

Grace House Applicant Letter

Dear Grace House Applicant,

Thank you for your interest in Grace House Teen Challenge of Evansville. Grace House is a Christian long-term residential rehabilitation program. The program takes between 12 to 18 (average is 15) months to complete. Each lady will work at her own pace to complete her program. This program is for women ages 18 and older that are struggling with various kinds of life controlling problems (addictions) such as: drugs, alcohol, pornography, bulimia, anorexia and etc....

I have sent this packet of information to you at your request. I have enclosed the following:

1. Cover letter
2. Application for Acceptance
3. Applicant's Financial Responsibilities
4. General Rules Agreement
5. What to Bring List
6. Consent and Authorization Form
7. Medication/Medical Conditions Policy
8. Example of the Daily Schedule
9. Health Screening Form
10. Introduction to Teen Challenge

Please complete, sign, and mail the following forms: Application for Acceptance, Financial Responsibilities, Consent and Authorization, and Legal Questionnaire. Once I receive your completed paper work, I will contact you for an over the phone interview. After that interview, if a mutual decision has been made for you to come to Grace House you will need to have your doctor fill out the Health Screening Form and send it to us. Once we receive the Health Screening Form a date will be given to you to arrive at Grace House. **If you are in jail, prison, or on probation, your attorney or probation officer need to contact me in order for me to verify that you are allowed to come here.

Requirements for Grace House Residents:

1. Willing to commit to a minimum of 12 months in the program and possibly longer depending on her ability to complete the required learning contracts.
2. Understands this is a faith-based program and is willing to attend religious services
3. Willing to give up all drug, alcohol, and tobacco products.
4. Willing to submit to random drug testing and room & body searches.
5. Willing to have a full physical health screening before entering program
6. Not taking any psychotropic medications
7. Willing and capable of paying minimum fees for the program (included financial responsibility form in this packet)
8. Understands that contact with family& friends (phone calls and visits) is limited and a privilege that is earned and can be take away.
9. Understands that there is 24 hour supervision by staff and they will submit to the authority of all staff.
10. Understands that failure to comply with program policy and rules will result in immediate dismissal.

The Teen Challenge Program addresses the following areas of every clients life:

Addictions (Alcohol, Drugs, Tobacco...all life controlling issues)
Healthy and Unhealthy Relationships
Anger Management
Conflict Resolution
Stress Management
Abuse/Rape Issues
Authority Issues
Family Responsibilities
Accountability
Consistency
Financial Management
And many others.....

Our program is divided into 3 Phases. **The Induction Phase** is the first phase of the program. It lasts 4 to 6 months on average. This phase involves identifying 1) the underlying reasons for the individuals addiction cycle, 2) unhealthy patterns, 3) family relationships 4) key issues that the client needs to address before graduation. **The Training Phase** is the second phase of the program and it lasts for 2 to 4 months. In this phase of the program, the client is given more responsibilities and is required to do volunteer hours in the community. This phase is the beginning steps of developing skills and responsibility in every area of their life. **The Re-Entry Phase** is the third and final phase of the program. During this phase, the client is required to find a full-time job and keep it for 4 months. The issues that are addressed are financial management, identifying weaknesses and fears about being out in society, ability to cope when tempted with desires to use. There are several other areas each Phase addresses. This is an abbreviated description of what our program consists of.

This is a major decision for you. Please prayerfully consider all the requirements and the purpose of Grace House. The key is that you want to change and are willing to listen to the counsel of those God place in authority over you. This is not an easy program. It requires a big commitment, but we know that if you make that commitment you will be amazed at the changes that take place in your life.

Thank you for your inquiry and know we are looking forward to reviewing your application.

Sincerely,
Cindy Gilbert
Grace House Program Director

INTRODUCTION TO GRACE HOUSE

Grace House is a long-term women's residential Teen Challenge center in Evansville , Indiana. We have been very blessed by the Evansville Christian Life Center, which has offered, free of charge, the use of the 2nd floor of their beautiful building for our program. This amazing facility was a former monastery and is now being used as a multifaceted ministry that has impacted the Evansville community for almost 30 years.

Prior to becoming a Teen Challenge center, Grace House was a residential program for women who were dealing with a wide variety of issues such as: unplanned pregnancy, substance abuse, eating disorders, physical and sexual abuse, and other life controlling problems. These kinds of programs can become difficult to manage and very expensive to run. Therefore, many programs have no choice but to close down and try to restructure their program like Grace House did in 2002.

The board of the Evansville Christian Life Center (ECLC) began searching for a successful program that would be able to utilize their beautiful facility. In the process of their search, they discovered Teen Challenge International. In 2003, Clayton Arp, the Executive Director of Kentucky Teen Challenge was contacted by the board of ECLC about starting a long-term residential program for women.

After a year in planning and preparation, Evansville, Indiana had it's very first Teen Challenge fundraising banquet in November of 2004. The first banquet was a miraculous success which enabled us to open Grace House in March of 2005.

The 2nd floor of the Evansville Christian Life Center is Grace House. There are 23 individual bedrooms, which church groups, families, and friends of the Evansville Christian Life Center adopted and beautifully remodeled. An abundance of love, time and energy prepared this amazing facility for this ministry.

MISSION STATEMENT

The goal of Teen Challenge is to reach youth, adults, and families who have drug, alcohol, and other life-controlling problems and initiate the discipleship process to the point where the students can function in a society applying spiritually motivated biblical principles to relationships in the family, local church, chosen vocation and the community.

PURPOSE

Our primary purpose is to help people become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive. We desire to introduce our students to Christ and then offer training as to how they can live for Him. We focus on offering a balance of compassion, discipline and consistency in daily living. We keep this purpose before us and we ask God for the vision of the work He desired to accomplish in each of the staff and students.

Grace House
Teen Challenge of Evansville
P.O. Box 2470 Evansville, IN 47728
Phone: 812-428-8448 Fax 812-402-9288

Applicant's Financial Responsibilities

The cost for a secular drug rehabilitation program can cost up to \$10,000 monthly whereas the cost per a student at Grace House Teen Challenge of Evansville is approximately \$1500. **We do not require you to pay \$1500 a month**, however, we need your financial help in order for you to come to our facility. So, at the time of intake, a pledge of monthly support is requested from you, your family, friends and your church to help offset the cost of your stay with us. We are funded voluntarily by individuals, churches, corporations and foundations. We do not receive any government funding for this program.

Your Financial Responsibilities BEFORE entering Grace House:

1. All applicants are financially responsible for their physical examination, including blood tests, **BEFORE** entrance into Grace House.

The specific blood work & physical exam must include:

Complete Physical Exam (use Health Screening Form)

VDRL (Venereal diseases)

Hepatitis A,B, & C (not the shots)

CBC

HIV

TB

Urinalysis

Pregnancy

Dental Exam

All written reports **MUST** be faxed or mailed to Grace House **BEFORE** entrance. Please sign a release with each facility so the results will be sent to us ASAP. Fax: ATTN: Grace House Intake Coordinator Fax #: 812-402:9288

2. There is a **\$500.00 entrance fee & a \$700.00 minimum monthly tuition. If the client chooses to do automatic withdrawal their monthly tuition will be \$600.00. ALL FEES ARE NON-REFUNDABLE and must be paid on the day of your arrival.** (Cash, money order, or check accepted).
3. Every applicant is **REQUIRED** to have return bus fare or flight fare from Evansville, IN back to their hometown upon entrance into the program- even if you have another means of transportation arranged. (This is in the event that you leave suddenly or are dismissed from the program.)
4. Provide **spending money: \$50.00 - \$70.00 per a month.**
5. You must accept responsibility for payment of any of the following, if necessary, while at Grace House:
 - Medical and/or Dental Bills
 - Eye Exam/ glasses
 - Drug tests if necessary or required by probation office or courts
 - Long distance calls (collect or use a phone card)
 - Cost of transportation to and from bus station and/or airport

Your Financial Responsibilities while in the Grace House program:

There is a Biblical expectation (1 Tim. 5:8) that a family provide for the needs of its own. As a Christian program, we try to model Biblical teaching. Many cannot afford 100% support of \$1,500 but you are expected to provide at least some of the monthly tuition support while in the program.

Accepting my Biblical responsibility, I commit to provide support while _____
is in the Teen Challenge program. (applicant)

Applicant's Financial commitment:

Name _____
One time support amount: _____ Monthly support amount: _____
Personal Account monthly support amount: _____
Signature: _____

1st Sponsor: Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____
One time gift: (amount) _____ Monthly Support amount: _____
Personal Account monthly support: (amount) _____
Signature: _____

2nd Sponsor: Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____
One time gift: (amount) _____ Monthly Support amount: _____
Personal Account monthly support: (amount) _____
Signature: _____

3rd Sponsor: Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____
One time gift: (amount) _____ Monthly Support amount: _____
Personal Account monthly support: (amount) _____
Signature: _____

4th Sponsor: Name _____ Phone _____
Address: _____ City _____ State _____ Zip _____
One time gift: (amount) _____ Monthly Support amount: _____
Personal Account monthly support: (amount) _____
Signature: _____

GRACE HOUSE
Bank Draft Form
INDIANA TEEN CHALLENGE

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Students Name _____

I (we) hereby authorize Indiana Teen Challenge Inc. to initiate debit entries to my (our) bank account indicated below at the financial institution named below to debit same such account.

Financial Institution Name _____

Branch _____ Branch Phone Number _____

City _____ State _____ Zip _____

Routing Number (*Obtain from Financial Institution*) _____

Account Number _____ This is a _____ checking _____ savings account

I (we) give permission for Indiana Teen Challenge Inc. to make automatic withdrawals from the account listed above with the following frequency:

Amount to be debited monthly: \$_____ on (1st or 15th) day of the month. (circle one)

This authorization is to remain in full force and effect until Indiana Teen Challenge Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Indiana Teen Challenge Inc. and my financial institution a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature _____ Signature _____

You will receive a IRS donation letter for each gift as allowed by law and a yearly summary each January.

NOTE: THE RECEIVER (donor) MAY REVOKE THIS AUTHORIZATION BY NOTIFYING THE ORIGINATOR (Indiana Teen Challenge) IN WRITING OR EMAIL AT LEAST 30 DAYS PRIOR TO THE FINAL AUTOMATIC WITHDRAWAL. WRITTEN NOTIFICATION IS REQUIRED.

*Return to Indiana Teen Challenge **with a voided check***
Indiana Teen Challenge Inc. State Office P.O. Box 564, Lebanon IN 46052
office @indianatc.org



Attach
Photo
Here

Grace House Indiana Teen Challenge APPLICATION FOR ADMISSION

I. GENERAL

TODAY'S DATE ____ / ____ / ____

- Name: _____
First Middle Last
- Present Address: _____
Street City State Zip
Phone: _____ Social Security #: _____
- Referred to Teen Challenge by: _____
Name Phone
Address City State Zip
Relationship (Friend, Relative, etc.)

II. PERSONAL

- Birthdate: ____ / ____ / ____ Age: ____ Sex: ☐ M ☐ F Weight: ____ Height: ____
- Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ Hispanic ☐ American Indian ☐ Other _____
- Are you an American Citizen? ☐ Yes ☐ No
- Are you living on your own? ☐ Yes ☐ No
Reason for leaving home: _____
- What kind of problems did you have while living at home? _____
- Last grade completed: _____ GED? ☐ Yes ☐ No
- Have you served in any branch of the military? ☐ Yes ☐ No Which Branch? _____
Type of discharge: _____
- Do you have any Reserve or military obligation at this time? ☐ Yes ☐ No
If yes, explain: _____
- What is your sexual preference? ☐ Homosexual ☐ Bisexual ☐ Transsexual ☐ Heterosexual
- Have you ever engaged in homosexual activities? ☐ Yes ☐ No How recently? _____
- What are your present living conditions? With Whom? _____ Where? _____
How are you supported? _____
- What significant changes have occurred in your life recently? (Behavior, employment, activities, etc.) _____

III. MARITAL STATUS

1. ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed ☐ Remarried
2. Spouse or Ex-Spouse's Full Name: _____ Phone: _____

Address City State Zip
3. If separated or divorced, please give date: _____
Reason for breakup: _____
What is the relationship like now? _____
4. Do you have a boyfriend/girlfriend/finance'? ☐ Yes ☐ No
If yes, what is the relationship like? _____
5. Do you have dependents? ☐ Yes ☐ No

Dependent's Name	Birthdate	Age	Other Parent's Name	Child Support	Custody	
					Me	Other
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

IV. DRUG HISTORY

1. Have you ever experimented with drugs or alcohol? ☐ Yes ☐ No
2. Why did you experiment with or become involved with drugs?

Drugs used:	Usage		How Often Used?			
	1 st Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue						
Tobacco						
Marijuana						
Other (Specify)						

3. Do you consider yourself addicted? ☐ Yes ☐ No
Explain: _____

4. I depend on drugs (Check which one(s) apply to you) ☐ To cope with life ☐ To be "in" with crowd
☐ For pleasure ☐ To escape reality ☐ Other _____
5. Longest period clean? _____ When was that? _____

V. LEGAL STATUS

1. Have you ever been arrested? ☐ Yes ☐ No How many times? _____

Date	Charges	Convicted? (Yes or No)	Sentence	Time Served

2. Are there pending charges? ☐ Yes ☐ No If yes, when is court date? _____

3. Have you ever been on probation? ☐ Yes ☐ No Are you now on probation? ☐ Yes ☐ No
How long have you been on probation? _____ Time remaining? _____
How do you report? ☐ In person ☐ By Mail How often do you report? _____

Name of Probation Officer: _____ Phone: _____
Address: _____

Are you on parole? ☐ Yes ☐ No
How do you report? ☐ In person ☐ By Mail How often do you report? _____

Name of Parole Officer: _____ Phone: _____
Address: _____

4. Have you ever been in prison? ☐ Yes ☐ No When? _____ Where? _____

5. Name of Lawyer: _____ Phone: _____
Address: _____

VI. SPIRITUAL STATUS

1. Do you believe in God? ☐ Yes ☐ No ☐ Uncertain
2. Have you ever committed your life to God? ☐ Yes ☐ No
If so, Where? _____ Date: _____
a. What were the circumstances that led to your decision? _____

b. How many times have you turned from God? _____

3. How often do you attend church? ☐ Never ☐ Sometimes ☐ Regularly
Denominational preference: _____

4. Are you a member of any church or religion? ☐ Yes ☐ No
If yes, which one? _____

5. What recent changes have you had in your religious life (if any)? _____

6. Have you ever been involved in the occult? ☐ Yes ☐ No

7. Explain your need of God, what your standing with Him is now (ie: good or bad relationship, no relationship at all, etc)

VII. FINANCIAL STATUS

1. Are you receiving welfare, unemployment compensation, disability payments, workman's compensation, alimony, or other income? ☐ Yes ☐ No

Explain: _____

2. Do you have any outstanding debts or fines? ☐ Yes ☐ No

Explain: _____

Owed to	Amount	Address	Phone	Payments

VIII. THE PRESENTING PROBLEM

1. What is the main problem in your life, as you see it? (Why are you wanting to come here?)

2. What have you done about it? _____

3. What are your greatest needs, in order of priority? _____

4. Have you ever been involved in a Teen Challenge program before? ☐ Yes ☐ No ☐ Can't Remember
If yes, When? _____ Where? _____

5. Have you ever been in any other type of program before? ☐ Yes ☐ No How many? _____
☐ Religious ☐ Non-Religious

Program Name	Dates	City & State	Reason for Leaving

6. Why do you wish to be admitted to this Teen Challenge program?

7. What are you expecting (believing) God to do in your life while you are at TC?

8. Are you expecting God to do it all ("zap" you) or do you believe it will take commitment and sacrifice on your part? Describe what you're willing to do, or what you think is required of you?

IX. HEALTH STATUS

1. Range your general health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. Do you have any communicable diseases? ☐ Yes ☐ No If so, what? _____
Do you have epilepsy, seizures, diabetes? ☐ Yes ☐ No If so, what? _____
3. List any medical problems or handicaps: _____

4. Are you presently receiving medical care? ☐ Yes ☐ No If so, where? _____
5. Are you currently taking medication? ☐ Yes ☐ No If so, please list: _____

6. Do you have any physical problems due to drugs/alcohol? ☐ Yes ☐ No

7. Have you been hospitalized within the past 12 months? ☐ Yes ☐ No If so, please explain: _____

8. List all medications to which you are allergic or sensitive: _____

9. List all allergies (including food, latex, insects, etc.) _____

10. Have you ever had psychiatric care? ☐ Yes ☐ No If so, please explain: _____

11. Have you ever attempted suicide? ☐ Yes ☐ No If so, How? _____
Was it drug or alcohol related? ☐ Yes ☐ No If so, explain: _____

12. What is the condition of your teeth?
(**Must** provide a copy of dental exam and **must** have all necessary dental work completed **before** coming into Teen Challenge; otherwise must wait until Re-entry and you will be responsible for all expenses incurred. Unless something arises of an emergency nature, you will not be taken to a dentist while in Teen Challenge.)

For Women Only:

1. Are you pregnant? ☐ Yes ☐ No ☐ Maybe Why do you think so? _____
2. Menopause? (Change of Life) ☐ Yes ☐ No If so, when? _____
3. Have you ever had an abortion? ☐ Yes ☐ No If so, how many times?
Please explain the circumstances of each time: _____

CHECKLIST: Make Check marks on the line as you **complete** each step.

- _____ **Fill out application completely**
- _____ **Sign and witness student agreement**
- _____ **Sign General Program Rules agreement**
- _____ **Fill out Financial Responsibilities Form**

Note: *Every step must be completed and checked off **BEFORE** your application will be considered.*

We reserve the right to dismiss any student who knowingly does not disclose pertinent medical information.

STUDENT AGREEMENT

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC staff that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ and that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning. (Note: This is not done routinely, but only at times of definite cause.)
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
9. I understand that I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid in my character development.
10. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary. Any items not specifically listed under "Forbidden Items" in the rules will be held for me until my departure.
11. I understand that upon arrival I must deposit with Teen Challenge the cost of a return bus ticket to be held for me in case I am dismissed or decide to leave the Teen Challenge program prematurely.
12. I agree to submit to the authority of all staff members.

THIS FORM MUST BE NOTARIZED BEFORE YOUR APPLICATION CAN BE PROCESSED!

Date

Applicant's Signature

Date

Witness Signature

Date Received

Grace House Staff Signature

Grace House
Indiana Teen Challenge
P.O. Box 2470
Evansville, IN 47728
PH: 812-428-8448
Fax: 812-402-9288
evansvilletc@yahoo.com

CONSENT & AUTHORIZATION TO RELEASE INFORMATION

I _____ hereby request and authorize Grace House Teen Challenge of Evansville to receive and/or release the following information to:

Individual/Organization: _____
Address: _____
Phone #: _____

I request and authorize Grace House Indiana Teen Challenge to receive or release the following types of information:

Information pertaining to incarceration, communication/telephone calls with probation, parole, counselors, attorneys, medical information, and any and all information which will assist in rehabilitation for consideration of admission and continued residence in the Grace House program.

Additional specific information: _____

This authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon. Unless revoked prior thereto, this authorization to release information shall expire on January 1, 2010.

Date of Birth

Social Security Number

Signature

Date

Witness

Date

THURSDAY

MONDAY	
7:00	WAKE UP
7:20	BREAKFAST
7:45	MEDS
7:55	CHORES soda and snack follow
9:00	PRaise AND WORSHIP
9:15-10:30	CLEAN ECOLI/FOOD BANK
10:30-11:30	STUDY HALL
12:00-12:30	LUNCH/ MEDS
12:30-1:15	PERSONAL DEVOTIONS
1:15-5:00	FREE TIME/ YMCA/ MEDS
5:00-5:30	DINNER
5:30-6:00	FREE TIME
6:00-7:30	STUDY HALL/ STREET TEAM
7:30-9:00	SHOWERS/FREETIME/MEDS
9:00-9:15	GROUP DEVOTIONS
9:15-9:50	PERSONAL DEVOTIONS
10:00	LIGHTS OUT

TUESDAY	
7:00	WAKE UP
7:20	BREAKFAST

7:45-7:55	MEDS
7:55	CHORES soda and snack follow
9:00-9:15	PRaise AND WORSHIP
9:15-10:00	FREE TIME
10:00-11:00	JOYCE'S CLASS
11:00-11:30	STUDY HALL
11:30-12:00	FREE TIME
12:00-12:30	LUNCH/ MEDS
12:30-1:15	PERSONAL DEVOTIONS
1:15-2:00	FREE TIME
2:00-3:00	CLASS MISC.
3:00-5:00	FREE TIME/ MEDS
5:00-5:30	DINNER
5:30-6:00	FREE TIME
6:00-7:00	GROUP MISC.
7:00-8:00	STUDY HALL
8:00-9:00	SHOWERS/FREETIME/MEDS
9:00-9:15	GROUP DEVOTIONS
9:15-9:50	PERSONAL DEVOTIONS
10:00	LIGHTS OUT

WEDNESDAY	
7:00	WAKE UP
7:20	BREAKFAST
7:45	MEALS
7:55	CHORES soda and snack follow
9:00	PRaise AND WORSHIP
9:15-11:30	STUDY HALL
11:30-12:00	FREE TIME
12:00-12:30	LUNCH/ MEALS
12:30-1:15	PERSONAL DEVOTIONS
1:15-2:00	FREE TIME
2:00-3:30	STUDY HALL
3:30-4:00	CLEAN ECLC
4:00-5:00	FREE TIME/ MEALS
5:00-5:30	DINNER
5:30-6:30	FREE TIME
6:30-8:00	CHURCH
8:30-9:30	SHOWERS/FREETIME/MEALS
9:30-10:00	PERSONAL DEVOTIONS

7:00	WAKE UP
7:20	BREAKFAST
7:45	MEDS
7:55	CHORES soda and snack follow
9:00-9:15	PRaise AND WORSHIP
until 10AM	FREE TIME
10:00-11:00	JOYCE'S CLASS
11:00-11:30	STUDY HALL
11:30-12:00	FREE TIME **
12:00-12:30	LUNCH/ MEDS
12:30-1:15	PERSONAL DEVOTIONS
1:15-2:00	FREE TIME
2:00-3:30	STUDY HALL
3:30-5:00	FREE TIME/ MEDS
5:00-5:30	DINNER
5:30-6:00	FREE TIME
6:00-8:00	STUDY HALL/ SIGN LANG.
8:00-9:00	SHOWERS/FREETIME/MEDS
9:00-9:15	GROUP DEVOTIONS
9:15-9:50	PERSONAL DEVOTIONS
10:00	LIGHTS OUT

FRIDAY	
7:00	WAKE UP
7:20	BREAKFAST
7:45	MEDS
7:55	CHORES, soda and snack follow
9:00-9:15	PRaise AND WORSHIP
10:00-?	HOUSE MEETING
?-12:00	FREETIME
12:00-12:30	LUNCH/ MEDS
12:30-2:00	FREE TIME/ MEDS
2:00-3:30	SEW
3:30-5:00	FREETIME
5:00-5:30	DINNER
5:30-6:30	FREETIME
6:30-7:30	CHAPEL
7:30-8:00	SHOWERS
8:00-11:00	MOVIE/ SNACKS
11:00	LIGHTS OUT

SATURDAY	
9:00	WAKE UP
When Ready	BREAKFAST
ALL DAY	FREE TIME
5:00-5:30	DINNER
5:30-6:00	FREE TIME
6:00-8:00	STUDY HALL
8:00-8:45	SHOWERS/FREETIME/MEDS
8:45-9:45	GROUP DEVOTIONS
10:00	LIGHTS OUT

SUNDAY	
8:00	WAKE UP/ BREAKFAST
9:30	LEAVE FOR CHURCH
12:30-1:00	LUNCH
1:00-5:00	FREE TIME/ NAP
5:00-5:30	DINNER
5:30-6:00	FREE TIME
6:00-8:00	STUDY HALL/ SIGN LANG
8:00-9:00	SHOWERS/ FREE TIME/ MEDS
9:00-9:15	GROUP DEVOTIONS
9:15-9:50	PERSONAL DEVOTIONS
10:00	LIGHTS OUT

WEEKLY SCHEDULE FOR 1ST PHASE STUDENTS

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP
7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST
7:45	MEDS	7:45-7:55	MEDS	7:45	MEDS	7:45	MEDS
7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow
9:00	PRaise AND WORSHIP	9:00-9:15	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	9:00-9:15	PRaise AND WORSHIP
9:15-10:30	CLEAN ECLC/ FOOD BANK	9:15-10:00	FREE TIME	9:15-11:30	STUDY HALL	10:00-11:00	JOYCE'S CLASS
10:30-11:30	STUDY HALL	10:00-11:00	JOYCE'S CLASS	11:30-12:00	FREE TIME	11:00-11:30	STUDY HALL
12:00-12:30	LUNCH/ MEDS	11:00-11:30	STUDY HALL	12:00-12:30	LUNCH/ MEDS	11:30-12:00	FREE TIME
12:30-1:15	PERSONAL DEVOTIONS	12:00-12:30	LUNCH/ MEDS	12:30-1:15	PERSONAL DEVOTIONS	12:00-12:30	LUNCH/ MEDS
1:15-5:00	FREE TIME/ YMCA/ MEDS	1:15-2:00	FREE TIME	1:15-2:00	FREE TIME	12:30-1:15	PERSONAL DEVOTIONS
5:00-5:30	DINNER	2:00-3:00	CLASS MISC.	2:00-3:00	CLASS MISC.	1:15-2:00	FREE TIME
5:30-6:00	FREE TIME	3:00-5:00	FREE TIME/ MEDS	3:00-5:00	FREE TIME/ MEDS	2:00-3:30	STUDY HALL
6:00-7:30	STUDY HALL/ STREET TEAM	5:00-5:30	DINNER	5:00-5:30	DINNER	3:30-5:00	FREE TIME/ MEDS
7:30-9:00	SHOWERS/FREETIME/MEDS	5:30-6:00	FREE TIME	5:30-6:00	FREE TIME	5:00-5:30	DINNER
9:00-9:15	GROUP DEVOTIONS	6:00-7:00	GROUP MISC.	6:00-7:00	GROUP MISC.	5:30-6:00	FREE TIME
9:15-9:50	PERSONAL DEVOTIONS	7:00-8:00	STUDY HALL	7:00-8:00	STUDY HALL	6:00-8:00	STUDY HALL/ SIGN LANG.
10:00	LIGHTS OUT	8:00-9:00	SHOWERS/FREETIME/MEDS	8:00-9:00	SHOWERS/FREETIME/MEDS	8:00-9:00	SHOWERS/FREETIME/MEDS
		9:00-9:15	GROUP DEVOTIONS	9:00-9:15	GROUP DEVOTIONS	9:00-9:15	GROUP DEVOTIONS
		9:15-9:50	PERSONAL DEVOTIONS	9:15-9:50	PERSONAL DEVOTIONS	9:15-9:50	PERSONAL DEVOTIONS
				10:00	LIGHTS OUT	10:00	LIGHTS OUT
MONDAY		TUESDAY		WEDNESDAY		FRIDAY	
7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP
7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST
7:45	MEDS	7:45-7:55	MEDS	7:45	MEDS	7:45	MEDS
7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow
9:00	PRaise AND WORSHIP	9:00-9:15	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	9:00-9:15	PRaise AND WORSHIP
9:15-10:30	CLEAN ECLC/ FOOD BANK	9:15-10:00	FREE TIME	9:15-11:30	STUDY HALL	10:00-?	HOUSE MEETING
10:30-11:30	STUDY HALL	10:00-11:00	JOYCE'S CLASS	11:30-12:00	FREE TIME	?	FREETIME
12:00-12:30	LUNCH/ MEDS	11:00-11:30	STUDY HALL	12:00-12:30	LUNCH/ MEDS	12:00-12:30	LUNCH/ MEDS
12:30-1:15	PERSONAL DEVOTIONS	12:00-12:30	LUNCH/ MEDS	12:30-1:15	PERSONAL DEVOTIONS	12:30-2:00	FREE TIME/ MEDS
1:15-5:00	FREE TIME/ YMCA/ MEDS	1:15-2:00	FREE TIME	1:15-2:00	FREE TIME	2:00-3:30	SEW
5:00-5:30	DINNER	2:00-3:00	CLASS MISC.	2:00-3:00	CLASS MISC.	3:30-5:00	FREE TIME
5:30-6:00	FREE TIME	3:00-5:00	FREE TIME/ MEDS	3:00-5:00	FREE TIME/ MEDS	5:00-5:30	DINNER
6:00-7:30	STUDY HALL/ STREET TEAM	5:00-5:30	DINNER	5:00-5:30	DINNER	5:30-6:30	FREE TIME
7:30-9:00	SHOWERS/FREETIME/MEDS	5:30-6:00	FREE TIME	5:30-6:00	FREE TIME	6:30-7:30	CHAPEL
9:00-9:15	GROUP DEVOTIONS	6:00-7:00	GROUP MISC.	6:00-7:00	GROUP MISC.	7:30-8:00	SHOWERS
9:15-9:50	PERSONAL DEVOTIONS	7:00-8:00	STUDY HALL	7:00-8:00	STUDY HALL	8:00-11:00	MOVIE/ SNACKS
10:00	LIGHTS OUT	8:00-9:00	SHOWERS/FREETIME/MEDS	8:00-9:00	SHOWERS/FREETIME/MEDS	11:00	LIGHTS OUT
		9:00-9:15	GROUP DEVOTIONS	9:00-9:15	GROUP DEVOTIONS		
		9:15-9:50	PERSONAL DEVOTIONS	9:15-9:50	PERSONAL DEVOTIONS		
				10:00	LIGHTS OUT		
MONDAY		TUESDAY		WEDNESDAY		SATURDAY	
7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP	9:00	WAKE UP
7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST	When Ready	BREAKFAST
7:45	MEDS	7:45-7:55	MEDS	7:45	MEDS	ALL DAY	FREE TIME
7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	5:00-5:30	DINNER
9:00	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	5:30-6:00	FREE TIME
9:15-10:30	CLEAN ECLC/ FOOD BANK	9:15-10:00	FREE TIME	9:15-11:30	STUDY HALL	6:00-8:00	STUDY HALL
10:30-11:30	STUDY HALL	10:00-11:00	JOYCE'S CLASS	11:30-12:00	FREE TIME	8:00-8:45	SHOWERS/FREETIME/MEDS
12:00-12:30	LUNCH/ MEDS	11:00-11:30	STUDY HALL	12:00-12:30	LUNCH/ MEDS	8:45-9:45	GROUP DEVOTIONS
12:30-1:15	PERSONAL DEVOTIONS	12:00-12:30	LUNCH/ MEDS	12:30-1:15	PERSONAL DEVOTIONS	10:00	LIGHTS OUT
1:15-5:00	FREE TIME/ YMCA/ MEDS	1:15-2:00	FREE TIME	1:15-2:00	FREE TIME		
5:00-5:30	DINNER	2:00-3:00	CLASS MISC.	2:00-3:00	CLASS MISC.		
5:30-6:00	FREE TIME	3:00-5:00	FREE TIME/ MEDS	3:00-5:00	FREE TIME/ MEDS		
6:00-7:30	STUDY HALL/ STREET TEAM	5:00-5:30	DINNER	5:00-5:30	DINNER		
7:30-9:00	SHOWERS/FREETIME/MEDS	5:30-6:00	FREE TIME	5:30-6:00	FREE TIME		
9:00-9:15	GROUP DEVOTIONS	6:00-7:00	GROUP MISC.	6:00-7:00	GROUP MISC.		
9:15-9:50	PERSONAL DEVOTIONS	7:00-8:00	STUDY HALL	7:00-8:00	STUDY HALL		
10:00	LIGHTS OUT	8:00-9:00	SHOWERS/FREETIME/MEDS	8:00-9:00	SHOWERS/FREETIME/MEDS		
		9:00-9:15	GROUP DEVOTIONS	9:00-9:15	GROUP DEVOTIONS		
		9:15-9:50	PERSONAL DEVOTIONS	9:15-9:50	PERSONAL DEVOTIONS		
				10:00	LIGHTS OUT		
MONDAY		TUESDAY		WEDNESDAY		SATURDAY	
7:00	WAKE UP	7:00	WAKE UP	7:00	WAKE UP	9:00	WAKE UP
7:20	BREAKFAST	7:20	BREAKFAST	7:20	BREAKFAST	When Ready	BREAKFAST
7:45	MEDS	7:45-7:55	MEDS	7:45	MEDS	ALL DAY	FREE TIME
7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	7:55	CHORES soda and snack follow	5:00-5:30	DINNER
9:00	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	9:00	PRaise AND WORSHIP	5:30-6:00	FREE TIME
9:15-10:30	CLEAN ECLC/ FOOD BANK	9:15-10:00	FREE TIME	9:15-11:30	STUDY HALL	6:00-8:00	STUDY HALL
10:30-11:30	STUDY HALL	10:00-11:00	JOYCE'S CLASS	11:30-12:00	FREE TIME	8:00-8:45	SHOWERS/FREETIME/MEDS
12:00-12:30	LUNCH/ MEDS	11:00-11:30	STUDY HALL	12:00-12:30	LUNCH/ MEDS	8:45-9:45	GROUP DEVOTIONS
12:30-1:15	PERSONAL DEVOTIONS	12:00-12:30	LUNCH/ MEDS	12:30-1:15	PERSONAL DEVOTIONS	10:00	LIGHTS OUT
1:15-5:00	FREE TIME/ YMCA/ MEDS	1:15-2:00	FREE TIME	1:15-2:00	FREE TIME		
5:00-5:30	DINNER	2:00-3:00	CLASS MISC.	2:00-3:00	CLASS MISC.		
5:30-6:00	FREE TIME	3:00-5:00	FREE TIME/ MEDS	3:00-5:00	FREE TIME/ MEDS		
6:00-7:30	STUDY HALL/ STREET TEAM	5:00-5:30	DINNER	5:00-5:30	DINNER		
7:30-9:00	SHOWERS/FREETIME/MEDS	5:30-6:00	FREE TIME	5:30-6:00	FREE TIME		
9:00-9:15	GROUP DEVOTIONS	6:00-7:00	GROUP MISC.	6:00-7:00	GROUP MISC.		
9:15-9:50	PERSONAL DEVOTIONS	7:00-8:00	STUDY HALL	7:00-8:00	STUDY HALL		
10:00	LIGHTS OUT	8:00-9:00	SHOWERS/FREETIME/MEDS	8:00-9:00	SHOWERS/FREETIME/MEDS		
		9:00-9:15	GROUP DEVOTIONS	9:00-9:15	GROUP DEVOTIONS		
		9:15-9:50	PERSONAL DEVOTIONS	9:15-9:50	PERSONAL DEVOTIONS		
				10:00	LIGHTS OUT		

General Program Rules Agreement

The following are just some of the basic rules of Grace House Teen Challenge of Evansville. You will be provided with a complete handbook of rules upon admittance to Grace House.

Grace House:

1. I understand that Grace House is a Christian Discipleship Program and I agree to be subject to Biblical teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what the program staff call incorrect behaviors and bad attitudes will be confronted and may result in disciplinary action. I will agree to do the disciplinary action or project with an improved attitude.
3. I understand that my main purpose for being in the program is to learn a new way of life, not just to get off drugs or alcohol.

Personal:

1. I will not possess or use drugs at any time, including psychiatric medications
2. I will not smoke or have cigarettes in my possession.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, or reminisce about past wrong doings (unless in support group).
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a clique.
7. I will not call other people names.
8. I will not go outside of the building without staff permission.
9. I will not bring a radio, tape recorder, books (other than approved spiritual or devotional books), knives, lighters, etc.
10. I will adhere to the modest dress code and not try to wear inappropriate clothing while at Grace House.

Family:

1. I will agree to the staff screening and reading all incoming and outgoing mail.
2. I agree to write only members of my immediate family, pastor and others approved by the director-**no letters to boy friends or friends from jail.**
3. I agree to wait until my 15th day here to write to anyone or to receive mail from anyone, unless I lose that privilege or have it delayed because of incurring demerits for bad behavior.
4. I agree to make only two (2) outgoing phone calls to my family or approved individuals on the designated nights during the assigned time after my first two (2) weeks at Grace House. (If I don't lose that privilege by incurring demerits.)
5. I agree not to have any visits from my immediate family until after 30 days here and only then with the program director's approval if I have earned that privilege.
6. I agree NOT to demand to call my family until the approved time.

Group:

1. I agree to participate in all scheduled activities including class, chapel, church, work, and recreation. I will do what I'm required to do in each of these activities without complaining.
2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
3. I understand the length of the Grace House program depends on how long it takes me to complete my learning contracts and I must receive the approval from the Program Director before I can graduate. This will take a minimum of 12 months and could take up to 18 months. I am responsible for my learning process. Staff will help me, but it will be up to me to do the work.

Discipline:

1. I understand that I'm expected to be prepared, in place and on time for all my scheduled activities 24 hours a day. I also understand that any tardiness, un-preparedness, and other forms of carelessness will result in disciplinary action.
2. I understand that my room must be kept in a neat and orderly manner at all times.
3. I understand there will be a dress code and I will adhere to it without complaining.
4. I understand there will be a grooming code: Shower once a day according to shower schedule, use good grooming habits for my hair, nails and general appearance, use deodorant and light cologne (nothing overpowering to other students or staff.)
5. I understand that disciplinary action may include: demerits, extra duty, loss of privileges, suspension, or dismissal.

I have read these Rules and my signature indicates that I have a good understanding of them and that I'm willing to commit myself to these agreements and to the more detailed handbook agreements I will receive upon Intake.

Applicant Signature _____ Date _____

*****Applicant's with a child or children still living at home:**

I know I can not bring my children with me to the Grace House program. The needs of my underage children are being provided for while I'm in Teen Challenge.

They will be cared for by the following person/people, physically as well as financially:

Name _____ Address _____
Phone _____

Name _____ Address _____
Phone _____

Applicant Signature _____ Date _____

Grace House Applicant Letter

Dear Grace House Applicant,

Thank you for your interest in Grace House Teen Challenge of Evansville. Grace House is a Christian long-term residential rehabilitation program. The program takes between 12 to 18 (average is 15) months to complete. Each lady will work at her own pace to complete her program. This program is for women ages 18 and older that are struggling with various kinds of life controlling problems (addictions) such as: drugs, alcohol, pornography, bulimia, anorexia and etc....

I have sent this packet of information to you at your request. I have enclosed the following:

1. Cover letter
2. Application for Acceptance
3. Applicant's Financial Responsibilities
4. General Rules Agreement
5. What to Bring List
6. Consent and Authorization Form
7. Medication/Medical Conditions Policy
8. Example of the Daily Schedule
9. Health Screening Form
10. Introduction to Teen Challenge

Please complete, sign, and mail the following forms: Application for Acceptance, Financial Responsibilities, Consent and Authorization, and Legal Questionnaire. Once I receive your completed paper work, I will contact you for an over the phone interview. After that interview, if a mutual decision has been made for you to come to Grace House you will need to have your doctor fill out the Health Screening Form and send it to us. Once we receive the Health Screening Form a date will be given to you to arrive at Grace House. **If you are in jail, prison, or on probation, your attorney or probation officer need to contact me in order for me to verify that you are allowed to come here.

Requirements for Grace House Residents:

1. Willing to commit to a minimum of 12 months in the program and possibly longer depending on her ability to complete the required learning contracts.
2. Understands this is a faith-based program and is willing to attend religious services
3. Willing to give up all drug, alcohol, and tobacco products.
4. Willing to submit to random drug testing and room & body searches.
5. Willing to have a full physical health screening before entering program
6. Not taking any psychotropic medications
7. Willing and capable of paying minimum fees for the program (included financial responsibility form in this packet)

8. Understands that contact with family& friends (phone calls and visits) is limited and a privilege that is earned and can be take away.
9. Understands that there is 24 hour supervision by staff and they will submit to the authority of all staff.
10. Understands that failure to comply with program policy and rules will result in immediate dismissal.

The Teen Challenge Program addresses the following areas of every clients life:

Addictions (Alcohol, Drugs, Tobacco...all life controlling issues)

Healthy and Unhealthy Relationships

Anger Management

Conflict Resolution

Stress Management

Abuse/Rape Issues

Authority Issues

Family Responsibilities

Accountability

Consistency

Financial Management

And many others.....

Our program is divided into 3 Phases. **The Induction Phase** is the first phase of the program. It lasts 4 to 6 months on average. This phase involves identifying 1) the underlying reasons for the individuals addiction cycle, 2) unhealthy patterns, 3) family relationships 4) key issues that the client needs to address before graduation. **The Training Phase** is the second phase of the program and it lasts for 2 to 4 months. In this phase of the program, the client is given more responsibilities and is required to do volunteer hours in the community. This phase is the beginning steps of developing skills and responsibility in every area of their life. **The Re-Entry Phase** is the third and final phase of the program. During this phase, the client is required to find a full-time job and keep it for 4 months. The issues that are addressed are financial management, identifying weaknesses and fears about being out in society, ability to cope when tempted with desires to use. There are several other areas each Phase addresses. This is an abbreviated description of what our program consists of.

This is a major decision for you. Please prayerfully consider all the requirements and the purpose of Grace House. The key is that you want to change and are willing to listen to the counsel of those God place in authority over you. This is not an easy program. It requires a big commitment, but we know that if you make that commitment you will be amazed at the changes that take place in your life.

Thank you for your inquiry and know we are looking forward to reviewing your application.

Sincerely,

Rev. Rebecca A. Henslee

Grace House Program Director

INTRODUCTION TO GRACE HOUSE

Grace House is a long-term women's residential Teen Challenge center in Evansville , Indiana. We have been very blessed by the Evansville Christian Life Center, which has offered, free of charge, the use of the 2nd floor of their beautiful building for our program. This amazing facility was a former monastery and is now being used as a multifaceted ministry that has impacted the Evansville community for almost 30 years.

Prior to becoming a Teen Challenge center, Grace House was a residential program for women who were dealing with a wide variety of issues such as: unplanned pregnancy, substance abuse, eating disorders, physical and sexual abuse, and other life controlling problems. These kinds of programs can become difficult to manage and very expensive to run. Therefore, many programs have no choice but to close down and try to restructure their program like Grace House did in 2002.

The board of the Evansville Christian Life Center (ECLC) began searching for a successful program that would be able to utilize their beautiful facility. In the process of their search, they discovered Teen Challenge International. In 2003, Clayton Arp, the Executive Director of Kentucky Teen Challenge was contacted by the board of ECLC about starting a long-term residential program for women.

After a year in planning and preparation, Evansville, Indiana had it's very first Teen Challenge fundraising banquet in November of 2004. The first banquet was a miraculous success which enabled us to open Grace House in March of 2005.

The 2nd floor of the Evansville Christian Life Center is Grace House. There are 23 individual bedrooms, which church groups, families, and friends of the Evansville Christian Life Center adopted and beautifully remodeled. An abundance of love, time and energy prepared this amazing facility for this ministry.

MISSION STATEMENT

The goal of Teen Challenge is to reach youth, adults, and families who have drug, alcohol, and other life-controlling problems and initiate the discipleship process to the point where the students can function in a society applying spiritually motivated biblical principles to relationships in the family, local church, chosen vocation and the community.

PURPOSE

Our primary purpose is to help people become mentally sound, emotionally balanced, socially adjusted, physically well and spiritually alive. We desire to introduce our students to Christ and then offer training as to how they can live for Him. We focus on offering a balance of compassion, discipline and consistency in daily living. We keep this purpose before us and we ask God for the vision of the work He desired to accomplish in each of the staff and students.

Grace House

of Indiana Teen Challenge Inc.

www.TeenChallengeHELP.com – 812-428-8448

Medical Waiver

Prior to your arrival at Grace House; you are required to receive a physical. One of the purposes for the physical is to make sure there are no urgent medical needs; that will require a Dr's visit. It's is also requested that all dental has been taken care of as well.

Teen Challenge is not equipped nor staffed to handle students with chronic medical conditions. Visits to the physician are for emergencies only. We are not able to transport ladies to and from the physician's office for consultation, labs, x-rays or other diagnostic testing.

If you have read the above statements and have agreed to adhere with them please sign below.

Student signature: _____

Date: _____

Staff signature: _____

Date: _____

Grace House
Adult Women
812-428-8448
gracehouse@indianatc.org

Central Indiana
Adolescent Girls
765-482-2336
citc@indianatc.org

Living Free
Men's Center
812-841-7699
livingfree@indianatc.org

Grace House
Indiana Teen Challenge
P.O. Box 2470 Evansville, IN 47728
Phone: 812-428-8448 Fax 812-402-9288

Teen Challenge Policy on Psychotropic Medication

It is the desire of Teen Challenge to minister to all who wish to enter our program to find hope, salvation, and deliverance in Jesus Christ. Due to the great diversity in the staffing of our ministries and the level of availability of volunteer support services, equity in specialized care is not assured. Each local center through its executive director and board of directors determines its own admissions policies concerning those with unique situations, i.e. AIDS, mental and physical disabilities, long-term prescription usage, etc.

Grace House Teen Challenge of Evansville Policy on Psychotropic & Other Medications

Our center does not accept applicants who are taking psychotropic, mood altering, or narcotic medications. If an applicant is currently taking a psychotropic medication, but she desires to stop taking the medication in order to enter our program, she must obtain a doctor's release to do so. We *will not* direct a student to stop using prescribed medication.

Grace House Policy on Applicant's with Medical Concerns

Our center has a strict admittance policy for women with disabilities and other medical conditions due to our inability to accommodate their needs. Our center is located on the second floor of a beautiful old monastery with many staircases. All residents staying at our center must be capable of climbing stairs, and doing household chores. If there is a medical condition that prevents an individual from being able to meet our requirements, she would not be able to be accepted into our program. If an applicant has a medical condition that requires frequent medical checkups, she would not be able to be accepted into our program.

It is our desire to be able to help as many women as possible. Unfortunately, there are some practical issues that prevent us from accepting applicants with the previously mentioned medical issues.

STUDENT AGREEMENT

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I will dedicate myself to the discipleship program until it is recognized by the TC stall that I qualify for completion. I realize this is only possible by submitting to the Lordship of Jesus Christ and that I cannot do this in my own strength.
3. I release to Teen Challenge the right to search, read, and withhold my mail in the manner explained in the rules.
4. I release the right to Teen Challenge to do a room search and/or drug screen without warning.
5. I release the right to Teen Challenge to make a thorough search of my person and belongings on the day of my admission.
6. I understand that withdrawal from drugs, alcohol, and cigarettes will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
7. I understand that Teen Challenge will not be held responsible for any of my personal property left, lost, or stolen while I am in the Teen Challenge program. When leaving Teen Challenge, I understand that all my personal property must be taken with me.
8. I release Teen Challenge from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
9. I understand that I will not receive payment for the work I do while in the Teen Challenge program. I also understand that the purpose of this work is to aid my character development.
10. I release the right to Teen Challenge to withhold any of my belongings that they deem necessary. Any items not specifically listed under "Forbidden Items "in the rules will be held for me until my departure.
11. I understand that upon arrival I must deposit with Teen Challenge the cost of a return bus ticket to be held for me in case I am dismissed or decide to leave the Teen Challenge program prematurely.
12. I agree to submit to the authority of all staff members.

THIS FORM MUST BE SIGNED AND WITNESSED BEFORE YOUR APPLICATION CAN BE PROCESSED!

Date

Applicants Signature

Date

Witness Signature

Date Received

Grace House Staff Signature

GRACE HOUSE TEEN CHALLENGE

509 S. KENTUCKY AVE
EVANSVILLE IN.47714
Phone (812)-760-2089

Tuition form

I _____ understand that I need to pay my tuition in full in order to graduate from the Grace House Teen Challenge program. If I do not have a balance of \$0 by the end of my Phase 3, then I will not graduate.

Student Signature

Date

Staff Signature

Date

What to Bring List

Clothing

We are a Christian program, so we expect all clothing to be modest-- anything too short, too tight, or revealing will not be allowed.

General Dress Code:

No spaghetti straps; No tank tops (unless under a shirt) ; No backless dresses or blouses

No low-cut tops; No crop tops; No shirt shirts that reveal the belly or waist area

No low-cut pants or jeans; No hip huggers; No spandex-style or clinging pants

Shorts- no more than 2-3 inches above top of the knee cap

Sleepwear: must be modest; no short-shorts; a Robe must be worn over PJ's or nightgown when not sleeping

Underwear: must be modest; nothing too see-through

Bras and panties must be worn at all times except when sleeping

Nothing with obscene language, secular messages, pictures or anything representing tobacco, drugs, secular music, the occult, or racism, etc.

Since storage space is limited, the amount of clothing allowed is limited. You don't have to bring everything on this list. We strictly adhere to the following maximum amounts:

Formal (For Church)

Dresses: 4 to 6

Skirts: 4 to 6

Dress Pants: 5 to 6

Blouses: 6 to 8

Dress Socks/ Hose: 4 to 6 pairs

Slip: 2 (whole or half)

Dress Shoes: 5 pairs

Underwear

Panties: 8 to 12 pair

Bras: 6 to 8

Socks: 8 to 10 pair (every day wear)

Casual (Every day wear)

Jeans or slacks: 5 to 6 pairs

Shirts / T-shirts (long or short sleeve): 7 to 8

Tennis shoes: 2 pair

Sandals or flip flops: 2 pair

Shorts: 4 to 6

Sweat pants & shirt: 3 to 5

Sweater: 3 to 4

Outerwear (Spring, Fall & Winter)

Lightweight Jacket: 1 to 2

Heavy Jacket: 1

Sweaters: 1 to 2

Winter Coat: 1

Boots: 1

Gloves/ Mittens: 1 to 2 pair

Hat: 2 to 3

Scarf: 2 to 3

Sleepwear

Summer pajamas/nightgown: 1 to 2

Winter pajamas/nightgown: 1 to 2

Bathrobe: 1 lightweight and 1 heavier weight

House Slippers: 1

Other Clothing

Swimsuit 1 pieces only: 2

Swimsuit cover up shirt: 1

Beach towel: 1

(We go swimming for exercise often)

OTHER

Personal Care/ Hygiene Products

Toothbrush, toothpaste, dental floss

Hair brush/ comb

Hair dryer, curling iron, curlers

Shampoo, conditioner, mousse or gel

Bath soap, shower gel, body lotion

Makeup, nail polish/ remover

Perfume or cologne

Sanitary napkins/ tampons

Disposable razors

One-A-Day Multivitamin

Tylenol, aspirin, ibuprofen

Non-drowsy cold medicine tabs not liquid

Prescription medicine (**no narcotics, barbiturates, sleeping pills, nerve pills, psychiatric drugs, laxatives, etc.**)

Water bottle

Other Items

Bible

Daily Devotional: 1 to 2

Journal

Pencils & Pens

Stationary/ envelopes/ stamps

Picture album (no immodest pictures, or pictures of boyfriends allowed)

Pictures of family in small frames: 2 to 4

1 small or medium stuffed animal

Small craft project (cross stitch, needlework....)

1 CD player that doesn't have a radio on it

10 CD's (with your name written on them)

All bedding and towels are provided. You can bring your own pillow (1), and towels (5).

You MUST bring the following documents with you:

Driver's license or photo ID

Birth Certificate

Social Security Card

Any legal papers such as probation conditions, etc.

Medical or Insurance Card (if you have one)

DO NOT BRING:

nicotine replacement patches or gum

any tobacco products

drug paraphernalia of any kind

poker cards or dice

lighters or matches

weapons of any kind: guns, knives, box cutters, scissors, straight razor, etc.

If you bring any of these items, they will be confiscated and disposed of immediately. You will not get them back!!!

You can bring some modest jewelry, but be careful about bringing expensive items. They will not be locked up. We recommend that you not bring any valuable jewelry. No gaudy costume jewelry. No jewelry with drug, alcohol, tobacco or occult symbols. **NO nose rings/studs, eyebrow, tongue, lip, bellybutton or other body piercing rings or studs allowed. Any restricted items will be confiscated and held until departure date.**

You will **not** be allowed to bring your own car/vehicle until you are in the **REENTRY PHASE**.

Any clothing or items left behind upon departure will be held for 30 days only! After that, they will be disposed of. Resident or family will be responsible for paying for postage to ship items home.

Grace House
Indiana Teen Challenge
P.O. Box 2470 Evansville, IN 47728
Phone: 812-428-8448 Fax 812-402-9288

Applicant's Health Screening Form

****This form must be completed by your doctor****

I am applying for admittance into the Grace House Teen Challenge of Evansville residential discipleship program. In order to complete my application, I need a doctor to complete the following form regarding my health. I give permission and authorize you to release the information requested below to Grace House Teen Challenge of Evansville. After completion, this form is to be mailed or faxed to the center.

Applicant's Signature

Date

General Information

1. Name of Applicant:_____ 2. Date of Birth:_____
3. Any Allergies:_____

4. Any Current Medical Conditions/Concerns:_____

5. Medication currently prescribed, the reason for the medication, and the duration of it's use:_____

6. History of major illness:_____

7. History of Surgeries/Hospitalizations:_____

8. Has this individual been exposed to any communicable diseases? Yes_____ No _____
If yes, please explain:_____
9. Immunizations (dates): Last Tetanus Toxoid_____ Polio_____ Measles _____
Mumps _____ Rubella _____ Other _____

Physical Examination

Height:_____ Weight:_____ Blood Pressure:_____

Pulse:_____ Respirations:_____ Temperature:_____

General Appearance (including skymata of drug use):_____

Please check the following areas:

S = satisfactory U = unsatisfactory O = not examined

1. Check for head lice: _____ **does not** have head lice _____ **does** have head lice
2. Check ears: _____ Hearing: Right:_____ Left:_____
3. Check eyes: _____ Vision: Right:_____ Left:_____ Has Glasses?_____
4. Check the following areas: Nose:_____ Throat:_____ Mouth/Teeth:_____ Chest:_____
- Cardiac:_____ Abdomen:_____ Genitalia:_____ Skin:_____ Scabies:_____
- Musculo-Skeletal:_____ Neurologic:_____

Required Tests

VDRL:_____	**TB:_____	Liver Function:_____
Hepatitis Screening:	Urinalysis:_____	HIV:_____
A_____	Pregnancy:_____	CBC:_____
B_____	Pap Smear:_____	
C_____		

**TB results must be within 30 days of entry.

Attach computer print out of all test results

General comments, assessments, and recommendations:_____

Signature of Examining Physician: _____ **Date:**_____

Address: _____ **Phone:**_____

_____ **Fax:**_____

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Address: _____ **Phone:**_____

_____ **Fax:**_____
