HELPING YOUTH, ADULTS AND FAMILIES WITH LIFE-CONTROLLING PROBLEMS BECOME ESTABLISHED IN SOCIETY THROUGH CHRIST-BASED MENTORING, EDUCATION AND JOB TRAINING.
TEENCHALLENGEONLINE.COM (414) 466-4415

Dear Teen Challenge Applicant;

Teen Challenge is a one year residential faith-based Christian discipleship program for men and women with life controlling issues.

The men's center is located in Milwaukee, Wisconsin at 5301 North 91st Street, and the women's center is located at 727 North 31st Street.

The Teen Challenge program is based upon godly principles designed to teach self-discipline. The daily schedule begins at 6 am and ends at 10 pm with class in the morning and work detail in the afternoon. Students are not able to hold outside employment while in Teen Challenge.

Government studies conducted on students two years post graduation have shown that 86% of the individuals who complete the program are likely to remain free from addiction.

We accept court ordered students who are willing to work and have a sincere desire to change. Students unwilling to change or submit to the rules will not be allowed to continue.

The non-refundable application fee of $995.00 is due on or **before** induction into the program along with the completed physical examination form and blood work.

Because of the risk of spreading diseases like TB and Hepatitis A, B, and C, all blood work must be done and the report faxed to 414-466-0793 before you can be admitted into the program.

God Bless you and we are praying for your success as you step out and trust God to help.

Sincerely,

Craig Harper
Executive Director

Mark Rainey
Men's Program Director

Jennifer Harper
Women's Program Director

ADMINISTRATIVE OFFICE
PO Box 250771
Milwaukee, WI 53225

VEHICLE DONATION PROGRAM
9246 W. Appleton Ave.
Milwaukee, WI 53225

CENTER OF HOPE MEN'S CENTER
5301 N 91st Street
Milwaukee, WI 53225

ROBBY DAWSON WOMEN'S CENTER
727 N. 31st Street
Milwaukee, WI 53225

SUPERTHRIFT STORE
5333 N. 91st Street
Milwaukee, WI 53225

Application Packet

Welcome to Teen Challenge!

Some forms are "read only" and contain information about the program that you will want to keep for future reference.

1. **Student Application**: *Complete and return the application to the State Office.*

2. **Student Medical Exams and History Questionnaire:** Be sure to have the Medical History and Examination Form filled out by the attending physician when you take your physical and have the required lab tests for tuberculosis, HIV and Hepatitis. *Complete and return to the State Office.* Because of the risk of spreading diseases like TB and Hepatitis A, B, and C, all blood work must be done and the report faxed to 414-466-0793.

3. **Financial Requirements**: Please read this form for an explanation of the financial costs for a one-year residential program and fill in the amount you are able to pay. The $995 application fee is non-refundable.

4. **Student Sponsorship List:** Please identify individuals, businesses, churches, etc. who you think may be willing to become a financial sponsor helping to defray the costs of your stay in the program. *We request you provide 3-6 sponsors*.

5. **Interview:** Interviews may be done in person at the center by appointment.

7. **Useful Information**: A list of personal property you may bring with you when entering the program and our Student Communication Policy.

8. **Identification:** Bring with you a social security card, driver's license, birth certificate, or other proof of identification.

The Teen Challenge program is based upon Godly principles designed to teach self-discipline. The daily schedule begins at 6 am and ends at 10 pm with class in the morning and work detail in the afternoon. Students are not able to hold outside employment while in Teen Challenge. Government studies conducted on students two years post graduation have shown that 86% of the individuals who complete the program are likely to remain free from addiction. God Bless you and we are praying for your success as you step out and trust God to help.

Intake Coordinator:	**Program Director:**
Approval Date: _____ Initials: _____ Comments: _____	Approval Date: _____ Initials: _____ Comments: _____

Student Application Form - Confidential

Personal Information

Name _____ SSN: _____
First Last Middle

_____
Address City State Zip

Home Phone: _____ Work Phone: _____ Best Contact Phone: _____

❑ Male ❑ Female Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____

State of Legal Residency: _____ County: _____

Drivers License ❑ Yes ❑ No ❑ Expired ❑ Suspended Drivers License No. _____

Have you ever had a moving violation or ticket? ❑ Yes ❑ No

I currently live with: ❑Spouse ❑Fiancé ❑Girlfriend/Boyfriend ❑Parents

❑Other Family Member:_____ ❑ Lock up Facility:_____ ❑Other:_____

Indicate below the way in which you were referred to Teen Challenge?

❑ Parents ❑ Relative ❑ Friend ❑ Pastor ❑ Church ❑ National TC Office ❑ Web Site ❑Radio
❑ Flyer/Bookmark ❑ Advertisement ❑Therapist/Counselor ❑Social Worker/Case Manager
❑Attorney/Public Defender ❑ Other: _____

Please give contact information if referred by an individual. _____
Name Phone

In Case of Emergency Please Notify:

Name _____ Relationship _____

_____
Address City State Zip

Home Phone: _____ Work Phone: _____ Best Contact Phone: _____

Race/Ethnic Background

❑ White ❑ African American ❑ Native American ❑ Asian ❑ Hispanic
❑ Other: _____ Are you an American citizen? ❑ Yes ❑ No
Please identify your nationality if other than an American Citizen:_____

Marital Status: ❑ Single ❑ Engaged ❑ Married ❑ Separated ❑ Divorced ❑ Remarried ❑ Widowed

Name of Spouse _____ Phone _____

_____
Address City State Zip

If divorced – Name of former spouse:_____ Reason for Breakup:_____

Do you have any children? ❑ Yes ❑ No

Name	Birthday	Age	Sex

Are you court ordered to pay child support? ❑ Yes ❑ No Do you owe Child support? ❑ Yes ❑ No
Are your parents married? ❑ Yes ❑ No Do they abuse drugs or alcohol? ❑ Yes ❑ No
Are you close to your parents? ❑ Yes ❑ No Please Explain: _____
Do you have any siblings? ❑ Yes ❑ No If yes, please list:

Name	Birthday	Age	Sex	Do they abuse drugs or alcohol?
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No
				❑ Yes ❑ No

Have you ever engaged in homosexual activity? ❑ Yes ❑ No

Military History
Branch of military you've served ❑ Army ❑ Marines ❑ Coast Guard ❑ Air Force ❑ Reserves ❑ Navy
Date of Entry ___ / ___ /_____ Date of Discharge___ / __ /_____ Rank_____
Discharge Received ❑ Honorable ❑ less than Honorable ❑ Dishonorable ❑ Medical
Are you eligible for V.A. Medical Benefits? ❑ Yes ❑ No

Legal History
Do you need court approval to enter this program? ❑ Yes ❑ No
Are you currently or will you be under legal supervision? ❑ Yes ❑ No
Are you legally mandated to participate in a drug recovery program? ❑ Yes ❑ No
If yes, by whom? ❑ Court ❑ Parole Board ❑ Other (explain) _____
Method of Reporting ❑ Phone ❑ Letter ❑ In Person ❑ Other (explain)

How often do you report? Time remaining for reporting?

Probation Officer's Name Phone

Address City ST Zip

Attorney's Name Phone

Attorney's Address City ST Zip

Are any of the following items pending against you? ❑ Arrest Warrant ❑ Court Appearance
❑ Criminal Charges ❑ Sentencing ❑ Other (explain) _____
Do you have any unpaid court costs or fines? ❑ Yes ❑ No
Have you ever been convicted of a sexual offense? ❑ Yes ❑ No
Are you required to register as a sex offender'? ❑ Yes ❑ No
Have you been in a county jail, correctional institution or state prison? ❑ Yes ❑ No If yes, please list:

Date	Institution

List any arrests and convictions.

Date	Arrest/Charges	Sentence/Time served

Financial Information:

Are you receiving:
❑ Welfare ❑ Unemployment ❑ Disability ❑ Workman's comp ❑ Food Stamps ❑ Social Security
Do you have an income? ❑ Yes ❑ No Amount in Savings:_____ Checking:_____
In what way can you personally contribute financially to the ministry of Teen Challenge?
❑One-time payment of: $_____ ❑Monthly payments of: $_____

Academic History

Ability to Read ❑ Yes ❑ No ❑ Poor ❑ Average ❑ Above Average
Ability to Write ❑ Yes ❑ No ❑ Poor ❑ Average ❑ Above Average
Check appropriate box or boxes: ❑ Graduated from High School ❑ GED ❑ Attended College
❑ AA degree ❑ BA degree ❑ Vocational Training ❑ Vocational Training Certificate
❑ Other:_____

Occupational History

Check the boxes that indicate your work experience: ❑ Auto Mechanics ❑ Auto Body ❑ Carpentry
❑ Child Care ❑ Culinary Skills ❑ Computer/Data Entry ❑ Education ❑ Electrical ❑Office/Clerical
❑ Farming ❑ General Construction ❑ General Maintenance ❑ Health Care ❑House Keeping
❑ Landscape ❑ Logging ❑ Painting ❑ Plumbing ❑ Retail ❑Phone Solicitation ❑Gardening
Other Work Experience:

Present Employment Status: ❑ Unemployed ❑ Employed Part-Time ❑ Employed Full-Time
Do you have or have you ever experienced a physical ailment, injury or handicap that would prevent you from performing manual work related tasks while enrolled in a Teen Challenge Program? ❑ Yes ❑ No If yes, please explain:

Spiritual Background

Are you a member of a church or religion? ❑ Yes ❑ No

If so, please identify the church, denomination or religion? _____

Religious Preference: (Check only one)

❑ Assemblies of God	❑ Pentecostal	❑ Methodist
❑ Baptist	❑ Presbyterian	❑ Muslim
❑ Catholic	❑ Lutheran	❑ Evangelical Free
❑ Jewish	❑ Evangelical Covenant	❑ Other:_____

Personal Walk with God:

I have accepted Jesus Christ as my Savior: ❑ Yes ❑ No Date: _____

I have been baptized in Water: ❑ Yes ❑ No Date: _____

I have been filled with the Holy Spirit: ❑ Yes ❑ No Date: _____

I attend Church	❑ Often	❑ Occasionally	❑ Seldom	❑ Never
I read the Bible	❑ Often	❑ Occasionally	❑ Seldom	❑ Never
I pray	❑ Often	❑ Occasionally	❑ Seldom	❑ Never

Describe God in your own words:

_____

_____

Describe how you believe God feels when he sees you:

_____

_____

What is your current spiritual condition?

_____

_____

What would you like God to do specifically for you?

_____

_____

Recovery

Reason(s) for seeking entry into Teen Challenge at this time: ❑ Want to change by doing things God's way.

❑ Want to change my lifestyle	❑ Want to restore my family	❑ Want to be self supporting
❑ Want to avoid arrest	❑ Don't want to be controlled by addictions	❑ No other options
❑ Pleasing my family	❑ Want to get public assistance	❑ Ordered to by the courts

❑ Other:_____

I want to enter Teen Challenge's 12-15 month program because:

_____

_____

_____

I feel the main issues I need to work on are:

_____

_____

_____

Once I graduate the program, my goals in life are to:

_____

_____

_____

I, _____, understand and acknowledge that the information provided herein is accurate and true to the best of my knowledge. I further understand that any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

_____ Date_____

Applicant's Signature

In the event this application was filled out by another, please identify the reason why the applicant was unable to complete this for themselves and sign below.

_____

_____ Date / /

Signature

Notice, it is hereby understood that Teen Challenge of Wisconsin will not be held responsible for any personal property left, lost or stolen while in the Teen Challenge of Wisconsin program. I agree that any property or money left at Teen Challenge of Wisconsin over 14 days from my departure date, voluntarily or not, announced or unannounced becomes the property of Teen Challenge of Wisconsin. It is further understood that there is a $995 induction fee which is payable upon entry into the program and is **non-refundable**. I also understand that if I am dismissed from Teen Challenge of Wisconsin or decide to leave the program I must leave within 24 hours. If I become belligerent, abusive, uncooperative, or threatening I must leave the facility immediately. It is important that medical, dental, business and legal needs be taken care of before entering the Teen Challenge of Wisconsin program. If you have such needs that cannot be taken care of before entering Teen Challenge of Wisconsin please call the center and explain your situation.

_____ Date_____

Applicant's Signature

Medical History Questionnaire

Applicants Name:_____
First Last Middle

Sex: ❑ Male ❑ Female Date of Birth__ /__/_____ Height ___ ft _____in

Applicants Blood Type _____

Current physician:_____
Name Phone

_____
Address City State Zip

Teen Challenge International Wisconsin Centers are committed to helping students become physically, mentally and spiritually whole. We are not, however, a medical program. We will endeavor to assist you in securing whatever medical help we can while you are in the program. If you become ill or need medical attention once you are in the program we will assist in connecting you with a medical facility. You are responsible for any fees that accrue in connection with your visit to or treatment from any medical facility. We do not financially assist students in meeting their medical bills.

Health Insurance: ❑ Yes ❑ No Insurance Company: _____

Policy Number_____ Will you have insurance while in the program? ❑ Yes ❑ No

_____
Insurance Co. Address: City State Zip

Do you collect disability payments? ❑ Yes ❑ No

Personal Medical History

Do you need any ongoing medical treatment or physical therapy while enrolled in Teen Challenge?
❑ Yes ❑ No If Yes, please explain:

Are you experiencing or have you experienced an injury or illness that affects your ability to participate in:

Manual Work Experience ❑ Yes ❑No
Exercise Programs ❑ Yes ❑No
Recreational Activities ❑ Yes ❑No

If yes to any of the above, please explain._____
Please list any food allergies _____

Check if you have:

❑ Chronic Backaches	❑ Double Vision	❑ Hay Fever	❑ Diabetes	❑ Asthma
❑ Chronic Headaches	❑ Blurred Vision	❑ Arthritis	❑ Dizziness	❑ Sinus Trouble
❑ Chronic Cough	❑ Loss of Sight	❑ Heart Trouble	❑ Blackouts	❑ Chlamydia
❑ Chronic Fatigue	❑ Loss of Hearing	❑ Seizures	❑ Convulsions	❑ AIDS
❑ High Blood Pressure	❑ Ear Infections	❑ Epilepsy	❑ Ulcers	❑ Gonorrhea
❑ Low Blood Pressure	❑ Heart Burn	❑ Black Stools	❑ Jaundice	❑ Hepatitis
❑ Hemorrhoids	❑ Acid Reflux	❑ Kidney Stone	❑ Syphilis	❑ Herpes

Are you Experiencing:

❑ Poor Appetite	❑ Nausea	❑ Vomiting	❑ Vomiting Blood
❑ Frequent Diarrhea	❑ Frequent Indigestion	❑ Severe Itching	❑ Intestinal Parasites
❑ Frequent Urination	❑ Frequent Constipation	❑ Problems Urinating	❑ Persistent Weight Gain
❑ Blood in Urine	❑ Bladder Infections	❑ Problems Sleeping	❑ Persistent Weight Loss
❑ Depression	❑ Coughing up Blood	❑ Panic Attacks	❑ Nervous Breakdown

Are you currently taking any medications for any of the conditions mentioned above? ❑ Yes ❑ No
If so, please identify the medications (by name) that you are taking, dosage and frequency:

Have you had:

❑ Whooping Cough ❑ Chicken Pox ❑ Scarlet Fever ❑ Measles ❑ Mumps ❑ Small Pox
❑ Typhoid Fever ❑ Tuberculosis ❑ Pneumonia ❑ Head Injury ❑ Cancer ❑ Anemia

If you have had a head injury where you lost consciousness or were admitted to a hospital for evaluation, please give the date and explain the nature of your injury, any medical treatment you received, and any difficulties that resulted from the injury in the space below. (memory loss, lack of concentration, headaches, vision problems etc.)

Have you been treated for or Diagnosed with:

❑ Schizophrenia ❑ Hallucinations ❑ ADD ❑ Anxiety ❑ Depression
❑ Multiple Personalities ❑ Flashbacks ❑ ADHD ❑ Paranoia ❑ Bipolar
❑ Hearing Voices ❑ Nervous Condition ❑ PTSD ❑ Insomnia ❑ Suicidal Thoughts
❑ Suicide Attempts ❑ Homicidal Thoughts

Are you currently taking any medications for any of the conditions mentioned above? ❑ Yes ❑ No
If so, please identify the medications (by name) that you are taking, dosage and frequency:

Do you have any special diet restrictions or requirements? ❑ Yes ❑ No Please explain:_____

Date of your last dental exam _ / _ / __ Condition of your teeth ❑ Excellent ❑ Good ❑ Fair ❑ Poor

Please describe any problems that you are experiencing with your teeth. _____

How many packs of cigarettes do you smoke per day? _____

Do you use chewing tobacco? ❑ Yes ❑ No

Have you ever received mental health treatment **not** related to drug or alcohol use? ❑ Yes ❑ No

Name of Clinic _____ Date ___/___/_____

Reason for Mental Health Treatment:_____

Name of Clinic _____ Date ___/___/_____

Reason for Mental Health Treatment:_____

Would you be willing to authorize release of information from the above clinics to Teen Challenge? ❑ Yes ❑ No

Have you experienced an eating disorder such as anorexia or bulimia? ❑ Yes ❑ No

Substance Abuse and Treatment History

Have you ever been in a treatment program before? ❑ Yes ❑ No

How many programs have you been in before Teen Challenge? _____

List the treatment programs you have been in before the Teen Challenge Program:

Program Name	City/State	Date of Entry	Length of Program	Did you complete?	Why you left if you didn't finish

Have you ever been in the Teen Challenge Program before? ❑ Yes ❑ No If yes, when?_____
Program Name: _____ Location:_____

Why did you leave? ❑ Graduated ❑ Completed program ❑ Dismissed by staff ❑ I left on my own

❑ other:_____

If dismissed by staff, please explain why: _____

Do you currently have any relatives in our program? ❑ Yes ❑ No

Please use the chart below to describe your use of alcohol and drugs.

When answering the question of **"How Often Taken",** use O for Once, ST for Several Times, R for Regularly and C for Continuous usage.

ALL DRUG TYPES USED: (include street drugs, alcohol, illegal prescriptions, over the counter & other **drugs.)**	CURRENTLY USING		Prescribed **BY A PHYSICIAN**		**AGE WHEN FIRST USED**	**AGE WHEN LAST USED**	**HOW OFTEN** TAKEN		CHECK USUAL **METHOD OF ADMINISTRATION**			
	YES	NO	YES	NO				Oral	Smoke	Snort	IM	**IV**
Alcohol	❑	❑	❑	❑				❑	❑	❑	❑	❑
Amphetamines/speed (Uppers Benzedrine, Dexedrine, etc.)	❑	❑	❑	❑				❑	❑	❑	❑	❑
Barbiturates/downers	❑	❑	❑	❑				❑	❑	❑	❑	❑
Chew - Tobacco	❑	❑	❑	❑				❑	❑	❑	❑	❑
Cocaine/crank/crack	❑	❑	❑	❑				❑	❑	❑	❑	❑
Codeine	❑	❑	❑	❑				❑	❑	❑	❑	❑
Hallucinogens (LSD, Acid, Mescaline, etc.)	❑	❑	❑	❑				❑	❑	❑	❑	❑
Heroin/Opiates	❑	❑	❑	❑				❑	❑	❑	❑	❑
Inhalants (Glue, Paint, Gasoline, etc.)	❑	❑	❑	❑				❑	❑	❑	❑	❑
Marijuana/K2	❑	❑	❑	❑				❑	❑	❑	❑	❑
Methadone - non-legal	❑	❑	❑	❑				❑	❑	❑	❑	❑
PCP (Angel Dust, etc.)	❑	❑	❑	❑				❑	❑	❑	❑	❑
Tobacco - smoking	❑	❑	❑	❑				❑	❑	❑	❑	❑
Other (specify)												

The undersigned fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge. Any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

_____ _____

Applicant **Date**

If this application form has been completed or filled out by anyone, other than the student applicant, please provide the following:

_____ _____

Name of individual filling out the form. **Date**

Financial Requirements

The staff at Teen Challenge are here to help you find freedom from life controlling problems. Throughout the Bible we see Jesus offering forgiveness and hope to those seeking help. He greatly desired to see people have successful, healthy lives.

At Teen Challenge we want to provide you with a comfortable environment that meets your basic needs. In order to keep our program costs low, we need your support.

The costs for our program are approximately $2,000 per month per person. Though this is only a small fraction of other similar program costs we need help in order to pay these expenses.

We require each student to help us raise part of these costs. Some of the costs are raised through student work training programs like our Vehicle Donation Program or Resale Shop. We believe having students raise part of their recovery program fees aids in their recovery journey by making them become more responsible. We also like to ask family and friends of each student for help.

The following is a list of approximate monthly costs. **There is a $995 mandatory, nonrefundable induction fee for admission regardless of the length of time a student is in the program.** A **mandatory $5 fee** for drug testing will be charged every time students have a pass or appointment. *Any student receiving government support of any kind such as SSI or SSD will be required to pay 75% per month to Teen Challenge.*

Please mark **ONE** of the following options below that you or someone you know could help contribute to the program:

❑	$400/mo.	**Operating &Tuition Fee**	Laundry, Meals, Materials and Books
❑	$750/mo.	**Program Fee**	Daily Programming, Staffing and Curriculum
❑	$850/mo.	**Room & Board Fee**	Residents receive a room in our dorm

**Please note these prices do not include outside doctor/counseling costs. **

To help raise support for your recovery, please provide **3-6 sponsors** on the Family, Friends, and Church Sponsorship Sheet and sign the form below.

Contact information for individual responsible for paying fees above on the day of student's admission.

Legal Guardian/Sponsor Name_____ Phone_____

Address _____ City_____ State _____ Zip Code_____

Student Name_____Date_____

Comments: _____

Student Signature: _____

For Office Use Only:
Date: _____ Staff Initials: _____
Comments:
_____
_____
_____

Family, Friends, and Church Sponsorship Sheet

A resident is required to pay a **mandatory, one-time induction fee**. However, every student is asked to provide 3-6 names and phone numbers to anyone who can help provide for some of the program cost for his/her stay here. **Please fill in all of the information per sponsor.**

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

Name: ______________________ **Relationship:** ______________________
Occupation: ____________________ **Phone Number:** ____________________
Address: ____
City: ________________________ **State:** ________ **Zip Code:** ______________

I,________________________(student name), hereby allow Teen Challenge of Wisconsin to contact the above individuals on my behalf in order to obtain sponsorship funding to help with the cost of my stay in the program. I understand that Teen Challenge of Wisconsin will only inform the above individuals that I am in fact currently a student in the program, and will not give out any confidential information in regards to my treatment or prognosis.

Student Signature: ______________________________ Date: ______________

For Office Use Only:
Date: ______________ Staff Initials: __________
Comments:
____
____

What to Bring

Men's Center Things to Bring

Dress/Casual Slacks/Jeans	Work boots	Soap/Shampoo/Conditioner
Dress/Casual Shirts	Sweatshirts/Sweatpants	Towels
Collared Shirts	Socks/Underwear	Envelopes and Stamps
Suit/Sport Coat	Pajamas/Robe	Notebook/paper/pencils/pens
Ties	Shaving Kit	Drivers License/State ID
Belts	Deodorant	Birth Certificate
Dress Shoes	Toothbrush and Toothpaste	Bible
1 Long-sleeved White Dress Shirt	1 Pair Dark Dress Pants	2-3 Pair Khakis

Women's Center Things to Bring

3 Skirts/Dresses (below knee)	Pajamas	Pillow/Case
3-4 Pair Khaki Pants	1 White collared button-down shirt	Blanket (optional)
2 Dress Pants, 2 Pair Jeans	1 Long black skirt	Black/Blue Pens Pencils
7 Nice Tops (to collar bone)	Wristwatch	Loose-leaf Paper/Notebooks
3 T-shirts	Envelopes and Stamps	Shampoo/Conditioner
5 Shorts- below knee	Jewelry (no expensive items)	Comb/Brush
1 Sweatshirts/pants	Make-up	Soap
2 Dress shoes (one pair black)/ 1 Tennis shoes	Journal	Toothbrush/Paste
1 Boots, gloves(for winter)	Towels/Washcloths	Deodorant (non-aerosol)
1 Coat/Jacket	Driver License/Picture ID	Razors
Socks	Social Security Card	Blow Dryer/Curling Iron
Underwear/Bras (no thongs)	Birth Certificate	Sanitary Items
1 Bathrobe/Slippers	Clear water bottle	Bible

All clothing must be fitted appropriately for church and have a 2"pinch. No crop-top shirts, no tight clothing or form fitting dresses are permitted.

The following items will NOT be allowed in the program:

Tobacco products/Matches/Lighters	Pagers/Cell Phones
Tape/CD players/Radios/Clock Radios /TVs/IPods	Occult/Astrological Material
Secular Books/Magazines	Clothing with Non-Christian logos
Non-prescribed/Narcotic Medications	Aerosol Hair Spray or Deodorant
Playing Cards/Dice/Video Games	Drugs/alcohol
Face Cleaners, Mouthwash Etc. That Contain Alcohol	

Do not bring valuable items. A student is personally responsible for any personal property that he/she brings with them. Teen Challenge will not be held responsible for the protection or security of any personal possessions. Teen Challenge is not responsible for lost items. If you come with more items than what is listed, they will have to be returned immediately at your expense or donated to Teen Challenge. At no time will any student be allowed to drive a vehicle while in the Teen Challenge program and no student vehicles may be parked at the center.

Things Potential Students Need to Know

The Teen Challenge program is based on the belief that Jesus Christ is the source of help and hope for a new life. Our primary goal is to bring the residents into a right relationship with the Lord Jesus Christ.

Before entering Teen Challenge, a potential student must be aware of the following:

- Teen Challenge of Wisconsin is a 12 to 14 month residential discipleship program.
- The core of the program is class work. Therefore, a student must have basic reading and writing skills. The class work is Biblically based and geared towards persons with life-controlling problems.
- We provide 24 hour supervision. Students are not allowed to come and go at will or permitted to have an outside job independent of Teen Challenge.
- The program includes strict discipline. The student will be expected to follow the rules as well as the instructions of the Teen Challenge staff.
- Students receiving income, such as **SSI, SSD, etc,** will be required to pay 75% of their income to Teen Challenge for room and board.
- All applicants must have an interview with a Teen Challenge staff member and shall have completed **all forms** included in the application packet.
- A potential student MUST have a current form of identification before entering the program. (Drivers License, State ID, and Social Security card, birth certificate, etc.)
- We do not offer licensed counseling and are not a mental health facility. Therefore any psychiatric medications MUST be discontinued while the student is in the program. Narcotic medications are not allowed and must be discontinued before a student enters the program.
- If a student cannot discontinue use of psychiatric medications "on their own" prior to coming in, they **must** bring a weaning schedule from their doctor or they will not be admitted into our program.
- There is no smoking while you are in the program. Nicotine tests are used at the Staff's discretion to ensure compliance with this policy.
- There is no contact with anyone of the opposite sex unless you are legally married or a family member. This means there will not be any visits, phone calls, or mail allowed during the full duration of the program. There are **no exceptions** to this policy. If you are legally married, please bring a copy of your marriage license with you to the program.

Please read the above very carefully. If you are certain you understand the level of commitment necessary to complete the program, make your decision about whether you believe the Teen Challenge program is right for you. If you understand the commitment and are prepared to make that commitment, call the center to make an appointment for an interview. Call 414-466-4415 and ask for the intake department.

Student Communication Policy

Passes and Visits may be granted to students in the Teen Challenge Wisconsin program upon review and approval by the Staff. Passes & visits applied for may be granted based upon student compliance with program guidelines and requirements, satisfactory performance of curriculum, appropriateness of requested destination, and student's ability to arrange and pay for transportation to and from pass destination. Teen Challenge does not provide transportation.

- Phone Calls: During Phase I (First four months of the program), students are allowed to make two ten minute phones calls each week. During Phase II (remainder of the program), students are allowed to make four ten minute phone calls a week. Students are unable to take incoming calls during the day. All phone calls should be made during students' free time on the nights and weekends. *No phone calls are allowed during the first 14 days of the program*.

- Mail: Students may send and receive all the mail they wish while they are in the program. *No incoming or outgoing mail is allowed during the first 14 days of the program.*

- Visit: Visitation is every Saturday from 10am-2pm. Requests must be submitted in advance by the student to have a visit. *No visitation allowed during the first 14 days*.

- Passes: Passes on Saturdays taken between 10am-2pm may be requested once per month or 30 days apart. Requests must be submitted in advance by the student to have a pass. Drug testing will be administered upon return from all passes and appointments. There is a **$5 drug test fee** due prior to leaving for the pass. *There are no passes granted in the first 30 days*.

- 36 Hour Pass: This pass is granted upon the student's completion of Phase I. It may be taken either Friday-Saturday or Saturday-Sunday from 9:00 A.M. to 9:00 P.M. If pass is Saturday-Sunday, church attendance is required.

- 5 Day Pass: This pass is usually granted in either the 10th or 11th month of the program.

- Special Pass/Visit Requests: will be considered on an individual case-by-case basis and reviewed by the entire Staff. A minimum 4 hour and maximum of 48 hour pass may be applied for in the case of death or serious injury of an immediate family member (mother, father, sister, brother, child, or spouse.)

- Holiday Passes: The specific time of the passes given to students on Thanksgiving Day and Christmas Day will be determined by the staff and will be the same for all students.

- All Student Rules remain in force and effect while student is on pass. Please refer to the Student Expectations. Anyone who allows or assists students in breaking any of the rules will not be allowed future contact with the student for the duration of his or her program.

- Passes are not limited to specific weekends. They may be taken any weekend but may not be combined with a 4 hour pass or visit or any other pass.

- Travel Time will be allowed if traveling more than 3 hours one-way and will be added to the pass approved.

- No phone calls, mail, visitation, or passes will be granted involving anyone of the opposite sex who is not a legal spouse or family member of the student for the full duration of the program

Wisconsin Teen Challenge

Medical History
and Physical Examination Form

Name: _____ Induction Center: _____

Birthdate: _____ Social Security # _____

1. The following lab work is **REQUIRED** for admission the program and copies included at the time of entrance:

   A. RPR- Reactive or Non-reactive (*circle one*) _____ (*date read*)

   B. HIV Screening – Pos. or Neg. _____ (date read)

   C. Pregnancy Test – Pos. or Neg. (for potential female students only)

   D. Liver function tests - _____ (*date read*)

   E. Hepatitis Screening, if indicated, based on history or abnormal liver function test results Circle pos. or neg. for each: **Hepatitis A** - Pos. or Neg.; **Hepatitis B** – Pos. or Neg.; **Hepatitis C** – Pos or Neg.

2. TB testing is **MANDATORY** and results included should be no older than 6 months prior to admission to the Induction Center. Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test / PPD	Date:_____ Size:_____ Chest x-ray _____
Tetanus toxoid	Date _____

3. Immunizations should be up-to-date and include:
   Measles _____ (date performed) Mumps _____ (date performed) Rubella _____ (date performed)

4. Significant Medical Conditions:

	Yes	No	If Yes, please explain.
ASTHMA			
CARDIAC			
CHEMICAL DEPENDANCY			
DRUGS			
ALCOHOL			
DIABETES MELLITUS			
GASTROINTENTESTINAL DISORDER			
HEARING DISORDER			
HYPERTENTION			
NEUROMUSCULAR DISORDER			
ORTHYOPEDIC CONDITION			
RESPIRATORY ILLINESS			
SEIZURE DISORDER			
SKIN DISORDER			
VISION DISORDER			
OTHER (SPECIFY)			

5. Current / routine medications:

MEDICATION	DOSAGE
1.	
2.	
3.	
4.	

6. Please list any allergies you have to any medications, foods, or other substances.

_____

_____

7.

Report of Physical Examination	Normal	Abnormal	If Abnormal, please explain.
HEIGHT (INCHES)			
WEIGHT (POUNDS)			
TEMPERATURE			
PULSE ( )			
BLOOD PRESSURE			
HAIR / SCALP			
SKIN			
EYES - VISUAL ACUITY (R__/__ L__/__)			
EYES – COLOR VISION			
EARS HEARING (dB R L)			
NOSE AND THROAT			
TEETH AND GINGIVA			
LYMPH GLANDS			
HEART – MURMUR, ETC.			
LUNG – ADVENTIOUS FINDINGS			
ABDOMEN			
GENITALIA			
NEUROMUSCULAR SYSTEM			
EXTREMITIES			
SPINE (PRESENCE OF SCOLIOSIS)			

8. Physician's observations and comments (be specific): _____

_____

_____

9. General Appearance: _____

_____

_____ _____

Name of Examiner (please print) Address

_____ _____

Signature of Physician Date of Examination