

Teen Challenge Of Lancaster, PA



Application & Intake Information

10/29/2009 Lancaster Teen Challenge Induction Center
PO Box 234 • Rehrersburg, PA 19550 • (717) 933-4182 x341
Fax: (717) 933-7118 • Email: jaime.santiago@rehrersburgtc.org

Lancaster Induction Center Application Form

Thank you for your interest in the Teen Challenge program. The application and physical forms need to be filled out **completely** and student handbook read and signed. Admission cannot be done until all this information is completed and returned to us. The physical form is to be completed and signed by a Doctor. ***IMPORTANT: Every single line must be completed on physical form by the physician.**

Once **ALL** the above is sent to us, you will be placed on our waiting list. The waiting period may be just a couple days, or several weeks. You must call the intake director once a week to keep us informed of your desire to enter. This is a general application and consists of the basic requirements of the Teen Challenge Training Center, Inc. Induction Centers. Please contact the induction center to get approval of other articles.

Belongings Checklist:

- 1 Bible
- 1 set of linens for a twin bed (sheets)
- 1 comforter
- 1 pillow
- 2 sets of dress clothes (this includes 1 button-up shirt, 1 polo-type shirt, 2 pairs of dress pants, 2 pairs of dress socks, dress shoes, 2 neckties)
***1 pair of tan dress pants mandatory**
- 5 sets of casual clothes
- 2 sets of work clothes
- 7 pair each underwear and socks
- 2 towels
- 2 washcloths
- 1 pair shower shoes

- 1 bath robe
- 1 pair work boots
- 1 pair sneakers / gym shoes

Toiletries/Misc:

- Toothbrush
- Toothpaste
- Deodorant
- Shaving Supplies
- Soap
- Shampoo
- Mouthwash (Non-alcoholic)
- Hangers
- Laundry Bag-**full-vent/hvy duty only**
- Writing paper / Notebooks
- Pens / Pencils / Highlighters
- Hand Sanitizer (non-alcoholic)

**Telephone calling cards recommended (500 mins.)*

**\$50 + Personal Money recommended (cash ok)*

\$750 Intake Fee (non-refundable)

**certified check or money order only*

\$100 Emergency Money (i.e. trans, meds, etc.)

**certified check or money order only*

**whole or unused portion refundable*

Do Not Bring:

- Jewelry *(only a watch, wedding ring or a medical ID bracelet)
- Medical, dental or legal/court appointments *(must be taken care of before you begin TC)
- Cigarettes, chew, snuff, drugs, alcohol, nicotine withdrawing substances of any kind, etc.
- Magazines, books or any literature *(only your Bible)
- Radios, walkmans, clock radios, alarm clocks, etc.
- Guns, knives, scissors, any other sharp instruments, or any other weapon
- Food, snacks, drinks, etc.
- Nutritional supplements, vitamins, etc.
- No aerosols of any kind (body spray, deodorant, hair spray, etc.)
- No checkbooks, credit cards, debit cards, or ATM cards.

*All medications are to be announced to the Intake Coordinator or Director prior to your arrival at the Induction Center. **No mind-altering narcotic medications allowed!** OTC medications may be provided by the center. Please contact the induction center to learn their policies on this subject.

2. Why did you become involved with drugs? _____

DRUGS USED

			Rarely	Monthly	Weekly	Daily
	Date first used	Date last used	Less than 1 x/mth	1 – 3 times/mth	1 – 5 days/wk	6 – 7 days/wk
Barbituates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine/Crack						
Hallucinogens (LSD, etc.)						
Alcohol						
Inhalents						
Tobacco						
Marijuana						
Methadone						
PCP						
Others (specify)						

3. Explain any patterns of drug/alcohol use _____

4. I depend on drugs:

_____ to cope with life

_____ to be “in” with the crowd

_____ for pleasure

_____ to perform better (school, sports, etc.)

_____ to escape reality

_____ other: _____

5. Habit cost per day _____ Longest period clean _____

TREATMENT

1. What is the main problem as you see it? _____

2. What are your greatest needs? _____

3. Have you ever been in a program before? Yes No

Program Name	Date	City	State	Reason for Leaving	Religious	Non

4. Have you ever been involved in a Teen Challenge program? Yes No

When? _____ Where? _____

Why did you leave? Dismissed Completed Program Left on own

Explain why you left or were dismissed _____

5. What are you expecting God to do in your life through the program? _____

I CERTIFY THAT ALL THE INFORMATION RECORDED HERE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN FULLY COMPLETED BY ME. I UNDER-STAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISQUALIFICATION OF ANY APPLICATION OR FOR ENTRANCE AND/OR PARTICIPATION IN THE TEEN CHALLENGE PROGRAM.

Applicant's Signature _____ Date _____

PROSPECTIVE STUDENT ACKNOWLEDGMENTS REGARDING: FEES AND VOLUNTARY FINANCIAL SUPPORT

Lancaster Teen Challenge Induction Center
Rehrrsburg, Pennsylvania

I acknowledge that I have made application for admission into the program of Lancaster Teen Challenge Induction Center* (hereafter referred to as the Center). This is my written acknowledgement of my awareness of the applicable fees or costs that I will be solely responsible for as well as any voluntary financial support that may be required of me if applicable.

- (1) I understand that I am responsible for the Intake Fee of seven hundred and fifty dollars (\$750) and that this fee is **non-refundable** once paid regardless of my entrance into the program formally or my failure/inability to complete the program for any reason.
- (2) I understand that any and all costs for medical bills (health providers, dental and eye care, emergency room care, prescriptions and medications, etc.) regarding my own personal health care and health related issues would be solely my responsibility to pay.
- (3) I understand that there may be a transportation fee for any personal Transportation that I may need the Center to provide me while in the program. This includes transportation to any non-emergency medical appointments, transportation to public transportation (airport, bus terminal, etc.) for approved passes, and transportation to the same for return to an induction center, other referral source, or my final departure from the program. I agree to pay the Center all transportation fees in advance of appointments being made or travel plans being executed.
- (4) I understand that I will be expected to apply for Public Assistance benefits that I may be entitled to while enrolled in the Teen Challenge program if the particular center I attend is privileged to such government programs. I will consent to contribute 88% of any cash assistance benefits to the Center monthly. I will turn over 100% of all food stamp benefits to the Center monthly.
- (5) I understand that any other sources of income I receive while enrolled in the program (i.e.: disability benefits, pension/retirement benefits, insurance settlements, income tax returns, liquidated assets, benevolence assistance, etc.) will be subject to my willful contribution to the Center up to the equivalent amount of total public assistance benefits I would have been entitled to were it not for these other sources of income. I will surrender the specified amount to the Center monthly.

Signature of Applicant

Date: _____

Name: (print) _____

Signature of Witness

Date: _____

Witness: (print) _____

**PROSPECTIVE STUDENT ACKNOWLEDGEMENTS REGARDING:
WORK ASSIGNMENTS IN WORK THERAPY PROGRAM**

Lancaster Teen Challenge Induction Center
Rehrersburg, Pennsylvania

Statement of Student Applicant:

1. I understand that if I am admitted as a student, that I will be required to participate in the Teen Challenge program’s Work Therapy Program.
2. I acknowledge that I have read and fully agree with the TC program’s description of its Work Therapy Program, which addresses the importance of my work assignments in helping to build me Biblical values of a good work ethic and the character of a responsible, upright individual.
3. I understand that if I am admitted, I will be performing my work assignments not as an employee of Teen Challenge, 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.
4. Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation of in-kind benefits in exchange for the performance of any work assignments.
5. I further understand that if I fail to perform my work assignments, Teen Challenge 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 necessary and vital part of the recovery process.

Signature of Applicant

Date: _____

Name: (print) _____

Signature of Witness

Date: _____

Witness: (print) _____

Directions To The Lancaster Teen Challenge Induction Center from:

Baltimore, Maryland:

695 to I-83 North; I-83 North to Harrisburg, PA; Pick up I-81 North in Harrisburg to I-78 East; I-78 East to PA exit #16 (Midway). Turn right off of exit ramp onto Midway Road. Go straight through stop sign, 1.4 miles to next stop sign. Make a right. Travel less than one mile to the next stop sign. Go straight through the stop sign (onto Teen Challenge Road). We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill, stay straight. We are the last brick building on your left. Park at the end of the building.

Harrisburg, Pennsylvania:

I-81 North to I-78 East to PA exit #16 (Midway). Turn right off of exit ramp onto Midway Road. Go straight through stop sign, 1.4 miles to next stop sign. Make a right. Travel less than one mile to the next stop sign. Go straight through the stop sign (onto Teen Challenge Road). We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill, stay straight. We are the last brick building on your left. Park at the end of the building.

Newark, New Jersey:

I-78 West to PA exit #16 (Midway). Turn left off of the exit ramp onto Midway Road. Go straight through stop sign, 1.4 miles to the next stop sign. Make a right. Travel less than one mile to the next stop sign. Go straight through the stop sign (onto Teen Challenge Road). We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill, stay straight. We are the last brick building on your left. Park at the end of the building.

Philadelphia, Pennsylvania:

PA Turnpike I-76 West to Rt.176 North (Morgantown), to Rt. 422 West. Follow Rt. 422 West to the 222 Bypass in Reading. Take the 222 Bypass to Rt. 183 North. Follow Rt. 183 North to Bernville. Just North of Bernville Rt. 183 bears right, BUT you want to remain straight on New Schafferstown Road. Go approximately 8 miles to the "T" and turn right. Go approximately 1 mile and turn left onto Teen Challenge Road. We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill, stay straight. We are the last brick building on your left. Park at the end of the building.

New York City, New York:

I-95 South across the George Washington Bridge. Continue on I-95 South to the New Jersey Turnpike South to exit #14 (Newark-Airport). Take exit #14 to I-78 West to PA exit #16 (Midway). Turn left off of the exit ramp onto Midway Road. Go straight through stop sign, 1.4 miles to the next stop sign. Make a right. Travel less than one mile to the next stop sign. Go straight through the stop sign (onto Teen Challenge Road). We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill and stay straight. We are the last brick building on your left. Park at the end of the building.

Hampton, Newport News, Chesapeake, Virginia:

Take 64 West to Richmond. Take 95 North to Baltimore. From 95, pick up 695 Northwest to 83 North. Follow 83 North to Harrisburg, PA. Pick up 81 North, just north of Harrisburg. Take 81 North to 78 East. Follow 78 East to PA exit #16 (Midway). Turn right off of the exit ramp onto Midway Road. Go straight through stop sign, 1.4 miles to the next stop sign. Make a right. Travel less than one mile to the next stop sign. Go straight through the stop sign (onto Teen Challenge Road). We are 1/2 mile on the left. Look for the blue sign. Go to the top of the hill and stay straight. We are the last brick building on your left. Park at the end of the building.

Weekly Schedule

(rev.9/12/08)

MON	TUE	WED	THUR	FRI	SAT	SUN
Wake up 6:00	Wake up 6:00	Wake up 6:00	Wake up 6:00	Wake up 6:00	Wake up/ Meds 7:00	Wake up <i>(1.25hrs prior to outing)</i>
Breakfast 6:30 ---Meds	Breakfast 6:30 Meds	Breakfast 6:30 Meds	Breakfast 6:30 Meds	Breakfast 6:30 Meds	Breakfast 7:30	Meds Outing Prep Time
Devotions 7:30-7:50	Devotions 7:30-7:50	Devotions 7:30-7:50	Devotions 7:30-7:50	Devotions 7:30-7:50	Gym 8:00-10:00 <i>(Grad-no Gym)</i>	Devotions <i>(15 mins prior to outing)</i>
Study Time 8:00-9:05	LIC Chapel 8:00-9:00	Study Time 8:00-9:05	LIC Chapel 8:00-9:00	Study Time 8:00-9:05	General Inspection 10:00	Church-Ministry <i>(TBA)</i>
GSNC 9:15-11:30	GSNC 9:15-11:30	GSNC 9:15-11:30	GSNC 9:15-11:30	GSNC 9:15-11:30	Showers <i>(after G.I.)</i>	Free Time
Lunch/Store 11:30	Lunch 12:00	Lunch 12:00	Lunch 12:00	Lunch 12:00	Lunch 2:00	Lunch 1:00
PSNC 1:30-2:15	PSNC 1:30-2:15	PSNC 1:30-2:15	PSNC 12:45-1:30	PSNC 12:45-1:30	Free Time	Free Time
Student Prayer 2:30-3:00	Student Prayer 2:30-3:00	Group Counseling 2:15-3:15	<i>Center Projects /</i> <i>Grp. Counseling</i> 2:15-3:15	<i>Center Projects</i> <i>/Counseling</i> 2:00-4:00	Visits 3:00-6:00	Dinner 7:30 <i>*(after TCTC chapel)</i>
Video Class 3:10-4:30	Video Class 3:10-4:30	Video Class 3:25-4:30	Video Class 3:25-4:30	<i>Center</i> <i>Projects/Video</i> <i>Class</i> 2:30-4:15	Dinner 4:00	Commissary 7:30
Dinner 4:45	Dinner 4:45	Dinner 4:45	Dinner 4:45	Dinner 4:45	Free Time 4:30-7:30	Free Time
Gym 6:00-7:15	Free Time 5:30-7:00	Prayer 6:15-7:00	Gym 6:00-7:15	Choir 5:30- 6:30 <i>*(TCTC Grad- No Choir)</i>	Commissary 6:00	Med Call 8:45
Free Time 7:15 Commsry 8:00	LIC Chapel 7:00-8:00 Commsry 8:00	Choir/Skit 7:15-8:00 Commsry 8:00	Free Time 7:15 Commsry 8:00	Commissary 7:00 <i>(Chuck Wagon)</i>	Skits/ <i>Choir</i> <i>TBA</i>	Chores 9:00-9:30
Med Call 8:45	Med Call 8:45	Med Call 8:45	Med Call 8:45	Med Call 8:45	Med Call 8:45	Devotions 9:30-10:00
Chores 9:00-9:30	Chores 9:00-9:30	Chores 9:00-9:30	Chores 9:00-9:30	Chores 9:00-9:30	Chores 9:00-9:30	Lights Out 10:00
Devotions/ Lights Out 9:30-10:00	Devotions/ Lights Out 9:30-10:00	Devotions/ Lights Out 9:30-10:00	Devotions/ Lights Out 9:30-10:00	Devotions/ Lights Out 10:00-10:30	Devotions/ Lights Out 10:00-10:30	

**Student Bank/Store every Monday.*

**Commissary Nightly*

**Visits Saturdays only. 3:00 -6:00*

GSNC = Group Studies for New Christians

PSNC = Personal Studies for New Christians

LIC = Lancaster Induction Center

Monthly Privileges

*pending counselor approval

MONTH ONE:

Coffee: -weekends only

Visits: -no visits in-house or at outings

Phone: -after 2 weeks blackout 2 calls per week
-no grace calls

Outside: -allowed outside w/staff only

MONTH TWO:

Coffee: -1 cup at start(7:30am) of devotions
-weekends

Visits: -one 2 hour visit on campus
-1 single grace call during month

Outside: -with staff and/or 4th mother

MONTH THREE:

Coffee: -1 cup at start(7:30am) and end (7:50am)
of devotions
**Tues. & Thurs. 2nd cup right after chapel/before
GSNC*
-weekends

Visits: -one 3 hour visit on campus
-Sundays' outing visits allowed

Phone: -2 calls per week
-2 single grace calls during month

Outside: -allowed outside w/staff, 3rd, or 4th
monther

MONTH FOUR:

Coffee: -1 cup at start(7:30am) and end(7:50am)
of devotions

**Tues. & Thurs. 2nd cup right after
chapel/before GSNC*

-1 cup after dinner (5:30pm)
-weekends

Visits: -one 4 hour visit off campus **(2-6pm only)*
-Sunday outing visits allowed

Phone: -3 calls per week

Outside: -allowed outside w/staff, 2nd, 3rd or
4th mother

Extras: -*may have one day off from work with
Counselor's approval

*may study in room during study time

*may attend chapel, lunch, Bible study,
Ministry off-campus **with staff's
Invitation**

*may stay up with staff after room time on
Friday nights only. (2 hours max)

***IMPORTANT:** (read carefully)

Marital/Non-Marital Communication Agreement

I, _____ agree with and will adhere to the following regulations concerning marital and non-marital communication/visitation.

-Non-married Students: are not to have contact of any kind with female friends, girlfriends, fiancés, or mothers of children they have fathered.

* Mothers of children which student has fathered are allowed to transport student’s children to center for scheduled visitations. The mother of the student’s children *may not* participate in the visit. They are not to be in communicable proximity to student while student is visiting with the children. An immediate family member *of the student* is suggested during visits to act as a liaison to properly facilitate the visit.

* Students claiming to have fathered any children born of a non-marital relationship must provide proof of fatherhood. This must be submitted to student’s counselor prior to visitation of children.

-Married Students: must provide proof of marriage by way of a valid and current marriage license/certificate. This must be submitted to student’s counselor prior to visitation.

**It is suggested that all proof of fatherhood and/or marriage be brought to the program at time of intake and submitted to intake director.*

As a newly student enrolled in the Lancaster Teen Challenge Induction Center program I have read and understand the above mentioned regulations concerning marital and non-marital contact and visitation and agree to its terms.

Student Signature _____ Date _____

Staff Signature _____ Date _____

VISITATION GUIDELINES FOR STUDENTS AND GUESTS

TEEN CHALLENGE
LANCASTER INDUCTION CENTER

Saturdays 3:00PM – 6:00PM

Thank you for your love and concern in making it a part of your schedule to come visit. We hope that your visit here is beneficial, not only for the student, but for you as well. We would appreciate your cooperation with the following guidelines to help ensure a pleasant visit.

ARRIVAL

- All visitors must sign in when they arrive. Visitors are to be family members, Pastors or such that have been approved, in advance, by the Director.

BOUNDARIES

- No guests are to enter a student's room and must stay in designated areas. These areas include: the Center, the parking lot, or picnic table area by the shed.
- Students are not to leave the immediate vicinity of the Induction Center.
- As much as possible, visitation is to take place only with the student you came to visit.
- There is to be NO SMOKING anywhere on Teen Challenge premises.
 - If student is caught smoking and /or tests positive for nicotine usage the following disciplinary actions **will** result:
 - 1st Offense = Indefinite discipline / loss of all privileges including phone calls and additional visitations
 - 2nd Offense = 30 day suspension from the program

ITEMS BROUGHT

- No food items may be brought to Center.
- All money, medication, packages, letters, etc., must be given to a staff member. Nothing is to be given directly to a student.

DRESS

- Visitors are urged to dress modestly. Such things as short-shorts or halter tops would not be appropriate.

ATTN: Student Visitation Schedule * (Saturdays Only between 3:00 – 6:00)

- 1st month:** No visits/ *blackout period*
- 2nd month:** 1 visit, 2 hour, on-campus
- 3rd month:** 1 visit, 3 hours, on-campus
- 4th month:** 1 visit, 4 hours, off-campus *(Sat. only 3:00-7:00)
**(8 hour pass, off- campus, after graduation ceremony)*

If you have further questions, comments or concerns, please call Jaime Santiago at (717) 933-4182 ext. 341.

**Thank you for your cooperation and may the grace of our Lord Jesus Christ be with you.
Please drive carefully to and from your visit.**

CRIMINAL HISTORY INQUIRY

- Please complete the enclosed form and bring it to your interview. Be sure to complete both the front & back of the form. If you have a probation / parole officer we must have their name and phone number.
- If you are on probation or parole at this time, please bring verification from your officer that you are in compliance.
- If you have any fines & costs to be paid please bring verification that you are on an approved payment plan.

CRIMINAL HISTORY INQUIRY

Many people with criminal records can still get benefits.

HAVE YOU EVER:

- been sentenced for a felony or a misdemeanor offense?
- been charged criminal fines, or costs, or ordered to make restitution related to a criminal conviction?
- been convicted of a felony offense involving a controlled substance?
- been convicted of fraudulent misrepresentation of residence in order to receive cash or medical assistance, food stamps, or Supplemental Security Income in two or more states?
- been place on probation or parole?
- been issued a summons or a warrant to appear as a defendant at a criminal court proceeding?
- fled to avoid prosecution, or custody, or confinement following a conviction for a felony?

If you answered no to all the above – **STOP**, no further information is necessary; sign the certification below.

If you answered yes to any of the above, we need to know more to see if you are eligible for benefits.

PLEASE ANSWER ALL THE QUESTIONS BELOW.

Specify the offense and the state and county or jurisdiction in which you were sentenced.

ANSWER ALL THE QUESTIONS AND THEN SIGN AND DATE THE QUESTIONAIRE

1. Have you ever been sentenced for a felony or misdemeanor offense?

NO YES

Have you satisfied all terms of your sentence?

NO YES

If your answer was yes to either question above, in what state and county or jurisdiction?

2. Have you ever been charged a criminal fine or cost, or ordered to make restitution?

NO YES

Have you ever failed to pay all fines or costs or make restitution or failed to comply with an approved payment plan?

NO YES

If your answer was yes to either question above, in what state and county or jurisdiction?

3. Have you ever been placed on parole or probation?

NO YES

Have you ever failed to pay all fines or costs or make restitution or failed to comply with an approved Payment plan?

NO YES

If your answer was yes to either question above, in what state and county or jurisdiction?

Name, Address, and Phone Number of probation or parole officer

4. Have you ever been issued a summons or had a bench warrant issued for you?

NO YES

Have you ever failed to appear as a defendant in a criminal court proceeding?

NO YES

Did you later appear and were than released?

NO YES

If your answer was yes to any of the three questions above, in what state and county or jurisdiction?

Has the warrant or summons been withdrawn?

NO YES

If your answer was yes to the above question, in what state and county or jurisdiction?

5. Have you ever been convicted of a felony offense related to possession, use or distribution of a controlled substance?

NO YES

WHEN: ____ / ____ / ____
 MM DD YY

If your answer was yes to the question above, in what state and county or jurisdiction?

6. Have you ever fled to avoid prosecution, or custody, or confinement following a conviction for a felony, or in the state of New Jersey, a high misdemeanor, or a violation of parole or probation?

NO YES

If your answer was yes to the question above, in what state and county or jurisdiction?

CERTIFICATION

I certify that I have answered the above questions to the best of my knowledge. I understand that my response will be verified by the Pennsylvania State Police Criminal Record Files, the Administrative Office of Pennsylvania Court files, and other records that are available. I am aware that any false or misleading statements will result in termination of assistance and that I can be charged with committing fraud.

X _____
SIGNATURE

X _____
DATE

**LANCASTER INDUCTION CENTER
PROBATION PAROLE POLICY**

- I. The policy is to be adhered to regarding probation/parole requirements.
 - A. The probation/parole officer may visit the student on campus by contacting the students' counselor to schedule the visit.
 - B. If the student is to report to the probation/parole office, the student must ask family or a Christian Mentor (i.e. Pastor, Elder, etc.) to take him to the probation/parole office. This Christian mentor must be approved by the students' counselor. The probation/parole officer may also transport the student to probation/parole.
 - C. The staff shall not transport any student to probation/parole on or off company time.
 - D. The students' counselor will update the probation/parole officer by mail, fax, phone, or e-mail on a monthly basis.

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

