



Application - Adult Life Care Program

Thank you for your interest in North Dakota Teen Challenge. Our program is designed to help those who are struggling with life-controlling chemical dependency issues and desire a Christian, faith-based approach to recovery.

To complete the admissions process you must accomplish the following steps:

- Complete the attached application and fax or mail it to the address below. If you receive assistance in completing this application, or want us to be able to talk to somebody else about your application, be sure to complete the attached "Release of Confidential Information" form.

North Dakota Teen Challenge

Attention: Admissions Department
 1406 2nd St. NW
 Mandan, ND 58554
 Phone: (701) 667-2131
 Fax: (701) 663-3494

Upon receipt of your application, an admissions representative will contact you and begin processing your application. The length of the application process can vary from a couple of days to two weeks. In processing applications a number of things are taken into consideration including: mental health, medical conditions, past and present legal status, funding eligibility, and level of care required.

NDTC is a voluntary program. Please carefully review all of the information in this packet to determine if our program is right for you. If not, please contact our admissions office to request a referral list of other programs.

It's important that your contact information is current. If you submit an application and have relocated, please be sure to notify our admissions department of your current contact information.

Important Applicant Information:

- Applicants will not be admitted without a photo identification and social security card. If you do not possess these items at the time of application please begin the process to receive them before admittance.
- Applicants must go through detoxification prior to entry if needed.
- Applicants are strongly encouraged to enter the program with at least a 30-day supply of all current prescribed medications (with the exclusion of prescribed narcotics).
- A physical examination is required prior to admission. Some applicants may be approved for admission prior to having a physical examination, provided they agree to have a physical immediately upon entering our program. The student will be responsible for the cost of the physical exam. Tests for HIV, STD's, Tuberculosis and Hepatitis are required as part of the physical exam.

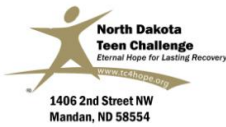
Thank you again for your interest in our program. We look forward to the opportunity to help you in your recovery from drug and alcohol addiction.

(Please return only the Application and Release of Information form to the admissions office.)

Upon Returning This Application

Application must be submitted with a \$15.00 non-refundable processing fee.

Application will not be processed without this fee



APPLICATION Adult Life Care Program

First Name: _____

SSN: _____ - _____ - _____

Middle Name: _____

DOB: ____/____/____

Last Name: _____

Age: _____

Sex:

Male

Female

Current Address:

Street: _____

City: _____

State: _____ Zip _____

Phone: _____ Email: _____

Legal Resident Of:

State: _____

County: _____

Do You Have Any Relatives Or Friends Currently In Our Program? Yes No

Have You Previously Been In Our Program? Yes No How Many Years Ago? _____

Marital Status: Single Married Divorced Engaged Separated

Citizenship: United States Other

Race: American Indian Asian Black Hispanic White

Do You Read And Write English At A 5th Grade Level or Above: Yes No

Do You Have A High School Diploma? Yes No If No, Do You Have A GED? Yes No

I Mainly Need Help With: (Check All That Apply) Alcohol Drugs Other

Do You Use Tobacco? Yes No (Tobacco use is not permitted at any time while enrolled in the program)

Have You Ever Been Treated For Chemical Addiction? Yes No How many times? _____

Have You Ever Been Denied Entry Into Another Teen Challenge Center? Yes No

Prior Treatment Facility: (list the most recent treatment program you have been in)

Name of Facility: _____

Address: _____

City: _____ State: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

Did you complete the program? Yes No

How did you hear about our program?

Church Radio Family/Friends Other _____

In your own words tells us why you want to come to North Dakota Teen Challenge and the main issues you believe you need to deal with while in the program: (please print clearly)



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PHYSICAL HEALTH

Medical History: (Check all that apply to your current and past conditions)

- Asthma
- Head Trauma/TBI
- Respiratory Problems
- Alcohol Abuse
- Heart Condition
- Seizures
- Back Problems
- Hepatitis
- STI/STD
- Diabetes
- High Blood Pressure
- Tuberculosis
- Drug Abuse
- HIV/AIDS

Do You have any current medical concerns? If yes, please be specific: _____

Are you currently being treated by a doctor? Yes No

Name of Primary Doctor: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

Are You Pregnant? Yes No Due Date: ____/____/____

Are you allergic to anything including meds? Yes No If yes, what foods, medications, etc? _____

Are you being treated with prescribed narcotics? (Applicants on prescribed narcotics will need to complete the regimen prior to admission or switch to non-narcotic pain medications.) Yes No

If Yes, What medications? _____

Non-Psychiatric Medications:

List all current non-psychiatric medications:

- 1. _____ 4. _____ 7. _____
- 2. _____ 5. _____ 8. _____
- 3. _____ 6. _____ 9. _____

Special Needs:

Do you have any type of disability? Yes No

Do you have any chronic conditions? Yes No

Do you have any medical restrictions? Yes No

Do you have any other type of special needs? Yes No

Do you require a special diet?* Yes No

* Special dietary accommodations can be made for diabetics only. All others will be required to eat the meals provided.



North Dakota Teen Challenge
Physical Examination Form

Patient's Name: _____ SSN: ____ - ____ - ____ DOB: ____ - ____ - ____

Sex: ___ Male ___ Female Height: _____ Weight: _____

I authorize the release of the physical examination information contained on this form to North Dakota Teen Challenge for the purpose of determining my eligibility for admission. I also authorize the physician who provided the physical examination and/or his/her staff to discuss my medical condition with North Dakota Teen Challenge to whatever extent necessary to determine admission eligibility.

Patient's Signature: _____ Date: ____/____/____

THIS PORTION OF FORM TO BE FILLED OUT BY PHYSICIAN

Send Completed Form To:
Admissions Department
North Dakota Teen Challenge
1406 2nd St. NW
Mandan, ND 58554

Medications: (List all medications applicant is currently taking)

- 1. _____ Reason: _____
- 2. _____ Reason: _____
- 3. _____ Reason: _____
- 4. _____ Reason: _____

Please Circle All That Require Further Medical Treatment

- | | | | | | | |
|-------|--------|--------|----------|-------------|-------------|--------------|
| Ears | Nose | Throat | Eyes | Neck | Back | Neurological |
| Skin | Rectal | Pelvic | Genitals | Thyroid | Abdomen | |
| Heart | Lungs | Bones | Joints | Extremities | Lymph Gland | |

Required Medical Information

HEPATITIS Y N VENEREAL Y N HIV Y N Tuberculosis Y N Pregnancy Y N

Is there any medical condition that may endanger the health of our staff or students while in the program?

Yes No

Condition: _____
Condition: _____
Condition: _____

Is there any reason why this applicant should not assist in the preparation of food or medical services?

Yes No

Reason: _____

Physician's Printed Name: _____ Date of Exam: ____/____/____

Physician's Signature: _____ Phone: (_____) ____ - _____

APPLICATION - Adult Life Care Program

MENTAL HEALTH

Have you ever been treated by a psychiatrist/psychologist? Yes No When: ____/____/____

Have you ever been treated for mental disorders? Yes No Last Visit: ____/____/____

Mental Health History: (Check all that apply to your current and past conditions)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Suicide Thoughts |

Have you thought about, or attempted suicide in the past 3 months? Yes No If yes, how long ago? _____

Name of Primary Psychiatrist/Psychologist: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

Mental Health Medications Currently Taking:

Medicaton Name	Dosage	Reason
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

FINANCIAL INFORMATION

Are you presently employed? Yes No If yes, what is your monthly income? _____

Do you receive any other income (SSI, disability, etc)? Yes No If yes, what is the monthly amount? _____

Do you currently receive any government assistance? Yes No What type? _____



APPLICATION - Adult Life Care Program

LEGAL ISSUES

Are you currently on probation? Yes No State/County: _____

Are you currently on parole? Yes No State/County: _____

Do you currently have any court cases pending? Yes No State/County: _____

Please list any pending civil or criminal charges: _____

Are you currently under investigation for anything? Yes No State/County: _____

Do you currently have any outstanding warrants? Yes No State/County: _____

Have you ever been convicted of a violent crime? Yes No If yes, please list each conviction and date: _____

Have you ever been convicted of a sex related crime Yes No If yes, please list each conviction and date: _____

Are you currently facing charges for a violent or sex related crime? Yes No If yes, please describe fully: _____

Are you required to register as a sexual or predatory offender? Yes No

Probation Officer's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Attorney's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

EMERGENCY CONTACTS

Primary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____ Email: _____



APPLICATION- Adult Life Care Program

Voluntary Compliance with Faith Based Activities

North Dakota Teen Challenge is a faith-based program that is based upon Christian principles and practices. As such, North Dakota Teen Challenge is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it. If you do not want to participate in this program and follow the requirements listed below, please contact our admissions department and we will provide a referral list of other programs that may better meet your needs.

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services administration, including this organization, may discriminate against on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in religious practice. **If you object** to the spiritual education model utilized by North Dakota Teen Challenge and object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

Please read each item carefully and initial your acceptance to each program requirement.

Upon admittance to North Dakota Teen Challenge, I agree to the following:

- _____ I will participate in daily devotions, Bible reading, and prayer.
- _____ I will participate in the Teen Challenge choir which performs Christian songs at weekly church services and special events.
- _____ I will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles.
- _____ I will attend church services when scheduled.
- _____ If offered the opportunity to partake in communion or water baptism my participation is voluntary.
- _____ If I object to the religious nature of this program and its requirements, I will notify the Program Director and receive a referral to another program of my choosing.

My signature below indicates that I have carefully considered the Christian nature of the program and have made a free and independent choice to participate in the North Dakota Teen Challenge program. I also acknowledge that I have been given the opportunity to ask for a referral list of other faith-based and secular programs.

Applicant's Signature

____/____/____
Date

(This page must be returned with the application)

Program Policies & General Information

The North Dakota Teen Challenge (NDTC) Life Care program is a Christian residential recovery program. It consists of at least 12 months of instruction using a spiritual education model. The program assists individuals in permanently recovering from drug and alcohol abuse and the life-controlling problems associated with it.

NDTC does not discriminate on the basis of race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance, sexual orientation, family status, or disability in the administration of its educational, admission, or program policies or procedures.

Applicants must be committed to complete the entire program to be eligible for admission. Program participants (students) are required to participate in daily devotions, chapel, individual counseling, choir and classes. Daily assignments are a program requirement. Students who do not keep up with their daily assignments and those who fail to demonstrate satisfactory growth may be required to stay in the program beyond the 12 month period.

Each student will have access to our "Student Manual" which covers the policies of the program. NDTC reserves the right to make changes in policy whenever necessary. When a change in policy occurs, students and staff will be notified and the "Student Manual" will be updated to reflect the change. Highlighted below are some basic requirements/guidelines all NDTC students are expected to adhere to while in the program. This is not a complete list of rules, but will serve as a basic example of what will be expected:

Appearance & Dress Code

Personal hygiene must be maintained in a neat and clean manner.

- Dress requirements for students include three main dress codes:
 - Casual/Class dress:
 - Males- collared shirts (no t-shirts), casual slacks, dress jeans or shorts.
 - Females- shirts, blouses, casual slacks, skirts, dresses, dress jeans or shorts (tank tops may be worn with a shirt over it).
 - NDTC choir
 - Males- black dress pants, white button down collared shirt, tie, dark colored shoes and socks.
 - Females- black skirt, white blouse, black or flesh colored nylons, black shoes.
 - Leisure/recreational dress:
 - Shorts (must cover 3/4 of thigh), t-shirts, sweat suits, and jeans.
- Students may not wear jewelry in any body piercing, with the exception of ears for female students only.
- Hairstyles that bring unusual attention are not allowed. Hair color must be of a normal color.

Approved Personal Belongings

The following is a list of items students should bring if they have them. If they don't have them and don't have the means to purchase them, many of them may be provided at no cost.

* Please note due to space limitations students may only bring two suitcases worth of belongings.

- Clothing: See dress code above. Winter/rain/light jacket, gloves, underwear, socks, etc.
- Toiletries: soap, comb, toothbrush/paste, shampoo, deodorant, razor/shaving cream, blow dryer. Females: makeup, sanitary items, etc.
- Linens: blanket, pillow/case, twin sheets, towel/washcloth.
- Medications: 30 day supply of all prescription medications (excluding prescribed narcotics), non-prescription medications.
 - Students may not wear jewelry in any body piercing, with the exception of ears for female students only.
- Pre-paid calling card - No long distance calls are permitted.

Prohibited Personal Belongings

Storage space for personal items is limited. Due to this students will only be allowed to bring two suitcases worth of belongings. In addition to the two suitcases limit students may not bring any of the following items. If they do, they will be required to immediately dispose of them or mail them home at their own expense.

- Expensive jewelry/clothing or other valuable items
- Items of sentimental value
- Electronics: Cassette players/cassettes, VCR's/VHS tapes, DVD players/DVD's, headsets, video games, radios, TV's, computers, cell phones
- Personal vehicles
- Musical instruments
- Drugs or drug paraphernalia, alcohol & tobacco
- Recreation equipment/games
- Tools of any kind
- Weapons of any kind
- Literature including: books, magazines, newspaper

Employment/Work Study

Due to the nature and schedule of our program, students may not actively be employed throughout the duration of their recovery.

- Students are required to participate in work-study assignments. All students will be required to participate in general housekeeping and clean-up assignments.
- Student will also have the option if voluntarily participating in other work-study assignments that will allow them to learn new or refine existing skills.

Mail/Visitation

- Students may receive visits from their personal physician, religious advisor, county case manager, attorney, and parole/probation officer at any reasonable hour.
- Correspondence will be limited to those who have been approved. Mail from those who have not been approved will be returned to the sender.
- Students may temporarily lose phone, mail, or visitor privileges if they are caught manipulating the **system**.

Medical/Dental Care & Prescription Medications

Students are responsible for all their health care expenses.

- Students are required to obtain a summary of each medical and dental visit prior to leaving the place of treatment and must provide the information to their staff immediately upon return to NDTC.
- Students should bring enough prescription medication to last at least **30 days**, and bring it in their original containers bearing appropriate labels.
- Students are strongly encouraged to take prescription medication exactly the way their doctor prescribes it. If subsequent medical treatment or behavioral issues arise as a result of a refusal to take prescribed medications, the student may be discharged from the program,
- Resident students are not permitted to take narcotics and certain other medications. Please see the Prohibited Medications document in this packet.

Possession/Use of Drugs, Alcohol & Tobacco

Possession and/or use of drugs, alcohol and tobacco are prohibited while enrolled in our program.

- Drug and/or alcohol tests may be administered at any time to students without prior notice. Students who test positive for drugs and/or alcohol use while in our program will face disciplinary action and possible discharge from NDTC.
- Students, their rooms, and their personal property may be searched at any time without prior notice or approval.

Daily Schedule

Students are required to participate in all daily scheduled programming and activities, with the exception of optional recreational activities. Typical week day at NDTC would include devotions, chapel, classroom education, and group/individual counseling.

- In addition to this schedule students are expected to participate in group choir rehearsal and Wednesday evening church groups at different churches in the local community.
- Saturday's are less structured and include time in the afternoon for visits from approved family and friends as well as passes for upper level students.

Program Outline

The NDTC program consists of four levels. Each level focuses on the recovery and spiritual and emotional wellness of the student. In the paragraphs that follow is a general outline and approximate timeline of each level.

Level One (approximately 8 weeks)

In level one, students attend classes that promote life recovery in the areas of: chemical dependency, anger management, personal relationships, family dynamics, depression, self-acceptance, and maintaining a chemical-free lifestyle.

Level Two (approximately 18 weeks)

In level two, students attend a series of classes designed to assist in the development of personal character and in the facilitation of healthy relationships with others. Students also work independently on materials focusing on their specific personal and family issues. They continue receiving these materials throughout the remainder of the program as they address each major issue in their lives.

Level Three (approximately 12 weeks)

In level three, students learn how to deal with the pain and emotional suffering associated with their current and past issues. Students attend classes designed to provide healing for damaged emotions and confront the issues that have left them emotionally scarred. *Family therapy may be offered to students when they enter this level and may continue through level four if desired.

Level Four (approximately 12 weeks)

Throughout level four, students focus on transitioning back into their local community. They receive classroom instruction on marriage and home, financial management, how to be good citizens and solving life's problems. Level four students also receive assistance with obtaining affordable housing, finding adequate employment, and connecting with a mentor in the local community.

Holiday Breaks

There are three scheduled holiday breaks in the program---Fourth of July, Thanksgiving, and Christmas. All normal student activities cease during these times, with the exception of the Extended Care program. North Dakota Teen Challenge is not liable for the safety of students who are away from our facility on break.

Eligibility:

Students may go home during these breaks only if all of the following conditions are met:

1. They must be in our program at least 90 consecutive days prior to the start of the break.
2. They must have the approval of their program director.
3. If on parole/probation, they must have permission from their probation officer.

Transportation:

North Dakota Teen Challenge does not provide transportation for students who are going away on break. This includes transportation to/from airports, train stations, bus stations, or any other location.

Students Remaining At NDTC during break:

Recreation and other activities will be scheduled for students who remain in our facility during these breaks. Family and friends desiring to visit students during scheduled breaks must contact the program director to arrange dates and times of visitation.

Break Schedule:

A schedule of when students may depart and when they must return during each break is listed below and is also posted on the bulletin board in the student's living facility. Students who do not return from break on time, may be discharged, set back in the program and/or lose future opportunities to go home during scheduled breaks.

Fourth of July 2009: Students may not leave our facility prior to 1:00pm on Friday, July 3, 2009 and must return no later than 6:00 pm on Sunday, July 5, 2008.

Thanksgiving 2008: Students may not leave our facility prior to 1:00pm on Wednesday, November 26, 2008 and must return to our facility no later than 6:00 pm on Sunday, November 30, 2008.

Christmas 2008: Students may not leave our facility prior to 1:00 pm on Tuesday, December 23, and must return to our facility no later than 6:00 pm on Saturday, December 27, 2008

Prohibited Medications

The following medications are prohibited at North Dakota Teen Challenge due to their interference with the recovery process. Prospective students that are currently taking any of the listed medications need to check with their health care provider, prior to or soon after admission, to determine if an appropriate alternate medication is available. In the rare circumstance that an alternate is not available, North Dakota Teen Challenge is not an appropriate treatment option and a referral list of other treatment programs in the area will be provided. Current students are responsible to see a health care provider and transition to a non-prohibited medication as soon as possible. If an appropriate alternate medication is not available, the student will be discharged for medical reasons and a referral to another program will be provided.

- | | |
|---|--|
| <input type="checkbox"/> Vicodin-(hydrocodone with acetaminophen) | <input type="checkbox"/> Darvocet-Darvocet N (Proxyphene) |
| <input type="checkbox"/> OxyContin-(oxycodone) | <input type="checkbox"/> Tylenol with Codeine |
| <input type="checkbox"/> Percocet-(oxycodone with acetaminophen) | <input type="checkbox"/> (acetaminophen with Codeine) |
| <input type="checkbox"/> Diluadid | <input type="checkbox"/> Cough medicine containing codeine |
| <input type="checkbox"/> Morphine | <input type="checkbox"/> Demerol (meperidine) |
| <input type="checkbox"/> Tramadol-Ultram | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Percodon | <input type="checkbox"/> Empirin with codeine |
| <input type="checkbox"/> Tylox | <input type="checkbox"/> Florinal with codeine |

*In rare instances, (e.g. surgery, serious injury) use of narcotic medications may be permitted for a short period (up to one week) with approval from the Program Director.

All Benzodiazepines

Most Commonly Prescribed

- | | |
|--|---|
| <input type="checkbox"/> Xanax (Alprazolam) | <input type="checkbox"/> Dalamine (Flurazepam) |
| <input type="checkbox"/> Klonopin (Clonazepam) | <input type="checkbox"/> Halcion (Triazolam) |
| <input type="checkbox"/> Valium (Diazepam) | <input type="checkbox"/> Tranxene (Chorazepate) |
| <input type="checkbox"/> Ativan (Lorazepam) | <input type="checkbox"/> Serax (Oxazepam) |
| <input type="checkbox"/> Restoril (Temazepam) | |
| <input type="checkbox"/> Librium | |

All Stimulant medications used to treat Attention Deficit Disorder & Attention Deficit/Hyperactivity

- | | |
|---|---|
| <input type="checkbox"/> Adderall (amphetamine mixed salts) | <input type="checkbox"/> Methylin (methylphenidate HCL) |
| <input type="checkbox"/> Adderall XR | <input type="checkbox"/> Daytrana (methylphenidate HCL) |
| <input type="checkbox"/> Concentra (methylphenidate HCL) | <input type="checkbox"/> Metadate (methylphenidate HCL) |
| <input type="checkbox"/> Ritalin (methylphenidate HCL) | <input type="checkbox"/> Dexedrine |
| <input type="checkbox"/> Ritalin SR | <input type="checkbox"/> Focalin (dexmethylphenidate HCL) |

Sleep agent

- Ambien