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CONFIDENTIAL

COUNSELING INFORMATION WABASH VALLEY TEEN CHALLENGE

Name: _____ Age: _____

City: _____ State: _____ Phone: _____

Marital Status: _____ Children: _____

Court Ordered: _____ P.O. Name and # _____

Spiritual Background _____ Highest Grade Completed: _____

Medical Issues: _____

Is this your first program? _____ How many? _____

Controlling Problem: _____

What areas do you desire counseling? _____

STUDENT TUITION AGREEMENT

It has been explained to me, and I understand, that the monthly tuition for Wabash Valley Teen Challenge is \$500 a month. I agree to pay tuition costs in the amount of \$500 a month throughout the duration of my program.

I further understand that if I am not paying the full \$500 a month, any and all monies that I receive for my personal account will be applied towards my tuition. This agreement will be in effect throughout my entire program.

Printed Name: _____

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Name and Address for Statement Reminder:

TEEN CHALLENGE STUDENT CORRESPONDENCE LIST
Immediate Family Only

Student Name: _____ **Date of Entry:** _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

Phone: _____ Approved: Yes No

I hereby attest that the above information is accurate and true, to the best of my knowledge. I further consent to the release of the fact of my residence here to anyone on this list.

Student Signature: _____

ASSEMBLIES OF GOD HOME MISSIONS
CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that if any dispute or controversy arises between them and is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the Rules of Procedure for Christian Conciliation of the institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at www.HisPeace.org). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute agreement. Any mediated settlement agreement or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Printed Name: _____

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Witness Signature: _____ Date: _____

GENERAL RELEASE OF ALL CLAIMS

KNOW ALL MEN, that I the undersigned and being an adult, completely free of the influence of alcohol or drugs of any kind, have had explained to me the importance of this paper. This is evidence of my present and future intent to forgive and release Wabash Valley Teen Challenge and its employees or agents from all claims which I may have at any time.

AND IN CONSIDERATION of my being admitted into the Wabash Valley Teen Challenge program, the lodging, board, vocational, biblical, educational and general training which I shall receive. This includes rehabilitation from drug and alcohol dependence and other forms of socially deviant behavior. I also understand I will receive social and spiritual guidance, including counseling, which is intended to be legally bound.

AND ON BEHALF of myself, my heirs, executor, administrators and assigns I do hereby fully forgive and discharge Wabash Valley Teen Challenge its officers, directors, and any employees or agents from all claims which I, at any time, may have against them. This release includes publication of my photograph or biography, inspection of my mail or any property, all disciplinary actions affecting me. I will not hold Wabash Valley Teen Challenge liable for any medical, dental, physical or emotional condition I may experience during or after my involvement with the Wabash Valley Teen Challenge program. Any assault, distress, injury, damage or loss I may suffer, whether intentionally, recklessly or from negligent behavior, I do release all claims against Wabash Valley Teen Challenge including employees and volunteers. I further understand any property which I may leave behind upon my departing the premises will become the property of Wabash Valley Teen Challenge.

HAVING CAREFULLY READ this paper and having all my questions answered so that I fully understand its importance to me, I do release ALL CLAIMS towards Wabash Valley Teen Challenge upon my admission into the program and freely sign this General Release of all Claims.

Student Signature: _____ Date: _____

Printed Name: _____

Emergency Contact: _____ Phone #: _____

Staff Witness: _____

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. Teen Challenge is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problem, 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.

Student Signature

Date

Witness Signature

Date

RELEASE OF ALL RIGHTS IN PERSONAL STORY

I do hereby irrevocably authorize Teen Challenge and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my personal story which I have related to Teen Challenge in whole, or in part, including any photographs of myself.

I hereby waive any right that I have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release and discharge Teen Challenge, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error, or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjection to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name on the above regard and further, that all the information in my personal story was obtained from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Printed Name: _____ Date: _____

Student Signature: _____

Staff Signature: _____ Date: _____

CONFIDENTIALITY OF TEEN CHALLENGE RECORDS

Notice to Students

In accordance with 42 CFR § 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.

Dated this: _____ day of: _____ 20_____.

Student's Signature

Witness Signature

TEEN CHALLENGE GENERAL WORK EXPERIENCE PROGRAM

The General Work Experience Program (GWEP) here at Wabash Valley Teen Challenge is a work related occupational activity that serves as an instructional method (tool) in a vocational experience so as to aid you the student to achieve identity, self-esteem, and self-confidence for your future.

Our GWEP is designed to develop and promote understanding for job success through supervised part-time work experience. It will teach you how to be responsible, productive, and develop personal dignity about work.

Our GWEP is designed for students with life-controlling problems. It is coordinated by concerned staff that is acquainted with your needs. In GWEP the work site effectively becomes the class room.

I understand and agree that the Wabash Valley Teen Challenge GWEP is a vital part of the overall program, ministry, and educational process at Teen Challenge. I also understand and agree that I will not be paid for any services rendered while in this program and waive all rights accordingly. I understand and agree that any funds or monies derived by the GWEP are for my education, and room and board as a resident of Teen Challenge.

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

**AIDS STATEMENT FOR STUDENTS ENTERING
WABASH VALLEY TEEN CHALLENGE**

Teen Challenge does not discriminate against those who are HIV positive in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more students in the program that are HIV positive. This center does not require students who are HIV positive to notify other students in the program of their HIV status.

Teen Challenge is not a medical care facility and is unable to provide 24 hour in-site medical supervision. Therefore, all students entering the program must be in good health able to participate in all activities in the program. If a student's health deteriorates to the point where s/he is no longer able to participate in the daily activities of the program, or medical condition requires 24 hour medical supervision, that person should leave the TC program

I warrant that I have read, understand, and accept the above AIDS statement for students.

Dated this _____ day of _____ 20_____

(Student Signature)

(Witness Signature)

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND DRUG SCREENING RESULTS**

I, _____, willingly submit to this urinalysis for the presence of any and all drugs in my system. Furthermore, I attest to the ruling of the courts, should the test be positive. I release Wabash Valley Teen Challenge and its employees, subsidiaries, or assigns from any claims I may have against them as a result of said test. By my signature, I also agree to the release of these results to:

Results of Urinalysis: _____

Student Signature _____ Date _____

Printed Name: _____

Staff Signature _____ Date _____

Printed Name: _____

STUDENT ENTRY AGREEMENT

1. I agree to conduct myself at all times to the guidelines of the Teen Challenge Program.
2. I understand that I have agreed to a ____ month commitment to TC. (*Staff ____*)
3. Contact with people who are outside of the program is limited to my immediate family (father, mother, brother, sister, wife and children only).
4. I understand that I am to have **NO CONTACT** with past girlfriends or friends during my stay at Teen Challenge.
5. I will not be able to have any visitors of the opposite sex except for immediate family.
6. I agree to participate in all program activities, which include church services, classes, and outside activities.
7. I agree to refrain from discussing past experiences with fellow students.
8. I agree not to keep any money in my possession during the program. All funds will be deposited into my account, with necessary monies being kept towards my support if I am not paying the full tuition.
9. I agree that if I decide to leave voluntarily or am dismissed from the program that all of the personal belongings left behind become the property of Teen Challenge.
10. I understand that visitations, passes and telephone calls are permitted at designated times and these are privileges, not rights.
11. I understand that all incoming and outgoing mail is screened by staff for contraband.
12. I understand that all outside business must be taken care of before entering the program. This includes doctor and dental appointments, court dates, taxes, and bill payments. I understand that I will not be able to take care of outside business once I have entered the program. We suggest that if you have any outstanding debts that you notify your creditors that you are being admitted into a long term treatment facility. It is our experience that creditors will make necessary arrangements until you can resume your responsibility. Our office may be contacted to verify your admittance.

13. I understand that if medical problems occur while in the program requiring frequent medical attention, I may be required to take a medical leave until the problem is corrected.
14. I understand that upon my arrival at this program any drugs that I may be taking will not be permitted. Teen Challenge allows no mood altering drugs, nor do we allow any drugs while in withdrawal. All withdrawal will be done "cold turkey". If you foresee a problem with this, we suggest that you enter a detox facility before coming into the program.
15. I understand that the induction fee (\$500.00) and any monthly tuition fees (\$500.00) are non-refundable. Induction fee as well as all monthly tuition fees must be paid by cashier's check or money order. No personal checks will be accepted for these payments.
Should I leave voluntarily or be dismissed prematurely from the program, I will forfeit these monies. I must have a return bus ticket to cover my transportation or monies designated for such.
16. I understand Teen Challenge will thoroughly inspect the possessions that I bring with me.
17. I understand and agree that I am permitted to wear an inexpensive wristwatch and a wedding ring, if married. All other jewelry should remain at home. I will not hold Teen Challenge responsible for ANY lost or stolen property.
18. I understand and agree that my hair will be cut short and neat, with sideburns no lower than the bottom of the ear. All hairstyles and haircuts must be approved by staff. I will shave daily, and understand that I may have facial hair except for when staff deems it is not neat or it has become inappropriate.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND I DO AGREE TO ABIDE BY ALL OF THE ABOVE.

Student Signature: _____ Date: _____

Printed Name _____

Staff Signature: _____ Date : _____

Procedure for Departing Students

Return Fare

All students are required to have return fare or a pre-purchased ticket on file.

Students deciding to leave during business hours:

- Will be processed between 9:00am - 5:00pm (at the convenience of the staff)
- Are requested to contact their family to communicate that they are leaving.
- Will have a family member or designee contacted by Teen Challenge to inform them of the student's decision to leaving the program.
- Will be transported by Teen Challenge to the Bus Station, Air Terminal or Local Shelter.
- Are required to take all of their belongings at the time of departure. Teen Challenge will not send them at a later time. Any item left behind becomes the property of Teen Challenge.

Students deciding to leave after business hours:

- Will be responsible to secure own transportation.
- Are requested to contact their family to communicate that they are leaving.
- Will have a family member or designee contacted by Teen Challenge to inform them of the student's decision to leave the program. Teen Challenge chooses to communicate at the time of the departure when possible, but no later than the next business day.
- May remain until the next business day providing their attitude is cooperative.
- Who are uncooperative, will be asked to pack their belongings and depart the campus immediately. They will be responsible for their own transportation.
- Are required to take all of their belongings at the time of departure. Teen Challenge will not send them at a later time. Any item left behind becomes the property of Teen Challenge.

Students refusing to leave

Any student refusing to leave the premises when dismissed will be removed by the local Sheriff.

Teen Challenge makes every effort to accommodate a student's departure during office hours. We will not allow the students choice to leave the program after hours alter the program schedule for other students or become the crisis of Teen Challenge.

Student Name (Print)

Student Signature

Date

Family Contact or Designee

Relationship

Phone

Staff Signature

Date

Withdrawal from Substance Addiction
Confidential

I, _____ understand that Wabash Valley Teen Challenge is a Drug and Alcohol Free residential care center and does not serve as a detoxification facility and I do hereby agree to enter the program understanding that the withdrawals from substance dependence or addiction will be accomplished Without the use of medication.

Student Signature

Date

Witness Signature

Date

Food Allergy Release Form
Confidential

I _____, release Teen Challenge from any responsibilities/
liability if I ingest in any way food products that may cause an allergic reaction that I
am, personally aware of or am not personally aware of that may cause an allergic
reaction in any way.

Student Signature

Date

Staff Signature

Date

List of Valuables Agreement
Confidential

I understand that Wabash Valley Teen Challenge is not responsible of any items of value that I bring into the program with me such as jewelry, clothing, jackets, etc. I also understand that Teen Challenge will not be responsible for any items that I acquire during the time I am in the program.

Student Signature

Date

Witness Signature

Date

List of any valuables when entering the program (give full detail):

