF.
- E. Any HIV+ Student who intentionally puts another person at risk of being infected with the HIV virus will be IMMEDIATELY DISMISSED FROM THE PROGRAM.
- F. A Signed Acknowledgment of receiving this form is included in your intake application located in your Confidential Student File.

Signature of Applicant: _____

Signature of Staff On Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

**STUDENT CORRESPONDENCE, TELEPHONE
AND
VISITATION AUTHORIZATION LIST**

Student's Name: _____ Date of Entry ____/____/____

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

TEEN CHALLENGE  MONTEREY BAY
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Authorization Form Cont...

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Name: _____ Relationship: _____

Street Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Approved: ___Yes ___No

Signature of Applicant: _____

Signature of Staff On Duty: _____

Date: _____

Date: _____

Name (print): _____

Name (print): _____

TEEN CHALLENGE  MONTEREY BAY
A NEW WAY OF LIFE FOR MEN, WOMEN AND CHILDREN

Date: _____

Dear _____

I arrived at Teen Challenge Monterey Bay on _____. I will be on a **30-60 day “black out”** period during which time I may have no contact from outside the program. I need to use this time to settle into the routine of the Center, familiarize myself with the rules and schedule and to focus on my issues.

After that time, I am entitled to one **15- minute phone call** per week on **Saturdays** (hours to be determined). I may call you on the phone collect, or by using a phone card. At this time, I may also send and receive mail from immediate legal family. Mail is unlimited; please remember to be encouraging. The people with whom I may have mail or telephone contact are:

_____	_____
_____	_____
_____	_____

After the first 60 days, I may have **Sunday** visitors here at the Center, with my immediate legal family and Pastor, from **1:00p, to 5:00pm**. I do need to know about visits ahead of time to put in a written request. I may also request an **8- hour** pass on pass weekend (**9am- 5pm Saturday**), during which time I am allowed to leave the Center with family members or other approved accountability.

Also after the first 60 days, I can be reached by mail at:

Teen Challenge Monterey Bay
Attn: _____
PO Box: 1807
Watsonville, CA 95019

I am not allowed to hold money until after Day 61, where I can only keep \$3 on my person at a time. Should you wish to send money for my incidentals, please send a check or money order made out to “Teen Challenge Monterey Bay”, add my name to the memo line and mail to the address above.

As I successfully progress in my program, I will be given additional privileges, such as passes for home and other off- campus activities. I will let you know more about these when the time comes. I am aware this will be the most difficult year of my life; therefore there cannot be too many prayers or too much encouragement to help me through.

From,

TEEN CHALLENGE  MONTEREY BAY
A NEW WAY OF LIFE FOR MEN, WOMEN AND CHILDREN

INTAKE PROPERTY CHECK IN

Student's Full Name: _____ Date _____

Staff Members Present: _____

Amount of Money: _____

Verified By: _____

Medicines: _____

Verified By: _____

Signature of Applicant: _____

Date: _____

Name (print): _____

Signature of Staff On Duty: _____

Date: _____

Name (print): _____

TEEN CHALLENGE  MONTEREY BAY
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Date: _____

Patient/Student _____ DOB _____

I hereby authorize any and all information contained in my medical records or other medical information for the period beginning _____ and ending _____ be released:

FROM: _____ TO: _____

This authorization is limited to the following medical records and type of information:

I understand that I have a right to receive a copy of this authorization.

*X-rays Films _____ Reports _____

Signed: _____ Witness: _____

Date: _____ Date: _____

If signed other than patient, indicate legal relationship: _____

I, hereby, also consent to the release of any and all alcohol and/or drug abuse, sickle cell anemia, or psychiatric treatment records under the same conditions as outlined above. I understand that such information cannot be released without my specific consent.

If signed other than patient, indicate legal relationship: _____

Date Sent: _____

Initials: _____

Student's Signature

Staff Signature

Date

Date

Medication Profile

Student: _____ DOB: _____

DATE ENTERED	MEDICATION	GENERIC FOR	HOW TAKEN	FOR (USE)
PRESCRIBING PHYSICIAN				
NOTES STAFF				
DATE DISCONTINUED				

DATE ENTERED	MEDICATION	GENERIC FOR	HOW TAKEN	FOR (USE)
PRESCRIBING PHYSICIAN				
NOTES STAFF				
DATE DISCONTINUED				

DATE ENTERED	MEDICATION	GENERIC FOR	HOW TAKEN	FOR (USE)
PRESCRIBING PHYSICIAN				
NOTES STAFF				
DATE DISCONTINUED				

If you need addition space for more Medications, please use the back of this sheet