**HEART of AMERICA TEEN CHALLENGE**

**of GREATER KANSAS CITY, Inc.**

**9800 E. 350 Highway Raytown, MO 64133 (816) 491-2178**

**30 Day Challenge Application**

**A) Basic Information**

**1- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last                            First                    Middle**

**2- Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street                                                                       City                  State           Zip**

**3- Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date Available for Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4- Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_**

**5- Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6- Name of person to be contacted in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7- Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Wife’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8- Family Background: (Please answer “yes” or “no” to the following)**

**\_\_\_\_\_\_ Both parents still living?                               \_\_\_\_\_\_ Parents are on welfare?**

**\_\_\_\_\_\_ Parents are living together?                            \_\_\_\_\_\_ Parents are divorced?**

**\_\_\_\_\_\_ Brothers &/or sisters?                                  \_\_\_\_\_\_ How many?**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Age: \_\_\_\_\_\_\_\_**

**Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Age: \_\_\_\_\_\_\_\_**

**9- Are you a Citizen of the USA? \_\_\_\_\_\_\_\_**

**10- Current situation that makes you interested in the 30 Day Challenge? (Please describe)**

**B)  Education**

**1. Highest grade completed: \_\_\_\_\_\_\_\_\_\_\_\_  Do you have a GED? \_\_\_\_\_\_\_\_\_**

**2. Do you plan on continuing your education in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C) Medical History**

1. **Have you been under a doctor’s care for any reason in the last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Do you have any medical conditions that require medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Do you have any type of disability that would limit you while at Teen Challenge? \_\_\_\_\_\_\_**

**If yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Do you have any type of communicable illness or disease? \_\_\_\_\_\_\_\_\_\_\_\_**

**If yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Blood test results for VD, TB, Hepatitis, & HIV must be sent in prior to entry.**

**(See Medical Form)**

**D) Religion**

1. **What church have you attended most? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Do you: (State yes or no)**

**\_\_\_\_\_\_\_ Believe in God?        \_\_\_\_\_\_\_ Believe in Jesus?        \_\_\_\_\_\_\_ Believe in the Holy Spirit?**

**\_\_\_\_\_\_\_ Believe that there are consequences for your sin?  \_\_\_\_\_\_\_ Believe God can help you?**

**3. Are you willing to attend church, pray, & read the Bible regularly while in The 30 Day Challenge?**

**4.   Have you had a conversion experience with Jesus Christ?  (explain):**

**E) Personal Habits (Please circle the number of activities you are currently involved in)**

**1. Have you ever used alcohol to get drunk? \_\_\_\_\_\_\_   Age started: \_\_\_\_\_\_\_**

**2. Have you ever used tobacco products or E-cigarettes? \_\_\_\_\_\_\_\_   Age started: \_\_\_\_\_\_\_\_**

**3. Have you ever smoked marijuana? \_\_\_\_\_\_\_\_   Age started: \_\_\_\_\_\_\_\_**

**4. Have you ever used other types of drugs to get high? \_\_\_\_\_\_\_\_   What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Have you ever been involved with homosexuality? \_\_\_\_\_\_\_\_\_\_   How long? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Have you ever been involved in witchcraft or the occult? \_\_\_\_\_\_\_\_\_\_\_**

**F) Legal Record**

1. **Have you ever been arrested? \_\_\_\_\_\_\_\_\_\_   How many times? \_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe when arrested and for what crimes:**

**2. Are you currently on probation or parole? \_\_\_\_\_\_\_\_\_\_   If so please list name of probation officer:**

**G) Teen Challenge Record & Information**

1. **Have you ever been in Teen Challenge before? \_\_\_\_\_\_\_   If so where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Do you understand that Teen Challenge is a Bible based, Christ centered program? \_\_\_\_\_\_\_\_\_\_**

**3. Do you understand that Teen Challenge operates in highly disciplined environment? \_\_\_\_\_\_\_\_\_**

**4. Do you understand that your stay in the 30 Day Challenge will be until the same day of the next month? \_\_\_\_\_\_\_\_\_\_\_**

**5. Do you understand withdrawal from drugs at the 30 Day Challenge is non-medicated?  \_\_\_\_\_\_\_\_\_\_\_**

**6.   Please describe what you hope to accomplish while in the 30 Day Challenge Program:**

**30 Day Challenge Agreement**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to abide by the policies of Teen Challenge and state that I wish to enroll in The 30 Day Challenge and will remain in the program until the same day of the following Month..**

**I understand that a personal check of my belongings will be made when I enter the program to check for unauthorized items.  I also understand that random checks can also be made to check for unauthorized items at staff discretion.**

**I understand that Heart of America Teen Challenge of Greater Kansas City, Inc. cannot be held responsible for personal property or injury to anyone who is in our program.  Any personal property or money left at Teen Challenge after my departure becomes the property of Teen Challenge.  It is further understood that if I do not cooperate with the rules and regulations of Teen Challenge I can be asked to leave.**

**I also understand that Teen Challenge will allow students into The 30 Day Challenge program with “body fluid only” transmittable diseases.  I will be unaware of these students and so I will practice safe hygiene and avoid contact with the body fluids of other students.**

**I voluntarily waive my personal rights to uncensored communications.  I will fully cooperate with the rules of the program on these matters.**

**Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_**

**Signature of legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-------------------------------------------Office Use Only--------------------------------------------**

**Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date blood test results received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date given to student for entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Heart of America Teen Challenge of Greater Kansas City**

**Minor Release Form**

I hereby will allow the leadership of Teen Challenge to give direction and/or counsel, provide over the counter medication, administer discipline & correction to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of whom I am the legal guardian.

I realize that if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ decides to leave or is dismissed from Teen Challenge that I will be notified.  If I am unable to pick them up within 3 hours, I realize a one way bus ticket from Lawrence, KS to the student’s point of origin will be purchased.  I realize the departing student will be taken to the bus stop ASAP upon his decision to leave and left there until the bus arrives.

I realize that Teen Challenge will never hold anyone against their will and so there is the potential that my son (or dependent) may leave the program on his own.  If this happens, I realize that Teen Challenge cannot be held responsible for his welfare.  I also am aware that any belongings left behind after departure become the property of Teen Challenge.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above guidelines and by my signature attest to my agreement.

Signature of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Heart of America Teen Challenge of Greater Kansas City**

**Medical Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give**

**Applicants name & guardian’s name if needed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Authorization to disclose the**

**Agency or Doctor disclosing information**

**Information requested on this form.  This disclosure shall be made to Heart of America Teen Challenge of Greater Kansas City for the purpose of determining future residential plans & counseling objectives.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This statement of consent is subject to revocation by the applicant at any time to the extent the agency or doctor who is to make the disclosure has already acted in reliance on it.  This consent expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upon examination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have**

**found him, in my opinion to be in\_\_\_\_\_\_\_\_\_\_\_\_ health. (Good, Fair, Poor)**

**I have also included the following test results:**

**VDRL \_\_\_\_\_\_\_\_\_TB \_\_\_\_\_\_\_\_ Hepatitis \_\_\_\_\_\_\_\_\_\_ HIV \_\_\_\_\_\_\_\_**

**In my opinion, this person will be able to participate in the 30 Day Challenge program involving teaching, chores, manual labor, & strict discipline to help produce a disciplined life.**

**Doctor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Telephone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***HEART OF AMERICA TEEN CHALLENGE***

***of Greater Kansas City, Inc.***

***(Administrative Office)***

***9800 E. 350 Highway Raytown, MO 64133 (816) 491-2178***

**CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT**

The undersigned parties enter into this Agreement as an essential condition of Involvement in the Heart of America Teen Challenge Program.

The undersigned parties accept the Bible as the inspired Word of God.  They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in

1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Association of Christian Conciliation Services.  The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law,  expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement.  Any mediated settlement agreement, or arbitrated decision here under shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian Signature: (If Minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director (HOATC) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Premature Departure Information**

Due to the fact that some students may not complete the **30 Day Challenge** of the Heart of America Teen Challenge program due to dismissal or a personal decision to quit, this is the HOATC Policy regarding premature departure.  This page must be read, signed & dated prior to admittance.

The following will occur at the point of premature departure:

1- Student will be only allowed to pack his belongings under staff supervision. (Due to potential theft of others student’s property)

2- Anything left behind, for any reason, will become the property of HOATC.

3- Student will be transported to the bus station ASAP. A ticket will be purchased to previous place of residence. Ticket will be given to student. Student will be left at Bus Stop. Note: (Student may be sitting at Bus Stop for an extended period of time.)

4- Students family, probation officer, etc. will be notified of student’s departure.  If possible notification will be made prior to transporting student to bus stop.

5- Student forfeits any positive references from HOATC.  This would include any community service hours generated.

6- Staff members at HOATC will not be permitted any contact with student after departure.

7- If student wishes to return to HOATC there will be a 30 day separation prior to student re-applying.  If student if accepted back into program he starts over from the beginning.

8- Departing student is not to contact anyone in the HOATC environment for 90 days.  This would include church contacts made while in the program.

I have read the above premature departure information. If I for any reason leave Teen Challenge prematurely I agree to submit to these policies

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian:(If under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT INFORMATION!**

**PLEASE READ BEFORE SENDING APPLICATION.**

Heart of America Teen Challenge of Greater Kansas City

Cost of the **30 Day Challenge** program:

Teen Challenge is a non-profit, church related program ministering to the needs of people with Life-controlling problems.  Teen Challenge is not underwritten by a specific church, Organization, or corporation.  Finances for the program are generated by support of concerned people, Churches, corporations and by the parents or legal guardians of its’ constituents.

The 30 Day Challenge of Heart of America Teen Challenge of Greater Kansas City requires a Non-Refundable Fee of **$750.00** prior to admittance.  If a Student leaves prematurely or is dismissed this Fee will not be refunded.

We also require a non-refundable application fee of $25.00 prior to the processing of the student’s application. This will be deducted from the tuition.

A Student can have personal money in his account.  Any amount is acceptable although all student money will be kept in an account and not in the possession of the individual student.  Access to money while in the program will be according to Staff discretion.

**Heart of America**

**Teen Challenge**

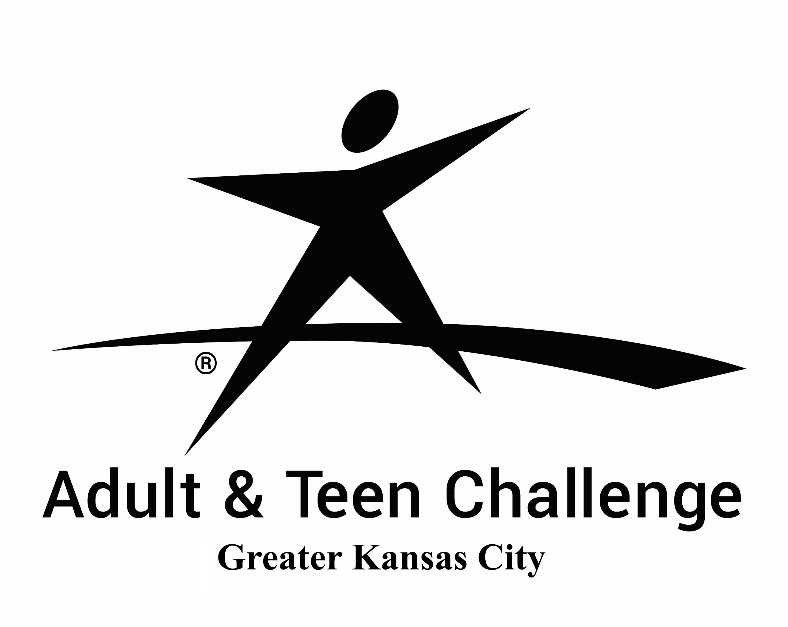
**Of**

**Greater Kansas City, Inc.**

**30 Day Challenge**

***STUDENT***

***MANUAL***



Why does Teen Challenge Exist?

The Teen Challenge Statement of Purpose:

Evangelize people who have life controlling problems and initiate the discipleship process to help the student learn to function as a Christian in society, applying spiritually motivated Biblical principles to relationships in the family, local church, chosen vocation, and the community.

Goal of

Heart of America Teen Challenge

of Greater Kansas City

That upon completion of **The 30 Day Challenge** program graduates will be able to function as a Christian in society.  That Biblical principles relating to family relationships, Church relationship, Community, & Employment will be learned through the teachings and lifestyle of the staff at Teen Challenge.

**HOATC 30 Day Challenge Rules & Guidelines**

**Heart of America Teen Challenge of Greater Kansas City is a program affiliated with the Assemblies of God that is based on the teachings of Jesus Christ.  Residents and their placing authority need to cooperate with the staff in following the rules of the program.  Each person is responsible for chores and participating in scheduled daily activities.**

**Heart of America Teen Challenge of Greater Kansas City will only take men who are at least 16 years of age.  Those under 18 years old must have permission from their legal guardian to enter the program.**

* **Residents must shower regularly and a shower will be required at intake.**
* **All money, medication, radios, tape players, valuables and any other inappropriate items will be kept in “Lock-up”.  Residents are responsible for their own belongings.  Lost, stolen or damaged items are not the responsibility of Teen Challenge.**
* **If a resident breaks or damages property of Teen Challenge, other residents, or staff, they will be required to replace it.**
* **Loaning, giving and/or borrowing are not allowed.  If a student is caught loaning, giving, and/or borrowing, the item will be confiscated.  Further discipline action may also be taken.**
* **Appropriate attire is required for all outings, especially church.  No clothing will be allowed that the staff believes is indecent or inappropriate.**
* **When leaving your room a robe or appropriate attire is required.  Bedroom doors are to be kept open.   No student is allowed to enter any other bedroom besides his own.**
* **Television, radio, tape player, CD player & games are privileges for residents, but only with staff permission.  Christian programs, news, & sports are the only permissible TV programs.  Any thing other than this is not permitted unless cleared by Director.  Secular music is not permitted.**
* **Residents may not do, have or boast about: A) illegal drugs & alcohol; B) tobacco products; C) weapons; D) criminal offenses; E) cursing, foul language or name calling. F) Sex; G) gangs; (no gang writing or finger signing is permitted).**
* **All staff personnel are to be addressed as “Brother\_\_\_\_\_\_\_” or “Sister\_\_\_\_\_\_\_\_\_”.**
* **Residents will be not be allowed phone calls until their final week of  The 30 Day Challenge.  All calls are supervised and are to be kept to 10 minutes or less.**
* **Residents will not be permitted any mail while in The 30 Day Challenge. (A Review by the Director will be done for Special Situations)**
* **No Visits during the The 30 Day Challenge until the final week only with Director’s approval.**
* **Residents are required to eat at least (2) meals per day.  If a student will not be eating a meal prior  notice must be given to cook.  If a student does not show up for a meal on time he will receive discipline.**
* **Complaining about the program, staff, facilities, etc. will not be tolerated.**
* **Opening of windows or blinds must be pre-approved by staff.**
* **Hair styles that are considered extreme by the Director will not be allowed.**
* **Respect is to be shown to staff & fellow students.  If a disagreement arises it must be dealt with in an agreeable manner.**
* **Students will be required to perform their chores to the satisfaction of staff.  Work is to be done without complaint.**
* **Students are required to keep their living quarters neat.  Room inspections will be done daily.**

**Schedule (Typical)**

**6:00 am  Wake-up time.  Make your bed; straighten your living area.**

**6:30 am    Breakfast & Clean up.**

**7:30 am- 8:30 am   GSNC Class Time. (1/2 hour break)**

**9:00 am –10:50 am     PSNC Class time.**

**11:00 am- 12:00 pm   Lunch & Clean up**

**12:00 am- 1:30 pm   Study Hall**

**1:45 pm – 5.000pm  Work Program**

**5:30pm - 6:30pm  Dinner & Clean up**

**6:30pm - 7:00pm  Free Time?**

**7:00pm - 8:30pm  12 Step Group.**

**8:30pm – 9:00pm  Free Time**

**9:00pm – 9:30pm Devotions**

**9:30 PM- Prepare for bed.**

**10:00 PM- Lights Out. (No talking)**

**This schedule is subject to modification due to need.   Weekend schedule will be different as well as Wednesday evening schedule due to Church attendance.**

**Saturday Schedule**

**8:00 am- Wake-up**

**8:30 am- Breakfast**

**9:00 am- Work  Program**

**12:00 pm- Lunch**

**12:30 pm- Clean-up**

**1:00 pm- Free Time**

**5:30 pm- Dinner.**

**6:00 pm- Chores**

**6:30 pm- Free-time**

**9:00pm- Devotions**

**10:00 PM – Lights Out. (No Talking)**

**Belongings List**

**Notice to students & parents: Due to a lack of storage space we ask that belongings be limited as to what can fit into (2) small suitcases.  All belongings should be labeled with the name of the student with a permanent marker.  We do require certain items and forbid others.  This list is to be a guide for you as you pack.**

**Required items:**

* **Bible, Notebook, & Pen.**
* **1 pair of dress slacks. 2 Pairs of Work Pants. (Jeans)**
* **2 collared dress shirts. 3 Work Shirts.**
* **2 pair of dress socks. 3 pair of work socks.**
* **1 pair of shower shoes or slippers.**
* **1 belt.**
* **1 bath towels.**
* **1 deodorant.**

**Forbidden items:**

* **Radios, TVs, electronic games, CD players, tape recorders.**
* **T-shirts with inappropriate messages.**
* **Tobacco products, alcohol, or drugs.**
* **Psychiatric medication.**
* **Knives.**
* **Pornography.**
* **Matches or lighter.**
* **All $ will be kept in student account.**

**This is just a list of required items and forbidden items.  You may also want to bring, shorts, swim wear, sneakers, dress shoes, work shoes, comb, brush, shampoo, etc.  If you have any questions regarding items to bring feel free to call our office and we will attempt to assist you.**

**Medication:**

**We will not accept any student into the program who is taking prescribed psychiatric medications.  If you do have (non-psychiatric) medication please bring a doctor’s authorization for its use.  All medication will be locked up in a medicine closet.  Also please label all medication.  Any non-prescription medication such as aspirin, etc. we will need a parental release to administer it to the minor student.  Vitamins can be taken according to dosage directions.**

**Heart of America Teen Challenge of Greater Kansas City**

**Dress Standards (General Guisdelines)**

**Hair:**

* **No dying or shaving head without permission.**
* **Hairstyles should be modest as to not draw undue attention to you.**
* **Must be kept clean and appropriately groomed.**
* **Facial hair allowed only under Director’s approval.**

**Body**:

* **No carving, piercing, or writing on parts of your body.**

**Shoes & socks:**

* **Socks must be worn at all times unless staff permission is granted.**
* **Dress shoes must be worn to Church.**

**Pants:**

* **Must be worn at waist level.**
* **Must not be torn or full of holes. (Unless for Work purposes)**

**Shorts:**

* **Can only be worn at certain times with staff permission.**
* **Must be worn at waist level.**
* **Spandex shorts are not permitted.**

**Shirts:**

* **Shirts must not have alcohol or cigarette advertising or indecent messages on them.**

**Hats:**

* **Not to be worn indoors at any time.**
* **Logos must be appropriate.**

**Sunglasses:**

* **Can only be worn with staff permission.**

**Jewelry:**

* **No occult symbols.**
* **Expensive Jewelry is unwise to bring into the program.**
* **Staff will have the right to determine whether Jewelry is acceptable or not.**