

# RESTORATION PROGRAM

*Applications distributed and received by  
Phoenix and Tucson Induction Centers Only*

**PERSONAL INFORMATION**

Name (Last Name First)		Phone No.	Social Security No	DOB
Address		City	State	Zip
Referred by			Phone No.	

HOW DO YOU RATE YOUR NEED TO ENTER THE TEEN CHALLENGE PROGRAM?  
(PLEASE CIRCLE ONE)

EMERGENCY    WHENEVER THERE IS AN OPENING    I DO NOT NEED THE PROGRAM

**WHEN THE STUDENT TERMINATES THE PROGRAM OR IN AN EMERGENCY  
NOTIFY THE FOLLOWING:**

Name				Phone No.
Address	City	State	Zip	Relationship

**LEGAL STATUS**

Charges Pending: Yes  No  Nature of Charges: \_\_\_\_\_

Do you have any outstanding warrants? Yes  No  If yes, where?  
\_\_\_\_\_

\_\_\_\_\_  
Probation/Parole Officer Phone No.

\_\_\_\_\_  
Public Defender/Attorney Phone No.

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**GENERAL INFORMATION**

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TEEN CHALLENGE IS AN INTERNATIONAL, NON-PROFIT, INTERDENOMINATIONAL, FAITH-BASED PROGRAM MINISTERING TO PEOPLE WITH LIFE-CONTROLLING PROBLEMS. TEEN CHALLENGE OF ARIZONA IS A NATIONALLY ACCREDITED PROGRAM WHICH IS FINANCIALLY AN ENTITY OF ITS OWN AND GOVERNED BY A LOCAL BOARD OF DIRECTORS.

*THE MISSION OF TEEN CHALLENGE IS TO EVANGELIZE PEOPLE WHO HAVE LIFE-CONTROLLING PROBLEMS AND INITIATE THE DISCIPLESHIP PROCESS TO THE POINT WHERE THE STUDENT CAN FUNCTION AS A CHRISTIAN IN SOCIETY APPLYING SPIRITUALLY MOTIVATED BIBLICAL PRINCIPLES TO RELATIONSHIPS IN THE FAMILY, LOCAL CHURCH, CHOSEN VOCATION, AND THE COMMUNITY. TEEN CHALLENGE ENDEAVORS TO HELP PEOPLE BECOME MENTALLY SOUND, EMOTIONALLY BALANCED, SOCIALLY ADJUSTED, PHYSICALLY WELL AND SPIRITUALLY ALIVE.*

WE SUGGEST THAT THE PROSPECTIVE STUDENT SHOULD HAVE TRIED SOME TYPE OF PROFESSIONAL COUNSELING (PASTOR, PSYCHOLOGIST, ETC.), GETTING HELP FROM A LOCAL CHURCH AND/OR LOCAL DRUG OR ALCOHOL CLINIC OR PROGRAM BEFORE CONSIDERING COMMITTING THEMSELVES TO TEEN CHALLENGE'S YEAR LONG RESIDENTIAL PROGRAM.

**NOTE: TEEN CHALLENGE OF ARIZONA, INC. RESERVES THE RIGHT TO ACCEPT OR DENY PROGRAM APPLICATIONS.**

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**WHAT DOES THE TEEN CHALLENGE PROGRAM OFFER?** TEEN CHALLENGE IS CONCERNED WITH THE TOTAL PERSON. THE PROGRAM STRUCTURE IS AWARE OF EACH PERSON'S SPIRITUAL, MENTAL, PHYSICAL, SOCIAL AND EDUCATIONAL NEEDS.

**SPIRITUALLY** - TEEN CHALLENGE DEALS WITH THE PERSON'S PROBLEMS AS SYMPTOMS WHICH RELATE TO DEEPER ISSUES AND CAUSES. ZEROING IN ON SPIRITUAL NEEDS BEGINS THE REAL HEALING PROCESS. FAITH IN GOD GIVES HOPE AND BRINGS THE "RUNNING" TO A STOP.

**MENTALLY** - REBUILDING AN ABUSED MIND IS OF KEY IMPORTANCE. CONSISTENT STUDY OF THE BIBLE ENHANCES MENTAL HEALING AND GROWTH AND SERVES AS THE FOUNDATION FOR THE RESTRUCTURING OF BROKEN DOWN THOUGHT PATTERNS, CREATING NEW MORE STABLE WAYS OF LIVING.

**PHYSICALLY** - TEEN CHALLENGE CARES FOR SUCH NEEDS ON A LONG TERM BASIS. ASSISTANCE IS GIVEN FOR SHELTER, FOOD, CLOTHING AND RECREATION.

**SOCIALLY** - THROUGH THE BENEFITS OF A GROUP LIVING SITUATION STUDENTS ARE HELPED TO WORK ON RELATIONSHIP PROBLEMS AND TO MORE SUCCESSFULLY RELATE TO FAMILY AND PEERS ONCE THEY COMPLETE THE PROGRAM. SUCH INTERACTION PROMOTES STRONG CHARACTER OF MORAL FIBER AND RIGHT ATTITUDES.

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**TEEN CHALLENGE OF ARIZONA RESTORATION – THE RESTORATION PROGRAM IS A MINIMUM OF 6 MONTHS.**

**PHASE I – CRISIS (30 DAYS)**

THE FIRST STEP TOWARD RESTORATION IS HAVING THE STUDENT "COME UNDER AUTHORITY" TO REGAIN DISCIPLINE AND DISCIPLESHIP IN THEIR LIFE. THE STUDENT WILL BEGIN A CURRICULUM THAT WILL INTRODUCE THEM TO A ONE-ON-ONE DISCIPLESHIP. AT THIS PHASE OF THE PROGRAM THE STUDENT WILL NOT BE PLACED IN ANY LEADERSHIP ROLES.

**PHASE II - TRAINING (60 DAYS)**

IN THIS PHASE OF THE PROGRAM, THE FOCUS WILL BE PREDOMINATELY ON THE PERSONAL NEEDS OF THE RESTORATION STUDENT. HE WILL CONTINUE IN HIS **ONE-ON-ONE** VCL DISCIPLESHIP ADMINISTERED BY THE RESTORATION ADVISOR AND/OR OTHER VOLUNTEER COUNSELORS OR ADVISORS.

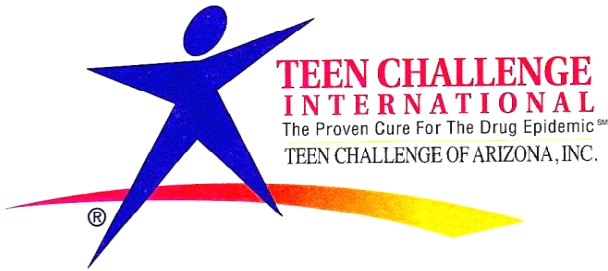
**PHASE III – TRANSITION (90 DAYS)**

SERVING OTHERS IS ONE OF THE GREATEST WAYS TO REGAIN VICTORY AS WELL AS COMPASSION IN ONE'S LIFE. DURING THIS PHASE OF THE PROGRAM LEADERSHIP AND PRIVILEGES WILL BE ACCELERATING. ALL TIME IS MONITORED; FREE TIME IS RESTRICTED. TIME-OFF WILL BE ALLOTTED. STUDENTS WILL BE ALLOWED TO CARRY A MAXIMUM OF \$20.00 AT ANY GIVEN TIME. THE USE OF MONEY WILL BE HIGHLY MONITORED AND RECIEPTS ARE REQUIRED TO BE SHOWN FOR REASONS OF ACCOUNTABILITY.

**COST OF PROGRAM –**

APPLICATION FEE - \$100 WITHIN THE STATE OF ARIZONA, \$200 FOR OUT OF STATE APPLICANTS. \*ALL FEES ARE NON REFUNDABLE. **PROGRAM FEE - \$700**

**OUR GOAL IS TO PROVIDE AN ENVIRONMENT WHERE THE STUDENT CAN BE RESTORED TO A RIGHT RELATIONSHIP WITH GOD.**



## RESTORATION PROGRAM

Dear Potential Student:

The Teen Challenge program is not free. TEEN CHALLENGE is committed to raising the funds to cover the cost of your care while in the Restoration Program. **Therefore, you are responsible to pay an Intake Fee of \$700 and an additional monthly commitment of \$500 thereafter.**

- You must pay an **Application Fee** before entering the program. The fee is **\$100** for those applying from within the state of Arizona and **\$200** for out of state applicants. **This fee is nonrefundable.**
- You must make arrangements with the Intake Coordinator to pay a **\$700. Intake Fee**. The Intake Fee helps cover costs such as housing, meals, transportation and other costs of student care. Please read **Terms for Refunds** below.
- You must apply for General Assistance with the Department of Economic Security after entering the program and agree to give Teen Challenge of Arizona, Inc. Power of Attorney over all D.E.S. funds that come in your name and the use of the ATM card and PIN# while in the program.
- If you qualify for Social Security Disability, you must agree to contribute a portion of your benefits equal to the amount of General Assistance from DES.
- You must request help from family, friends and other support people towards these fees or assist with sponsorship--please see next form.
- You must participate in fundraising events and activities as outlined by the director which may include car washes, choir outings and various contract labor situations. These activities are usually limited to approximately 20 hours per week.

We require that you do your best to help in these ways. The whole program, including assisting with the cost of your care, will require you to put forth a full effort. If you are absolutely unable to pay anything towards these fees Teen Challenge will work hard to find the support to provide for your care.

Sincerely,  
REV. SNOW PEABODY  
Executive Director

I, \_\_\_\_\_, certify that I have read this "Cost of the Program" letter and fully agree to help to the best of my ability. I also agree to inform those that may contribute towards these fees of the guidelines mentioned above.

### Terms for Refund

Request for refunds of the Intake Fee will be considered if:

- **The student leaves the program within five days of entering.**
- **The request for refund is made within three business days of the date the student leaves the program.**
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If it is determined that a refund will be made the terms will be as follows:

- **Please allow for at least five business days for refund.**
- **Refunds will be less \$100 per day for however many days the student was in the program.**
- **Refunds will be less the cost to repair any damaged property.**
- **Refunds will be less a refund processing charge of \$300.**

*All fees must be paid in cash or certified funds*

*H:restoration program applicant letter cost.doc 6/14*

**ENTRY REPORT**  
**PERSONAL HISTORY**

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ SEX M / F HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ HAIR COLOR \_\_\_\_ EYE COLOR \_\_\_\_

PARENT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_

MARITAL STATUS      *single*                  *married*                  *separated*                  *divorced*

WIFE'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CHILDREN: NAME \_\_\_\_\_ AGE \_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_  
                  NAME \_\_\_\_\_ AGE \_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_

PLANS FOR CARE OF CHILDREN WHILE IN RESTORATION:  
\_\_\_\_\_

**HEALTH**

HOW WOULD YOU RATE YOUR PRESENT STATE OF HEALTH?    GOOD                  FAIR                  POOR

DO YOU HAVE ANY MEDICAL PROBLEMS?      YES    NO    EXPLAIN \_\_\_\_\_

ARE YOU PRESENTLY RECEIVING MEDICAL CARE?      YES    NO

IF MEDICAL TREATMENT INVOLVES USE OF DRUGS OF ANY KIND, GIVE NAMES OF DRUG(S) AND HOW LONG USED:

NATURE OF PROBLEM	NAME OF DRUG	HOW LONG USED

NAME OF PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER RECEIVED TREATMENT FOR MENTAL ILLNESS?    YES                  NO  
EXPLAIN \_\_\_\_\_

PLEASE LIST ALL CURRENT MEDICATIONS PRESCRIBED FOR MENTAL ILLNESS OR CHEMICAL IMBALANCE AND LENGTH OF USE

Medication care?	Months/Years Used	Are you willing to try alternative treatments under a doctor's care?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INTEREST IN RECOVERY**

DO YOU BELIEVE YOU HAVE A SERIOUS PROBLEM?      YES    NO    EXPLAIN \_\_\_\_\_

WHAT DO YOU HOPE TO GET OUT OF THIS PROGRAM? \_\_\_\_\_

INTEREST IN RECOVERY continued

CHECK THE REASONS THAT BEST DESCRIBE WHY YOU WANT TO ENTER THIS PROGRAM.

- I want to be free from alcohol/drugs
I just need housing
I want to become a Christian
My probation officer is forcing me
My family is forcing me
I want to improve my health
I need discipline in my life
I need help in many areas
I am trying to avoid arrest/violation
I want to provide for my kids
I want to be a good Dad
I want to start a new life

PLEASE CIRCLE THE INFORMATION THAT DESCRIBES YOUR DRUG HISTORY

Table with 6 columns: Drug, Severity, Using now?, Drug, Severity, Using now?. Rows include Alcohol, Marijuana, Glue, Cocaine, Speed, Crystal, Amphetamines, Heroin, Acid, Barbiturates, Other.

ADDITIONAL INFORMATION (When applicable circle either yes or no or uncertain)

CHURCH NAME, IF ANY, ATTENDED AS A CHILD

HAVE YOU EVER BEEN INVOLVED IN A CULT? [ YES NO ]

EXPLAIN

ARE YOU ATTENDING A CHURCH NOW? [ YES NO ] IF YES, WHICH ONE?

IS YOUR SPOUSE ATTENDING A CHURCH NOW? [ YES NO ] IF YES, WHICH ONE?

DO YOU BELIEVE IN GOD? [ YES NO UNCERTAIN ]

WHAT TEEN CHALLENGE CENTER DID YOU GRADUATE FROM?

WHAT YEAR DID YOU GRADUATE? DIRECTORS NAME

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE? YES NO EXPLAIN

ARE YOU REGISTERED IN ANY STATE AS A SEX OFFENDER? YES NO DEGREE 1 2 3

EXPLAIN

DID PROGRAM APPLICANT COMPLETE THIS APPLICATION PERSONALLY? YES NO EXPLAIN

Remember: Falsification of information may result in denial of application

H:restoration app Revised 11/03

PLEASE EXPLAIN THE EVENTS IN YOUR LIFE THAT HAVE PLACED YOU IN NEED OF THE RESTORATION PROGRAM.

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STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_