**HEART of AMERICA TEEN CHALLENGE**

**of GREATER KANSAS CITY, Inc.**

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

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

**Name**

**Address**

**(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Teen Challenge? (Please describe)**

**B)  Education**

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

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

**C) Medical History**

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

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

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

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

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

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

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

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

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

**(See Medical Examination Form)**

**D) Religion**

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

**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?**

**Are you willing to attend church, pray, & read the Bible regularly while in Teen Challenge?**

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

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

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

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

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

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

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

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

**F) Legal Record**

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

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

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

**G) Teen Challenge Record & Information**

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

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

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

**Do you understand that your stay in Teen Challenge could be up to 18 months? \_\_\_\_\_\_\_\_\_\_\_**

**Do you understand withdrawal from drugs at Teen Challenge is non-medicated?  \_\_\_\_\_\_\_\_\_\_\_**

**Please describe what you hope to accomplish while in the Teen Challenge Program:**

**Teen Challenge Agreement**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to abide by the policies of Teen Challenge and state that I wish to enroll in the 12 - 18 month program and will remain in the program until it is decided by both staff and myself that I am ready to leave.**

**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 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 (Name of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of whom I am the legal guardian.

I realize that if (Name of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 may be purchased.  I realize the departing student may be taken to the bus stop or homeless shelter upon his decision to leave.

I realize that Heart of America 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 Heart of America 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 (Name of Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above guidelines and by my signature attest to my agreement.

Signature of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 hasn’t already acted in reliance on it.  This consent expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **Applicants name**

**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 a long-term group program involving teaching, chores, manual labor, & strict discipline to help produce a disciplined life.**

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

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

***HEART OF AMERICA TEEN CHALLENGE***

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

***(Administrative Office)***

***9800 E. 350 Highway Raytown, MO 643133 (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Premature Departure Information**

Due to the fact that some students may not complete the 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 off the HOATC property ASAP. This may include the greyhound bus stop in Lawrence, KS or the homeless shelter in Lawrence, KS.

4- Student’s family, probation officer, etc. will be notified of student’s departure.  If possible, notification will be made prior to transporting off property.

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

6- Staff members or students 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 the HOATC program, he starts over from the beginning.

8- Departing student is not to contact anyone encountered while at HOATC for 90 days.  This would include church members of Churches HOATC has attended.

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 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.**

**We require the student, parents, friends, spouse or legal guardians of the students at Heart of America Teen Challenge of Greater Kansas City to financially assist the program with their support.  The student tuition per month is $2000.00. We at HOATC recognize that many of our potential students are not in a financial situation that will allow them to cover this whole expense. HOATC will endeavor to provide scholarship opportunities. Scholarship amounts will be determined by financial need with a maximum of $1500.00 per month. We do require the student, parents, friends, spouse, or legal guardians to pay the established monthly tuition after scholarship consideration which will be a minimum amount of $500 per month.**

**There will be a $250.00 intake fee due on the day of entry. We also require the full payment for the student’s first month tuition. Intake and first month tuition are not refundable. These fees must be paid with cash, money order, or cashier’s check. (No personal checks). Monthly payments, after Intake may be paid with personal checks.**

**Students can have personal moneys in their accounts only after financial commitments to the program have been satisfied.  It would be helpful to the student if they personally were to receive and have in their accounts an amount of about $10.00 per month.  Any amount is acceptable although all student money will be kept in an account and not in the possession of the individual student.**

**To be eligible for visits and a weekend pass all tuition must be up to date.**

**I have read the Financial requirement and agree to meet these requirements**

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

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

**Heart of America**

**Teen Challenge**

**Of**

**Greater Kansas City, Inc.**

***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 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.

Goal of Heart of America

Teen Challenge

of Greater Kansas City

That upon completion of the 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 Rules & Guidelines**

**Heart of America Teen Challenge of Greater Kansas City, Inc. 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.  A shirt with a collar, dress pants, dress socks, and dress shoes are required.  A tie is recommended.  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 permitted 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.  Anything 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 allotted (2) 10-minute phone calls or (1) 20-minute call per week.  All outgoing calls are to be made collect unless other arrangements have been made.  Calls can only be made to and received from those people on the student’s phone & mail list that have been submitted and pre-approved by staff.  Telephone and mail privileges will not begin until a student is in the program for 30 days.**
* **Mail can only be received or sent to people on the student’s submitted and pre-approved phone & mail list.  All outgoing mail is to be left unsealed and staff will open all incoming mail.**
* **Visits must be pre-arranged with staff at least one week in advance.   (Limit: 2 visits per Month)**
* **Residents are required to eat at least (2) meals per day.  If a student will not be eating a meal he must give prior notice to cook.  If a student does not show up for a meal at the designated 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 length must be above the collar in the back and above the ears on the side.  No dyeing of hair will be allowed.  Styles that are considered extreme by the Director will not be allowed.  No facial jewelry is permitted.**
* **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.**

**Demerits & Restrictions**

**Heart of America Teen Challenge has a discipline system based on demerits and restrictions. Violations of the rules will result in consequences based on the infraction. Any student accumulating (3) demerits in one day, or (7) demerits in one week will be given a detention assignment or project. Accumulating (7) demerits in one week will also result in the drop of student in status and / or being placed on a Restriction.**

**Restrictions are given for major infractions that could potentially result in dismissal. The levels of restrictions are as follows:**

**Level #1- Associational Restriction. This includes no visits, mail, or phone privileges for a designated period of time.**

**Level #2- Recreational Restriction. This includes no recreational activities of any kind. It also eliminates TV, movies, or snacks.**

**Level #3- Full Restriction. This includes both the Associational & Recreational Restrictions.**

**The use of any contraband substance while in the HOATC Program, on visits, or on pass, will result in the minimum consequence of an extra 30 days in the Program. This includes any Nicotine! Random UAs will be given.**

**Sometimes a work assignment will be given as a discipline.**

**Dismissal**

**A student who demonstrates a non-cooperative attitude or is involved in any major infraction is subject to immediate dismissal from the HOATC Program.**

**Schedule (Typical)**

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

**6:30 am    Breakfast.**

**7:30 am- 9:30 am   PSNC Class Time. (15 minute break)**

**9:45 am –10:45 am    GSNC Class time. (15 minute break)**

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

**12:00 pm- 1:00 pm   Chapel Service**

**1:00 pm - 2:00pm    Staff / Student Counselling Time**

**2:00 pm – 5:00 pm Work Experience Program (1/2 Hour Break)**

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

**6:30- 7:30pm    Study Hall**

**7:30 - 9:00pm    Free Time**

**9:00 - 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**

**7:00 am- Wake-up**

**7:30 am- Breakfast**

**8:30 am- Work Program**

**12:00 pm- Lunch**

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

**1:00 pm- Free Time & Visitation**

**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 to what can fit into two 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:**

* **KJV or NKJV Bible, Notebook, & Pen.**
* **2 pair of dress slacks.**
* **2 collared dress shirts.**
* **2 ties.**
* **2 pair of dress socks.**
* **1 suit (optional but recommended)**
* **1 pair of shower shoes or slippers.**
* **1 dress belt.**
* **4 bath towels.**
* **1 deodorant.**

**Forbidden items:**

* **Radios, TVs, electronic games, CD players, tape recorders or cell phones.**
* **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 will also be needing long pants, shirts, 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 psychotropic medications.  If you do have (non-psychotropic) medication please bring a doctor’s authorization for its use.  All medication will be locked up in a medicine closet.  All medications must be labeled.  Vitamins can be taken only according to dosage directions.**

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

**Dress Standards**

**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.**

**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.**

**Shorts:**

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

**Shirts:**

* **White T-shirts must be worn under another shirt.**
* **Tank tops are considered undershirts unless specific permission is granted.**
* **Shirts must not have alcohol or cigarette advertising or indecent messages on them.**
* **Collared shirts must be worn to Church.**

**Hats:**

* **Not to be worn indoors at any time.**
* **Must be worn with bill facing the front.**
* **Logos must be appropriate.**

**Belts:**

* **Must be looped through belt loops. (No part of belt may hang)**

**Sunglasses:**

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

**Jewelry:**

* **No occult symbols.**
* **Expensive jewelry is unwise to bring into the program.**

**This is a general guide as to our dress standards.  There may be further modifications depending on outings, meetings, etc.  At all times attire is to be modest and appropriate for weather conditions.  If any clothing is brought in that is deemed inappropriate it will be sent home at student’s expense.**

**Student Advancement (Levels)**

**We have (5) different student freedom & responsibility levels at HOATC.  A student will be on one of these four levels with the potential to advance or decline based on his behavior & effort.**

**Restricted Level:**

**The first level is called (Restricted).  This is the level that all students will remain on for the first 30 days at HOATC.  While a student is on this level he cannot make any phone calls, receive any mail, or get any visits.**

**Bronze Level:**

**For a student to reach this level he must of been at HOATC for at least 30 days without major infractions of the rules.  This is an elementary level that most students will merit just by being at HOATC for more than 30 days.**

**A student on this level will be allowed the following: 1) Phone privileges.  2) The opportunity to send & receive mail.  3) Ability to get visits at the center.**

**If a student remains at this level for any length of time it most likely implies that he is having difficulty in abiding by the rules, he is not putting forth effort in his studies, or that he is demonstrating laziness in the work program.**

**Silver Level:**

**For a student to be advanced to this level, staff must be in accord that the student is progressing at HOATC.  This level will only be merited if the student meets the following criteria: 1) Is not receiving many demerits.  2) Is not getting consistent detentions.  3)  Shows effort in his studies 4) Demonstrates diligence in the work program.**

**Freedoms at this level include: 1) Ability to go outside the facility with another Silver Level student or a Gold Level student.  2)  Ability to sit with visitors during church services.**

**Gold Level:**

**For a student to be advanced to this highest level, he must meet the following additional criteria: 1) Demonstration of supervisory qualities.  2) Good role model to other students. 3) Trustworthiness. 4) Industriousness.  5) Limited demerits & no detentions.**

**Freedoms at this level include the following: 1) Being able to go outside facility alone.  2) Supervision of other students on work crews.  3) Ability to travel with parents between the center & church.**

**Trainee Level:**

**A student must be in the HOATC for a minimum of 4 months and have completed 4 PSNC Contracts to advance to Trainee status.**

**Freedoms at the level include the following: Everything included in Gold level with the additional freedoms of: 1) Being able to have visits off the property. 2) Eligibility for a weekend pass.**