



TEEN CHALLENGE OVERVIEW

Teen Challenge New England & New Jersey is a faith based 15-month minimum residential recovery program for men and women with any life-controlling problems in the areas of drugs, alcohol, legal, and social problems. The goal of Teen Challenge is to provide men and women with an effective and comprehensive Christian faith-based solution, in order that they may become mentally sound, socially adjusted, physically well, emotionally balanced, and spiritually well, thus becoming productive members of society.

The overall objective of the program is to initiate a positive change in the resident's values and lifestyle by applying biblical principles to their lives. We have trained, capable staff who live on the premises to ensure an atmosphere of warmth, trust, and support. The residents are involved in academics and work training. We provide mentoring sessions on a monthly and as-needed basis regarding drug and alcohol abuse. Also, we provide help for marriage, fatherhood, anger issues, and other important life concerns.

We facilitate a Family Ministry Support Meeting that promotes healing and understanding between the residents and families as they seek to improve relationships that have been damaged by substance abuse.

The residential component of Teen Challenge is a five-phase, 15-month minimum, Christian discipleship program. Each phase of the program has

a purpose with certain goals set for the resident to achieve as they progress and a customized curriculum with biblical and life changing principles, which each resident must complete before graduating the program.

We believe that through personally receiving the saving grace of Jesus Christ, our character quality studies, scripture memorization, biblical application, and self-examination help residents experience a changed life. It is our mission that every student who graduates our program leaves with a GED or HI Set diploma.

We offer Aftercare Planning and Development with five different track options to help the graduate transition into society with success. We recommend one of the five following exit plans for higher rates of success: college, trade schools, employment and careers, ministry and missions, or a Teen Challenge Apprenticeship program.

The above curriculum, along with additional classes, teaches life principles, which will equip each resident with an understanding of how they can deal with their problems and overcome them successfully.

Teen Challenge provides residents with three daily meals, full laundry service, clothing, haircuts, toiletries and cosmetic items. We also provide the residents with Bibles and study materials to obtain their G.E.D. or HI Set diploma. They are also provided a staff member to represent them in their legal matters.

Teen Challenge provides the residents with leadership, mentoring, and vocational opportunities in the areas of food culinary, fund raising, communications, clerical, and other ministry related business functions.

All programs are provided without cost to the taxpayer since Teen Challenge is a faith-based organization, which receives no government funding. Many of our residents have gone on to use the training they have gained to better their lives.

Teen Challenge New England Ministry Description

As a Christian faith-based rehabilitation program, Teen Challenge New England offers services that address every aspect of life.

THERAPEUTIC: Mentors/Leaders who have already gone through the program to provide support, assistance, and guidance to the resident so that they may become competent at developing an awareness of their behavior, motives, and overall attitude towards themselves and others. It also provides psychological counseling.

COGNITIVE: Opportunities for the resident to develop more appropriate thinking patterns and attitudes takes place by the renewing of the minds as they study and apply the principles of the Bible, which is accomplished through Scripture memorization and the evaluation of personal goals.

SOCIAL: The environment is conducive for social development and change. The resident lives in a dormitory type setting in which they must share living space, have corporate mealtimes, and take part in group activities and classes. Learning new skills for social interactions is often a challenge for anyone; however, with the safe structure of the program the resident is enabled to discover Biblically appropriate personal relationships. This often includes the reconciliation with family members.

BEHAVIORAL: Behavior modification is incorporated through positive and negative reinforcements. The resident learns how to comply with a set of rules and standards that are established for their benefit and the benefit of others. However, our goal is that they learn how to base their motivation for change, not on a desire for rewards and the avoidance of negative consequences, but rather on a genuine desire to simply do the right thing. Developing this new motivation is enhanced when a resident has a personal relationship with the Lord Jesus Christ.

MORAL: The resident is assisted in developing a healthy moral standard for living. They are exposed to the Bible and its teachings by attending chapel services, devotional time and corporate worship. The resident is also encouraged to develop a personal one-on-one relationship with the Lord and to rely on the Holy Spirit for strength.

Criteria for Admission

1. Need residential placement for 15 months.
2. Interview with Admissions Coordinator.
3. At least 18 years old.
4. Evidence of life-controlling problem.
5. Social Security Card (or computer print-out verifying number)
6. A picture identification card (e.g. driver's license or State ID).
7. \$750.00 non-refundable Induction Fee payable by cash/credit card/or money order (e.g. bank, postal) only.
8. \$750.00 monthly sponsorship (unless waived due to hardship). Proof of hardship must be documented, **(Upon admission required to provide the names of sponsors)**.
9. Agree to sign over SSI monies; any excess funds will be disbursed to cover family expenses (if married) and/or child support.
10. Able to physical and mentally function within program guidelines.
11. Pass a general physical (TB TEST; HIV; STD; HEPATITIS).
12. Agree to all rules and guidelines.
13. Consent to being court stipulated, if represented by Teen Challenge in court for criminal charges (out-of-state cases must be settled before admission).
14. If arriving from a long distance, must have an "open-ended" transportation ticket.
15. Agree not to possess money (**gift and money cards**), or take medication or vitamins, unless approved by the Executive Director. If on psychotropic medication, such as anti-depressants, no admittance without a doctor's letter stating no longer on medication and able to function in the program.
16. Have NO sex or arson convictions.
17. Be clean-shaven (mustache only), hair neatly cut (no long hair, dread locks and/or Mohawk hairstyles).
18. Jewelry limited to wedding ring, watches, cross necklaces.

Major Program Rules

1. No use of any tobacco products.
2. No threats of bodily harm, implied or otherwise.
3. No physically aggressive contact with a person or property.
4. No vulgar or obscene language or gestures, or any language that glorifies one's past lifestyle or the street life.
5. No gambling.
6. No alcohol.
7. No drugs.
8. No sexual relations of any kind (No girlfriends).
9. No stealing, lying, or cheating.
10. No earrings worn on any body part.
11. No facial hair, except mustache.
12. No jewelry except a wedding ring (if married), a watch, a cross necklace.
13. Pre-existing fiancés/girlfriends with intent to marry will be reviewed after 4 months in the program.

This is only a partial list. Upon admission, you will receive a Resident Handbook that lists all the rules.

Agreement Statements

- _____ I understand this is a 15-month minimum residential program.
- _____ I will not possess or use drugs. Upon entering the program, I understand that I must not be taking any psychotropic or anti-depressant prescribed medications.
- _____ I will not fight, smoke, dip/chew, use bad language or talk about the street life and drugs.
- _____ I will not initiate or develop any dating relationships.
- _____ I will not use or bring any radios, DVD players, video games, cell phones or TVs.
- _____ I will keep my belongings and myself neat and clean at all times.
- _____ I will receive no personal phone calls ever AND for the first 30 days I will make no phone calls. If there is an emergency, I will be given a message.
- _____ I understand that I may make 2 phone calls per week after the first 30 days.
- _____ I will send/receive letters and make phone calls with my immediate family and from people on the approved list only. Girlfriends and Fiancés will be discussed after 4 months in the program. I understand that my mail (incoming and outgoing) may be checked.
- _____ I can receive two visits on campus per month, only after completing first 30 days of the program. My visitors can only be members of my immediate family. All others will have to be approved in advance.
- _____ I understand that visitors may come twice a month on Sunday from 2:00 p.m. to 6:00 p.m.as schedule permits.
- _____ I understand that I am eligible for a weekend pass home one month after completion of Phase I. (Approximately 3-months into the program)
- _____ I will participate in all ministries and all other activities of which I am asked, including the church services, choirs, and events.
- _____ As a resident of this program I will conduct myself accordingly, following all instructions received from staff.
- _____ I will not leave the property unless I am with staff, on an approved pass, or with an approved group. If I leave the property otherwise, I will terminate myself from the program.

ADMISSIONS NECESSITIES

1. (5) PAIRS OF WORK PANTS
2. (5) PAIRS OF WORK SHIRTS
3. (3) PAIRS OF DRESS PANTS AND DRESS SHIRTS
4. (1) PAIR OF SHOWER SHOES
5. (2) PAIRS OF SHORTS
6. (2) PAIRS OF SWEAT PANTS
7. (1) PAIR OF SLEEPING ATTIRE
8. (3) NECKTIES
9. (2) SWEATERS AND/OR SWEATSHIRTS
10. (3).TOWELS AND FACECLOTHES
11. (1) PAIR OF WORKBOOTS
12. (1) PAIR OF SNEAKERS
13. (1) PAIR OF DRESS SHOES
14. (1) PILLOW
15. SOCKS, DARK DRESS SOCKS, UNDERWEAR, AND T-SHIRTS
16. DRESS COAT, JACKET, STOCKING CAP, AND GLOVES
17. DAILY HYGIENE SUPPLIES
18. BIBLE
19. PORTABLE CD PLAYER OR MP3 PLAYER WITHOUT RADIO

DO NOT BRING A RADIO, TV OR ANY ELECTRONIC DEVICES

Weekly Schedule

6:30am	Wake Up
7:00am	Prayer/Devotion
7:30-7:50am	Breakfast
7:50-9:00am	Kitchen/Dorm Clean Up
9:00-10:00am	Chapel
10:00-12:00pm	Learning Center
Noon-12:20pm	Lunch
12:20-1:00pm	Kitchen Clean Up
1:15-4:30pm	Work
4:30-4:55pm	Dinner
4:55-5:50pm	Kitchen Clean Up
6:00-6:30pm	Prayer
6:30-8:15pm	Recreation
8:30-8:45pm	Snack
8:45-9:15pm	Kitchen Clean Up
9:30-10:00pm	Devotions
10:00pm	Lights Out

**THIS SCHEDULE IS SUBJECT TO CHANGE BASED ON
THE NEEDS OF THE PROGRAM.**

Teen Challenge New England Resident Application

Every question must be completed and your photograph enclosed before your application will be considered. Please be descriptive in your answers.

You must call once each week to verify your continued interest in our program to keep your name on our active list.

I. General

Name: _____
Last First Middle Maiden

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: () - _____

Referred to Teen Challenge by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () - _____

Relationship (friend, relative, etc.): _____

In case of emergency notify: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () - _____ (*home*)

Phone: () - _____ (*work*)

II. Personal

Birthdate: ___ / ___ / ___ Age: ___ Weight: ___ Height: ___ ft. in.

Birthmarks or distinguishing marks: _____

RACE: White Black Hispanic Am. Indian Other

Social Security # ___ - ___ - ___ Driver's License # _____

What are your present living conditions? _____

How are you supported? _____

Marital status: Single Engaged Common- Law

Married Separated Divorced Remarried Widower

What is your relationship with your significant other now? _____

Would you say that your significant other has a drug/alcohol problem Yes No

Do you have any children? _____ How many? _____

Custody: (Me) _____ Other: _____

Education/Training: Last Grade Completed: _____

Have you ever been in special education classes? Yes No

If yes, please list what type: _____

Sexual Life: Homosexual Bisexual Transsexual Heterosexual

How recently involved? _____

Have you ever-engaged in homosexual activities? Drug related or otherwise: _____

How frequently? _____

Have you ever been involved in prostitution? _____ When? _____

How long were you involved? _____

III. Legal Status

Have you ever been arrested? _____ How many times? _____

List all charges: _____

Are there any pending charges? If yes, what are the dates? _____

Have you ever been on probation? _____ Are you on probation now? _____

Name of Probation Officer(s): _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () - _____

Have you ever been in prison? _____ When: _____

Where: _____

Are you on parole? _____ Name of parole officer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () - _____

Name of lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () - _____

IV. Employment

When was your last job? _____ Type of job? _____

What kind of job or trade would you like to learn? _____

What types of jobs have you held in the past? _____

V. Health

Past History: (1) Write "yes" or "no" beside the illnesses or conditions that you have had.

(2) Write the dates that you had the illness or condition.

Scarlet Fever _____

Measles _____

Chickenpox _____

Mumps _____

Whooping Cough _____

Small Pox _____

Typhoid Fever _____

Cancer _____

Syphilis _____

Gonorrhea _____

Diphtheria _____

Pneumonia _____

Nervous Breakdown _____

Have you or any member of your family suffered from nervous breakdown, suicide or attempts, migraine headaches, alcohol or drug abuse? Yes No

Which family members and how were they affected: (hospitalized, physician care, etc.)

Have you ever had a blood transfusion? _____ When? _____ For What? _____

List any medicines you have or are currently taking: _____

Do you have any special diet requirements due to allergies or for other medical reasons?

Yes No Explain: _____

What is the average amount of the following that you have consumed daily?

Alcohol _____

Barbiturates (downers) _____

Amphetamines (uppers) _____

Heroin _____

Cocaine _____

Hallucinogenic _____

Opium _____

Glue _____

Tobacco _____

Marijuana _____

Crack _____

Crank _____

Valium or Sleeping Medicines _____

Others: (Specify) _____

VI. Spiritual

Are you a born-again Christian? _____

Do you believe in God? Yes No Uncertain

Have you ever been involved in groups, such as Christian Science, Jehovah's Witnesses,

Mormonism, Scientology, TM, Eastern Religions, or others? Yes No

Explain: _____

How would you describe your relationship with God now? _____

Pledge Support

Monthly Support List

Must at least contain four (4) sponsors and/or totaling at least \$750 dollars

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Name: _____
Address: _____
Relationship: _____ Phone # () - _____
Amount pledged \$ _____ One Time _____ Monthly _____

Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in disqualification of any application for entrance.

_____ / /
Applicant *Date*

If forms were physically completed by anyone other than applicant, fill in below.

- Person _____
Relation to applicant _____
Reason _____

Teen Challenge does not discriminate against those who are HIV+ 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 a one or more resident in the program that are HIV+. This center does not require residents that are HIV+ to notify others in the program of their HIV status.

Discharge Procedure

1. Inform a staff member with a key to the front office so they have time to get to the center if not already there.
2. If resident insists on leaving tell him to make a call to be picked up at the bus station (no exceptions). Inform them that if they call they must leave (if this changes their mind that is o.k.)
3. After their call, have them pack their belongings with supervision and bring them down to the chapel. **Anything left behind is property of Teen Challenge.**
4. Have the staff bring them into the office to give them any gift/food stamp cards and personal belongs that are locked up. If the resident leaves unexpectedly/suddenly or won't wait for staff, we will hold belongings one (1) business day.
5. Staff and resident must sign departure form indicating all things returned to TC and resident.
6. Drop off resident at bus station (No exceptions). Always send driver with accountability.