



BROOKLYN
Adult & Teen Challenge

Program Admission Application

Version 5.0 / February 2022

*416 Clinton Avenue
Brooklyn, NY 11238*

www.brooklyntc.org

P. 917-982-8448

F. 718-789-1439

E. intake@brooklynteenchallenge.org



New Student Checklist:

FOR STAFF USE ONLY

New Student Name: _____

Entry Date: _____

Intake Coordinator Name: _____

Check When Complete	Date	Initial
<input type="checkbox"/> Completed Intake Application	_____	_____
<input type="checkbox"/> Signed Confidential Information Disclosure Authorization	_____	_____
<input type="checkbox"/> Intake Fee	_____	_____
<input type="checkbox"/> Medical Insurance	_____	_____
<input type="checkbox"/> Physical/Bloodwork	_____	_____
<input type="checkbox"/> Copy of Social Security Card	_____	_____
<input type="checkbox"/> Copy of Birth Certificate	_____	_____
<input type="checkbox"/> Copy of Valid State ID	_____	_____
<input type="checkbox"/> Photo Taken	_____	_____
<input type="checkbox"/> Added to Face Chart & Population Sheet	_____	_____
<input type="checkbox"/> Student File Created	_____	_____
<input type="checkbox"/> Added to Why am I Here Board	_____	_____
<input type="checkbox"/> Belongings Stored	_____	_____
<input type="checkbox"/> Student Support Letters Sent	_____	_____
<input type="checkbox"/> Belongings Searched	_____	_____
<input type="checkbox"/> Clothes Washed (if necessary)	_____	_____
<input type="checkbox"/> Clothes Dried for 30 Minutes	_____	_____
<input type="checkbox"/> Room & Bed Assigned	_____	_____
<input type="checkbox"/> Dresser & Closet Space Assigned	_____	_____
<input type="checkbox"/> Tour of House Given	_____	_____
<input type="checkbox"/> Big Brother Assigned	_____	_____
<input type="checkbox"/> Read New Student the Guideline Manual	_____	_____



Welcome Letter:

Dear Brother,

Welcome to Brooklyn Adult & Teen Challenge! We are thankful God has brought you here and we want you to know there is hope and freedom for you in Jesus Christ. God is offering you a new beginning! Brooklyn Adult & Teen Challenge is a 12 month (6 months for Restoration) Christian Discipleship Program. Here you will learn Biblical principles that will help you in leading a lifestyle of freedom from addiction through Christ.

While you are in this program, you are going to find yourself challenged in many areas of your life, especially as you begin to read God's Word. The Brooklyn Adult & Teen Challenge Program has been designed to help every student find their purpose and learn what it takes to achieve that purpose for yourself. It is our hope that you would take this time as a program student seriously and work wholeheartedly towards stepping into everything that God has for you.

We are here to provide you with an atmosphere of love and support, a place free of abuse of any kind (i.e., verbal, sexual, racial, or physical), a place in which you will be able to learn about God and get to know Him intimately. We are committed to serving you, teaching you, and helping you to find strength and love in your relationship with Jesus Christ. Please feel free to share your hurts, needs, and concerns with us, because we are here for you.

Our program is designed to help adults whose pattern of inappropriate or harmful substance use has impeded their ability to function in social, family, school, and/or work settings. Our goal is to help you overcome these struggles by establishing a sober and substance-free lifestyle, enhancing your social skills, building supportive relationships, and developing a personal relationship with Jesus Christ. Studies have shown that Adult & Teen Challenge programs have the highest rates of recovery in the nation. This is accomplished by developing a relationship with God and putting into practice all that you have learned from going through the program. We are here to help you do the same because we believe God has a great purpose for your life!

As you complete the application, it is important to answer all the questions on the application truthfully. This is the only way we can accurately determine how best to serve you. Some things in your past may be difficult or painful to share, but they are essential to your healing and complete recovery.

May God strengthen, deliver, and heal you while you are here at BATC. Our love and prayers are with you.

Because He Lives,
Brooklyn Adult & Teen Challenge Staff



General Information:

Name _____ Date of Birth _____ Gender at birth M F Age _____
Home Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____
Ethnicity (Race) _____ English Skills Read Write Speak Comprehend
Citizenship Status US Citizen Permanent Resident Work Visa Other _____
SSN _____ Hair Color _____ Eye Color _____

Emergency Contact Information

Name _____ Home Address _____ City _____
State _____ Zip _____ Phone Number _____ Email _____

Housing & Family Information:

Who were you living with before you came to BATC?

Family Friends Domestic Partner Alone Homeless Shelter or Program

If yes to shelter or program, please include the facility's name _____

Do the members of this household live a drug & alcohol-free lifestyle? Yes No

Please list the names and contact information of anyone who resides at this household

If more than 3, please include their information on the back side of this page

1. Name _____ Phone Number _____
Relationship to you _____
2. Name _____ Phone Number _____
Relationship to you _____
3. Name _____ Phone Number _____
Relationship to you _____

Do you have a history of drug abuse in your immediate family? Yes No

If yes, who in your family has struggled with drugs or alcohol? _____

Are the members of this household Christians? Yes No

If yes, what church do they attend? _____

Do you plan on returning to this residence when you complete the program? Yes No Not Sure



Housing & Family Information (continued):

Have you ever been in foster care? Yes No Have you ever been adopted? Yes No

Do you have any friends or relatives currently in our program? Yes No

If yes, who? _____

Medical Information:

Insurance Provider _____ ID or Policy Number _____

Address _____ City _____ State _____

Phone _____

Do you require prescription glasses? Yes No

Medical History (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Head Trauma | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Attitude / Behavior Issues | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> STD |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> PTSD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Rape | <input type="checkbox"/> Other _____ |

Are you allergic to anything? Yes No If yes, what? _____

Do you require an epi-pen? Yes No Are you pregnant? Yes No Not Sure

Do you require a special diet? Yes No If yes, what? _____

Have you ever been in a same-sex relationship? Yes No If yes, how long was it? _____



Medical Information (continued):

Are you able to:

Climb stairs and bunk beds? Yes No Stand or walk for extended periods of time? Yes No

Perform basic work duties? Yes No Carry up to 50 pounds? Yes No

Do you have any disabilities, medical restrictions, or chronic conditions? Yes No

If yes, what is it? _____

List any prescription medications you are currently taking

If more than 6, please include their information on the backside of this page

Will you have your required physical and bloodwork done at the time of intake? Yes No

If no, you will need to acquire your bloodwork within 45 days of being in the program

Substance Abuse History:

Substance Abuse History (check all that apply)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin | <input type="checkbox"/> Over the Counter Drugs |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Inhalants | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> K-2 (spice) | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Kratom | <input type="checkbox"/> Research Chemicals |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> LSD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> GHB | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Other _____ |

What was your drug of choice? _____ When was the date you last used any substance? _____

What substance(s)? _____

How would you use drugs? (check all that apply) Inject Snort Smoke Consume Drink

What age were you when you started using drugs? _____

Do use tobacco? Yes No If yes, check all that apply Cigarettes Cigars Vape Chew

Will you need detox? Yes No (please note, lying about detox can be detrimental to your health)



Prior Treatment History:

Have you ever been enrolled in any other drug rehabilitation or ATC program? Yes No

If yes, list any programs that you have been in

If more than 3, please include their information on the backside of this page

1. Program Name _____ Length of Time There _____
Length of Sobriety After Treatment _____ When Were You There _____
Outcome of Your Time at this Program? _____
2. Program Name _____ Length of Time There _____
Length of Sobriety After Treatment _____ When Were You There _____
Outcome of Your Time at this Program? _____
3. Program Name _____ Length of Time There _____
Length of Sobriety After Treatment _____ When Were You There _____
Outcome of Your Time at this Program? _____

Have you ever received psychiatric care? Yes No

If yes, briefly describe what events lead to you needing psychiatric care

If yes, briefly describe the nature of your psychiatric care

Have you ever taken any psychotropic medications? Yes No (antidepressants, antipsychotics, etc.)

If yes, when was the last time you used any psychotropic medications _____

Please list any psychotropic medications that you have taken and the length of time you used them for

If more than 3, please include their information on the backside of this page

1. Medication _____ Length of Time _____
2. Medication _____ Length of Time _____
3. Medication _____ Length of Time _____



Work History & Employability:

Please list your current or most recent position

Job Title _____ Company _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Dates of Employment _____ Supervisor Name _____

Employment Status Full Time Part Time Volunteer/Intern Temp Hire Unemployed

List any Other Languages Spoken _____

Do you have any learning disabilities? Yes No If yes, what? _____

What is your highest level of education?

No High School High School or Equivalent College Certification License

What level of education would you like to pursue?

High School Equivalent Vocational Education College Degree Certification License

List any Major Accomplishments or Certifications you Have

Work History & Skills (check all that apply)

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Management | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Media | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Music | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Moving | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Photography | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other _____ |

Need Assistance With (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Resumé | <input type="checkbox"/> Military Benefits | <input type="checkbox"/> Email Account |
| <input type="checkbox"/> Physical/Bloodwork | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Computer Literacy |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Driver's License/ID | <input type="checkbox"/> EBT Benefits | <input type="checkbox"/> Other _____ |



Work History & Employability (continued):

Are you in the U.S. Military? Yes No Time in Service _____

If yes, what branch? Air Force Army Coast Guard Marines Navy

If yes, what is your U.S. Military Status? Active Duty Reserve Veteran Military Spouse

We highly recommend a fresh digital start for those enrolling in the program. Do you need help deleting your existing social media accounts? Yes No

If yes, please list any accounts you need assistance with

Financial Information:

Would you like assistance in opening a bank account while you are enrolled in the program? Yes No

What is your credit score? _____

Do you have any outstanding debts? Yes No

If yes, how much do you owe and to who? _____

If yes, do you need assistance in creating a plan to manage your debt? Yes No

Do you receive any income (social security, disability, retirement)? Yes No

If more than 3, please include their information on the backside of this page

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Are you up to date with your taxes? Yes No

If no, do you need assistance with catching up on your taxes? Yes No

Do you own any property or assets? Yes No

If yes, do you have the management/care of your properties or assets covered while you are enrolled in the program? Yes No

Please Note: It is your responsibility to notify any necessary parties that you are in a long-term program and cannot make any payments.



Financial Information (continued):

Please list any other financial obligations you have

Ministry & Accountability:

Briefly explain your religious/spiritual background

Do you consider yourself a Christian? Yes No

If yes, how long have you been a Christian? _____

Have you accepted Jesus Christ as your Lord and Savior? Yes No

Do you attend a local church? Yes No

If yes, what church? _____ Denomination _____

Pastor Name _____ Phone Number _____

What was your level of involvement at your church?

Scarce Attendance Regular Attendance Volunteer Member Church Leadership

Have you been baptized in water? Yes No

Have you been filled with the Holy Spirit? Yes No

Have you spoken with your Pastor about entering the program? Yes No

Is your pastor in favor of you entering the program? Yes No

If no, why?



Ministry & Accountability (continued):

Previous Ministry & Small Group Experience (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> SMART Recovery | <input type="checkbox"/> Church Small Group |
| <input type="checkbox"/> Celebrate Recovery | <input type="checkbox"/> Living Free | <input type="checkbox"/> Substance Specific Group |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Halfway House | <input type="checkbox"/> Other _____ |

Have you ever participated in the occult? Yes No

If yes, what was the extent of your participation in occult activities?

Personal Responsibilities:

Please select your current marital status

- Single Married (Legally) Widowed Divorced Separated Dating

If married, how long have you been married? _____

If married, include your spouse's information below

1. Name _____ Age _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Email _____

Are you court-mandated to pay child support or alimony? Yes No

If yes, how much? _____

On a scale of 1 to 5, 1 being poor and 5 being excellent, where would you place yourself in the area of Personal Discipline _____

On a scale of 1 to 5, 1 being poor and 5 being excellent, where would you place yourself in the area of Time Management _____



Personal Responsibilities (continued):

Do you have any children? Yes No

If yes, please include their names, age, and residence below

If more than 3, please include their information on the back side of this page

1. Name _____ Age _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
2. Name _____ Age _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____
3. Name _____ Age _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

Legal Information:

Current Legal Issues (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Community Service | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Immigration | <input type="checkbox"/> Open Court Case |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Probation | <input type="checkbox"/> Other _____ |

Please include any legal points of contact that you may have (attorney, probation officer, etc.)

If more than 3, please include their information on the backside of this page

1. Name _____ Phone Number _____
Email _____ City _____ State _____
2. Name _____ Phone Number _____
Email _____ City _____ State _____
3. Name _____ Phone Number _____
Email _____ City _____ State _____

Are you legally mandated to complete a drug and alcohol program? Yes No

Do you have a history of violence? Yes No



Legal Information (continued):

Have you ever been arrested? Yes No

Are you a convicted felon? Yes No

Have you ever been arrested for sexual misconduct? Yes No

Are you a registered sex offender? Yes No

If yes to any, please explain

Have you served time in a juvenile detention center, jail, or federal prison? Yes No

If yes, where and for how long?

If more than 3, please include their information on the backside of this page

1. Institution _____ Dates you Were There _____
2. Institution _____ Dates you Were There _____
3. Institution _____ Dates you Were There _____

What services or resources do you need to take action to achieve progress in your legal matters (i.e. weekly probation appearances, court letters, etc.)?

Program Disclosure:

Please read all statements below and initial each one to signify that you understand and agree to each statement. Lastly, after reading the last statement, print and sign your name.

You will not be allowed to take psychotropic medications of any kind while enrolled in our program. If you are currently taking psychotropic medications, you will need to see your physician and have them wean you off those medications before being admitted to our program. A note from your physician may be required.

Initial _____



Program Disclosure (continued):

You will not be able to take Suboxone or Methadone while you are in the program. You must be completely detoxed before coming into the program.

Initial _____

You must be in good health and able to participate in all program activities to be enrolled as a student at Brooklyn Adult & Teen Challenge. If your health deteriorates to the point that you are unable to participate in program activities, you will be placed on a medical leave of absence until your health improves.

Initial _____

Brooklyn Adult & Teen Challenge is a tobacco-free facility, you will not be able to use any tobacco products as a student. This includes cigarettes, cigars, vapes, patches, & gum. You will also not be permitted to use any drugs or alcohol while enrolled in the program.

Initial _____

We reserve the right to determine what hairstyles and clothing are appropriate for program students. You may be asked to cut your hair to meet program standards. Men must keep hair to collar length, hair must be kept natural color, women may only use earrings, no other piercings or body modifications are allowed. Men are not allowed to use piercings of any kind.

Initial _____

At Adult & Teen Challenge we do not recognize dating relationships, you will not be able to be in contact with anyone of the opposite sex unless they are your spouse or are in your immediate family. For a spouse, we will require a certificate of marriage before you will be allowed to have any kind of contact with that individual. For an immediate family member, we will require a screening to confirm that they are who you are saying they are.

Initial _____

Brooklyn Adult & Teen Challenge is a Christian faith-based program. You will be required to participate in church services, bible reading, prayer, scheduled choir events, devotional services, personal academics, and classes.

Initial _____

Brooklyn Adult & Teen Challenge adopts a structured, disciplined environment. Enrollment into the program entails compliance and submission to the program structure.

Initial _____



Program Disclosure (continued):

While enrolled in the program we reserve the right to monitor all communications you have with people who you are approved to communicate with. While you are enrolled in the program you will only be able to communicate with immediate family (spouse, children, parents, grandparents, aunts, uncles, cousins) and your pastor if applicable. Communications will be conducted over the phone or via mail. We reserve the right to monitor all phone calls for your safety and the safety of others. We also reserve the right to inspect incoming and outgoing mail for your safety and the safety of others. In addition to this, you will not be permitted to access your personal cell phone or any social media accounts for any reason while you are enrolled in the program.

Initial _____

I understand that Brooklyn Adult & Teen Challenge does not discriminate based on race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance status, sexual orientation, family status, or disability in the administration of its educational, admission, or program policies or procedures.

Initial _____

In the case of applicants who were previously enrolled in our program, the Admissions Director will review the application and submit his recommendation and the completed application to the Program Director for review. For these applicants, re-admittance into the program requires the approval of the Program Director.

Initial _____

Applicants must commit to completing the entire program to be approved for admission. Students who do not keep up with their daily assignments and those who fail to demonstrate satisfactory growth may be subject to a program extension. We reserve the right to extend the time of any student enrolled in the program, you are not guaranteed to finish the program in exactly 12 months (6 months for Restoration). With that in mind, are you willing and able to commit to completing the Brooklyn Adult & Teen Challenge residential program?

Yes No

As we prepare to be completely committed to you as a program student, are you willing to be completely committed to following the guidance of this program and its leadership, putting your best effort into bettering yourself each day?

Yes No



Program Disclosure (continued):

Will you have the non-refundable \$600 intake fee? Yes No If not all, how much? _____

Will you be able to pay the \$600 monthly student support fees? Yes No

Please note: No student will ever be refused acceptance into our program because of a lack of money. We are here to help you become well. However, we do strongly believe in investing in your recovery, so we ask that everyone do what they can if they cannot meet the goal numbers set above.

Have you been enrolled in the Brooklyn Adult & Teen Challenge program in the past? Yes No

If yes, when? _____

Why do you want to come to Brooklyn Adult & Teen Challenge?

How did you hear about our Brooklyn Adult & Teen Challenge?

Applying for:

Full Program Restoration (for previous program graduates) Spiritual Growth (Length) _____

After reviewing that you answered all the questions in this packet truthfully, that you understand what is expected of you as a program student, and that you agree to all the terms and conditions contained within and the following agreement forms, sign below. If it comes to our attention that you were not honest with these questions, you may be released from the program. Signing below does not guarantee program acceptance.

Name Printed _____ Signature _____ Date _____



Certification of Information:

If this application form has been filled out and/or completed or filled out by anyone other than the applicant, please provide the following:

Name _____

Relationship to the applicant _____

Why the applicant could not fill out the application for themselves

Signature _____ Date _____

Witness Signature _____ Date _____



Student Property Inventory:

All personal property brought into this facility by a student shall be searched before program enrollment. Personal property found in a student's room or possession that has not been inventoried may be confiscated and subject the student to disciplinary action. Upon departure from the program, students will have 2 business days to recover their belongings before they become the property of Brooklyn Adult & Teen Challenge.

Upon searching the student's property, was any contraband found? Yes No

If yes, what was found and what action was taken

Did the student have any money on him at the time of intake? Yes No

If yes, how much? _____

Use the space below to indicate any other properties that were inventoried at the time of intake. This includes but is not limited to cellphones, tablets, laptops, debit cards, credit cards, transit cards, gift cards with any monetary value, headphones, and speakers. These belongings will be labeled with the student's name and placed in a secure cabinet and returned upon discharge.

Item	Condition (i.e. cracked screen)	Staff Initials

I (*Print Name*) _____ acknowledge that the above-listed inventory & receipt of personal property is a true and correct representation of what was brought into the facility upon my admittance to the program.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Restoration Agreement:

As an Adult & Teen Challenge graduate, I have had struggles in maintaining accountability in my Christian walk, and thus request re-entry into the Brooklyn Adult & Teen Challenge Restoration Program. I have come voluntarily seeking help and realize that I must diligently seek solutions to my problems with the help of the Holy Spirit. I choose to commit the next six (6) months of my life to work on my recovery and relationship with God. Consequently, I agree to the following conditions:

1. For the first 14 days, I agree to become an *orientation phase student* and abide by all the rules. I agree to participate with the students in all scheduled activities, programming, and events. I will not view myself as the “house preacher”, but rather seek humility in Christ as an active listener and supporter.
2. I will work on my issues diligently in Personal Studies and be transparent and honest with my mentor. I agree to enthusiastically accomplish all the academic requirements and special projects assigned to me.
3. I will do my best as a former student to lead by example, displaying humility, grace, and encouragement through my actions to the existing students in the program.
4. I will obey the guidance, coaching, and direction of all BATC Staff and Interns, and support them where needed with a willing heart
5. I understand that after 14 days the staff will:
 - Evaluate my progress, at which time I may be promoted to the Restoration Phase.
 - Determine my needs and length of stay in restoration.
 - If a lack of progress is evident, I will be given one warning before losing eligibility for the Restoration program and will need to complete the entire 12-month program.

By signing below, I (*Print Name*) _____ understand the terms of this agreement and realize that victory cannot be measured in time. To truly find this victory (I John 5:4), I must seek the heart of Jesus Christ through fasting & prayer; personal study, daily meditation, and the application of His Word with all diligence as I have understanding (John 14:21).

Student Signature _____ Date _____

Witness Signature _____ Date _____



Program Students will have the following rights:

1. You will have the right to give informed consent or to refuse treatment or medication and to be advised of the consequences of such a decision.
2. You will have the right to receive a complete explanation of student rights in clear, no technical terms in a language the student understands.
3. You will have the right to appropriate medical or psychological/psychiatric care either through referral or direct service delivery.
4. You will have the right to know about the cost and third-party coverage of treatment, including any limitations on the duration of services.
5. You will be informed upon admission of your rights, responsibilities, and limitations of those rights imposed by any BATC agreement.
6. You will have the right to a grievance procedure. You may voice grievances to your Group Leader, Mentor, Dean of Men, Program Manager, Executive Director, or outside representative of your choice with freedom from restraint, interference, coercion, discrimination, or reprisal. Any Staff member or Volunteer who has any knowledge of an alleged incident involving acts or omissions which may constitute abuse, neglect, or exploitation shall make an immediate written report to the Program Manager or designee.
7. You will be treated with consideration, respect, and full recognition of your dignity, and individuality.
8. You will be protected by your leaders at BATC from neglect, from physical, racial, mental, and emotional abuse including all forms of manipulation.
9. BATC will assist you in the exercise of your civil rights.
10. You will not be expected to perform services that are ordinarily performed by BATC staff.
11. You will be allowed to send personal mail unopened. Mail and packages received will be opened in the presence of staff.
12. Corporal discipline is prohibited at BATC. Students shall not be subjected to any harsh, cruel, or excessive discipline. Students will never be forced or be coerced to go without food for any reason. Discipline shall not be used for the convenience of the staff. The reasons for any restrictions resulting from student behavior shall be explained to the student when the measures are imposed, and appropriate alternative behavior shall be described. This shall be documented in the student record. A student shall not be allowed to prescribe or inflict discipline on another student. All discipline shall be administered in a just and equitable manner. Circumstances that may lead to immediate discharge are identified in the Men's Residential Manual.
13. You will participate in the development of your treatment plan for your growth while at BATC. You will also receive sufficient information about proposed and alternative interventions and program goals.



Student Bill of Rights:

- 14. You will participate in all scheduled activities including classes, chapel, church, work therapy, and recreation.
- 15. You will have free use of designated areas of the facility. Consideration will be given regarding privacy, personal possessions, and the rights of others.
- 16. You will be provided privacy and freedom for the use of the bathrooms.
- 17. You will be allowed visits during designated times and places under supervision.
- 18. Any alleged incident of Child Abuse shall be handled following federal, state, and local laws. There is mandatory reporting of alleged Child Abuse.
- 19. You have the right to a humane and safe environment, free from abuse, neglect, and exploitation. You shall not be detained against your will as a legal consenter. You shall be granted dignity and personal privacy to the extent possible consistent with the Staff supervisor's concerns.

By signing below, I (*Print Name*) _____ agree that I have read and fully understand my rights as a Brooklyn Adult & Teen Challenge Student.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Civil Rights Waiver Acknowledgement:

I (*Print Name*) _____ understand that I have civil rights guaranteeing confidential communication by phone and mail as well as exercising the religion of my choice. Brooklyn Adult & Teen Challenge is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and submit to the ministry's expectation to attend Christian religious activities coordinated by the ministry. Further, for reasons for assisting me in dealing with my life-controlling problem, I understand the Staff will regulate and monitor my phone and mail communications while I am enrolled in the program.

I voluntarily give my consent, allowing BATC Staff to exercise these procedures.

I understand my rights and what I am waiving.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Certification of Special Needs:

Resident Name/Last Four #'s of SSN/or File #: _____

Project Name or Housing Org: _____ City: _____

I, (Print Name) _____, (Professional Designation) _____, attest that the above referenced client requires assistance for the following special needs:

- Physically and/or mentally disabled – A person (1) with a physical and /or mental (i.e., psychiatric disorder) impairment that results in substantial functional limitations or (2) who is deemed physically and/or mentally disabled and by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
- Developmentally disabled – A person (1) with a sever chronic developmental disability who has been diagnosed with mental retardation or (2) who is deemed developmentally disabled and by reason of this impairment, the person is unable to perform life roles in at least one of the major domains of living, working, learning, or socializing.
- Persons recovering from domestic abuse (physically abuse) – A person who has been subjected to a willful action of inflicting bodily injury or physical mistreatment.
- Persons recovering from domestic abuse (emotional abuse) – A person who has been subjected to a willful action of inflicting emotional mistreatment but has not been physically abused.
- Persons recovering from chemical dependency – A person with a history of substance abuse and/or dependency who is receiving treatment for the abuse and/or dependency from a service provider.
- Ex-offender – A person that was previously convicted of a crime and was detained in a local, state, or federal jail or prison.
- Persons with HIV/AIDS – A person with a medical diagnosis of Auto Immune Deficiency syndrome or who is medically diagnosed as HIV positive and who is receiving medical care for the condition diagnosis.

Name and Professional Designation: _____ Date: _____



Certification of Zero Income:

To be completed by adult household members only

Resident Name/Last Four #'s of SSN/or File #: _____

Project Name or Housing Org: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing.

I give permission for the Housing Organization specified above to use this information and disclose it to the Federal Home Loan Bank for purposes of complying with its Affordable Housing Program grant requirements.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Statement of Responsibility for Liability:

It is hereby understood that Brooklyn Adult & Teen Challenge (BATC) ministry and associates covered by their trademarks cannot and will not be held responsible for any personal property, missing, lost, or stolen from the premises of the center. Students may not buy, sell, or trade personal property to or from other students or staff.

I further understand that Brooklyn Adult & Teen Challenge inc. and its other trademarks cannot and will not be held responsible for any injury occurring to anyone while in our program.

Any money you bring to the program or any money you acquire while in the program (from family & friends) will be held in the office. A secure account will be created for you, and you can withdraw your monies whenever the need arises.

Upon entering and during your stay as a student at the BATC program, the staff has a right to inspect personal belongings and/or rooms for possession of unauthorized items. These inspections will be done by Staff members and may take place without prior notice.

I understand and agree that if I should leave the program or be dismissed, my clothes and my personal articles will be taken with me upon my departure. Anything that I left behind will become the property of BATC after 2 business days.

I also acknowledge that this is a Christian residential discipleship program and not a medical, psychiatric, or psychological program. Brooklyn Adult & Teen Challenge is a spiritual program, and I realize that I may leave at any time. Brooklyn Adult & Teen Challenge is not liable for any claims I may make after leaving. I understand that the program results are dependent upon my response to the Brooklyn Adult & Teen Challenge's historical and established methods.

Students may be given drug and/or alcohol tests at any time without prior notice or approval. Students who test positive for drugs and/or alcohol use while in our program will face disciplinary action and possible expulsion from our program. Brooklyn Adult & Teen Challenge is committed to providing a safe, efficient, and productive environment for all students. In keeping this commitment, students and applicants may be asked to provide body substance samples (e.g., blood, urine) to determine the illicit use of drugs or any nicotine products. Brooklyn Adult & Teen Challenge will attempt to protect the confidentiality of drug test results.

I (*Print Name*) _____ have read the above statements and with full understanding agree to cooperate with them.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Christian Conciliation & Arbitration Agreement:

In consideration of the following terms and provisions and other valuable considerations, the receipt of which I acknowledge. The undersigned parties hereby agree as follows:

- They accept the Bible as the inspired word of God.
- They believe that God desires that they resolve their disputes with one another within the church.
- They be reconciled in their relationships following the principles stated in:

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

Accordingly, the undersigned parties agree that any dispute or controversy arises between them and is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 & Matthew 18:15-20, then the dispute or controversy will be settled by Biblically based mediation and if necessary, legally binding arbitration. The undersigned parties agree that this will be the sole remedy for any dispute or controversy between them and to the full extent as permitted by applicable law. Furthermore, they waive their right to file a lawsuit in any court against one another for such disputes except to enforce this dispute resolution agreement. Any mediated settlement agreement or any arbitrated decision hereunder shall be final and binding and fully enforceable according to its terms in any court of competent jurisdiction.

I (*Print Name*) _____ understand and accept the above conditions as part of being enrolled in the Brooklyn Adult & Teen Challenge program.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Confidentiality of BATC Records:

Notice to Students

In accordance with 42 CFR & 2.1 (10-1-91 Ed)

The confidentiality of alcohol & drug abuse patient records maintained by this ministry is protected by Federal laws and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program or disclose any information identifying a student with a life-controlling problem, especially alcohol and drug abuse UNLESS:

1. Student consents in writing.
2. The discloser is allowed by a court order.
3. Discloser is made to medical personnel for a medical emergency or to qualified personnel for research, audit, or program evaluation.

Furthermore, records are kept on file for a minimum of seven years. After that, they will be destroyed. A student's file may be reused if it is within 50 days of when they left, after that amount of time intakes would have to go through the entire intake procedure again.

Violation of Federal law and regulations is a crime. Suspected violations may be reported to the appropriate authorities following Federal guidelines and regulations. Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected Child Abuse or neglect from being reported under State law to appropriate state and local authorities. I warrant that I have read the above notice before its execution, and I am thoroughly familiar with the contents thereof.

I (*Print Name*) _____ understand and accept the above-listed statements as part of the Brooklyn Adult & Teen Challenge program.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Confidential Information Disclosure Authorization:

I (*Print Name*) _____ hereby authorize Brooklyn Adult & Teen Challenge (BATC) Christian Growth & discipleship ministry and its sublicensees, affiliates, assigns, and legal representatives to use and/or disclose protected information including my recovery story for promotional, educational, inspirational, and/or informational purposes including:

- BATC – *BATC and its affiliated organization websites, print & electronic media.*
- Public Officials – *Local, State, & Federal Government officials.*
- Media – *Reporters for local, state, & national publications including newspapers, magazines, online media, as well as reporters for local, state, & national tv broadcast stations.*

I specifically authorize the use and/or disclosure of the following protected information:

- Name
- Addiction details
- Recovery details
- My image (still photos, videos, other likenesses) for use in publications, electronic media, websites, audio, video, television commercials, advertising, or film.

I consent to BATC recording of my voice, name, likeness, image, appearance, performance, or story (*All referred to as images*) by (BATC). I agree that the recording may be created in any form including but not limited to photography, video recording, and digital recording may be transferred and duplicated using any form of media now known or later developed including, but not limited to digital imaging, computer media files, videotape, film slides, photographs, and audiotape. I agree that (BATC) has the full right to produce, use, copy, duplicate, distribute, exhibit, and transmit images including without limitation the right to edit, mix, or duplicate and to use and reuse images in whole in part as (BATC) may elect. I agree that any images provided or recorded by me become the exclusive and legal property of (BATC) in perpetuity and that (BATC) shall, in its sole discretion decide if, when, and how images are to be used. I release (BATC) from any claims I might otherwise have to control my images including but not limited to claims based on a violation of the right of privacy or a right to publicity, defamation, or claims to royalties or compensation of any kind. I consent that this instrument of agreement is binding on me and anyone who may have the rights through me, including but not limited to any legal heirs, personal representatives, trustees or assigns, and that neither I nor they will have a right to bring any claim or legal action of any kind against (BATC).



Confidential Information Disclosure Authorization:

I understand that:

- This authorization is strictly voluntary, and I may refuse to sign.
- I may revoke this authorization at any time in writing. But doing so will not affect any actions taken before receiving the revocation.
- (BATC) cannot recall images once they are in the public domain.
- Once released, the information may be re-disclosed and no longer protected under federal or state confidentiality laws.
- I understand that I may see and obtain a copy of the information described on this form for a reasonable copy fee if I ask for it.
- I may have a copy of this form after I sign it.

More information can be found in the (BATC) "Notice of Privacy Practices" which is available upon request.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Disclosure with Student Consent:

I (*Print Name*) _____ give Brooklyn Adult & Teen Challenge (BATC) authorization to disclose pertinent information on a student such as being a student in the program, time in the program, accomplishments in the program, etc. This consent may at any time be revoked by the student to the extent that the ministry or person that is to make the disclosure has already acted on the reliance of it.

Disclosure shall be made to:

Name _____ Relationship to You _____

Phone Number _____

Name _____ Relationship to You _____

Phone Number _____

Name _____ Relationship to You _____

Phone Number _____

Name _____ Relationship to You _____

Phone Number _____

Name _____ Relationship to You _____

Phone Number _____

Discloser Statement: This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR part 2). The Federal rules prohibit you from making any further disclosure as expressly permitted by the written consent of the person unto whom it pertains or as otherwise permitted by 42CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

BATC does not maintain “patients” but uses the term because it is required by law. As an evangelical Christian discipleship ministry, BATC residents are students and not patients, some of whom are dealing with the life-controlling problem of substance abuse

Student Signature _____ Date _____

Witness Signature _____ Date _____



BATC Statement of Faith:

Brooklyn Adult & Teen Challenge aligns itself with the Assemblies of God 16 fundamental truths which can be seen summarized below. You may request a more extensive explanation of these statements for a reasonable copy fee. We hold firm to these statements and acceptance of them is a requirement for enrollment into the residential program.

- The scriptures are inspired by God.
- There is only 1 true God.
- In the Deity of Jesus Christ
- Mankind willingly fell into sin.
- Every person can have restored fellowship with God through the Salvation of Christ
- Water Baptism by immersion & Holy Communion
- Baptism in the Holy Spirit is a special experience following salvation.
- The initial physical evidence of the Baptism in the Holy Spirit is the "Gift of Tongues" (*Speaking in Tongues.*)
- Justification initially occurs at salvation.
- The "Church" has a mission.
- A divinely called and scripturally ordained leadership ministry serves the church.
- Divine Healing of the sick is a privilege for Christians today.
- The blessed hope of when Jesus raptures His Church prior to His return to Earth.
- There will be a Millennial Reign of Christ.
- A final judgment will take place.
- There will be a New Heaven and a New Earth.

I (*Print Name*) _____ understand and accept the above-listed statements as part of the Brooklyn Adult & Teen Challenge program.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Voluntary Discharge Agreement:

Voluntary discharge from the Brooklyn Adult & Teen Challenge program will be performed from Monday to Friday between 9 AM to 4 PM Excluding Holidays. Self-requested discharge outside this timeframe will receive Minimal Discharge Assistance and forfeit Normal Discharge Assistance.

Normal discharge assistance includes:

1. Returning personal property currently in program possession
2. Return of Medications
3. Return of important documents in program possession
4. Reimbursement of remaining monies
5. Assistance in obtaining transportation
6. Staff Phone Call to arrange departure
7. Transportation to Train Station (This provision may be delayed due to inclement weather)

It is not our intention that anyone leaves the program prematurely. However, students need to understand the discharge and dismissal procedure upon arriving at the program. Students that are dismissed or leave prematurely will not be allowed to make any phone calls from our center. Students that leave prematurely are brought to the train station with their belongings, no exceptions. Any belongings left behind after *two business days* will become the property of BATC. You will need to call and arrange a time to pick up whatever you leave behind. Staff will make a courtesy call to one of your emergency contacts below and try to arrange your release from that point on. At the time of discharge, you will be asked to refrain from any conversation with current program students and pack all your things in the presence of a staff member.

As a part of our effort to protect the students and staff in our program, should a student choose to leave the program prematurely for any reason they will not be permitted to return to the program as a student for a minimum of *30 days*. At which point the student may contact the intake coordinator and be readmitted into the program. Continuing in the same effort, students that leave prematurely will not be allowed to attend any service or function of the program for *90 days*. This includes being present on any of our properties without prior notice. After the 90-day period has passed, if a former student expresses a desire to attend one of our services or become involved with the ministry in any way, an in-person meeting will be arranged with the Program Manager before he would be allowed to return. Any former student that is seen at one of our services or one of our properties without following the protocol above will be promptly asked to leave.

By signing below, I (*Print Name*) _____ agree that I have read and fully understand the conditions of this agreement and pledge to abide by its requirements. And following New York State HIPAA laws, I agree to let Brooklyn Adult & Teen Challenge make a courtesy call on my behalf to arrange my departure.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Student Agreement Regarding Work Therapy Assignments: Page 1 of 2

Students participating in the Brooklyn Adult & Teen Challenge (BATC) program have a regimented daily schedule. From Wake-up to Lights Out, a student will be participating in classroom studies (Morning.), physical work therapy (Afternoon), and organized events (As scheduled). However, during certain seasons and/or extenuating circumstances such as planting, unplanned events, or time constraints, class time may be interrupted to give extra time to work therapy. Since Brooklyn Adult & Teen Challenge (BATC) offers its program to students for a nominal induction fee, BATC often takes advantage of fund-raising opportunities as they arise. These activities are often time-sensitive so students may be temporarily removed from classroom activities and this time be utilized for the task at hand.

I acknowledge that I have read the Brooklyn Adult & Teen Challenge's statement regarding the necessity of work therapy as part of my overall recovery program at Brooklyn Adult & Teen Challenge and fully agree with Their statement regarding the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual. I understand that I will be performing my work therapy not as a Student of Brooklyn Adult & Teen Challenge, but solely for my benefit to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the workplace.

Furthermore, I do not expect any compensation or in-kind benefits, for the performance of any work assignment. My performance of a work assignment is not a condition of my receipt of room and board from Brooklyn Adult & Teen Challenge. If I fail to perform my work assignments, Brooklyn Adult & Teen Challenge may revoke my status and privileges as a student, not because the performance of work assignments is a consideration for my receipt of such status and privileges, but because my participation in the Work Therapy Program is vital to my recovery and my overall participation in the Brooklyn Adult & Teen Challenge student program.



Student Agreement Regarding Work Therapy Assignments: Page 1 of 2

As evidence of my understanding regarding the purpose of the work assignments, I agree that:

1. I will not execute any agreement with the entity that will be providing immediate supervision over my work assignment.
2. I will not file any claim or take any action individually or with others for the recovery of wages in conjunction with my work assignment.
3. I will contribute 100% of any income I receive from public benefits, benevolence assistance, charitable gifts, or other means of assistance that I receive in conjunction with my participation as a student and/or during my term as a student to Brooklyn Adult & Teen Challenge to help defer the costs and expenses of my participation as a student if it is consistent with the law.
4. I understand that under no circumstances can BATC be under any obligation to me and understand that I am a beneficiary and not an employee.
5. Accordingly, by signing this agreement, I am not applying for a position of employment with (BATC). If I am admitted as a student in the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignment.

I (*Print Name*) _____ agree with the Brooklyn Adult & Teen Challenge (BATC) policy set forth as stated above and agree to abide accordingly.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Authorization for Release of Benefits:

I (*Print Name*) _____ understand that while here at Brooklyn Adult & Teen Challenge, I may become eligible for Public Assistance (Department of Social Services). This assistance may be in the form of Cash, Food Stamps, and/or medical assistance depending on my status. By signing below, I authorize Brooklyn Adult & Teen Challenge to utilize any benefits received through SNAP (cash & food) while I am enrolled in the program to offset some of the cost of feeding and housing me during my time in the program. I fully understand that my card will be maintained in a secured area of the ministry and all funds will go towards my program costs. I understand that I am receiving these benefits because I am enrolled in the program and that if I choose to leave prematurely the EBT card will be destroyed, and any benefits will be terminated.

In place of financial support for my time at Brooklyn Adult & Teen Challenge, I willingly surrender these benefits with the understanding that they will help to underwrite the costs of my care.

Since these benefits will only be available through a plastic EBT card, I agree to surrender this card, when I receive it, along with the four-digit PIN needed to access my account

I have read the above conditions and understand them, I willingly sign this agreement which will be kept in my file in my counselor's office.

PIN Number _____

Student Signature _____ Date _____

Witness Signature _____ Date _____



Student Medical Agreement:

A part of your intake interview, we believe that you need to be in reasonably good health to enter the program. In addition, as Brooklyn Adult & Teen Challenge is not a medical care facility, should your health deteriorate to the point that you cannot fully comply with the requirements of the program (daily activities), you may be placed on a medical leave of absence until your health improves. Brooklyn Adult & Teen Challenge allows for two appointments a month (see Student Manual), anything beyond that is grounds to be placed on medical leave. If you should be diagnosed with a serious medical condition or need to undergo serious medical treatment while a student in Brooklyn Adult & Teen challenge that you may be placed on medical leave until your health improves, at which point you may continue your time in the program. If you are placed on medical leave Brooklyn Adult & Teen Challenge is not responsible to find housing for you.

If the staff feels that you need to go seek medical attention you must submit and seek medical attention to remain enrolled in the program.

The Brooklyn Adult & Teen Challenge policy concerning the distribution of narcotics for medical procedures shall be as follows:

The attending physician shall be made aware that the patient is in a substance abuse program and is only allowed narcotics in extreme cases. If a narcotic medication is necessary to manage the pain, Brooklyn Adult & Teen Challenge staff shall have a consultation with the attending physician with the objective being to make the patient comfortable without depending on the narcotics for an extended period. The Program Director shall be made aware of and approve any pain management plan involving the use of narcotics.

Students are strongly encouraged to take their prescription medication exactly the way their doctor has prescribed it. If subsequent medical treatment or behavioral issues arise due to refusing to take prescribed medications, the student may be discharged from the program. While you are a student you will not be able to take psychotropic medications or any medication that can be abused or medication that is considered "mind-altering" (see list of prohibited medications). You should bring enough prescription medication to last at least 30 days and bring it in their original containers bearing appropriate labels.

A physical examination is required for program enrollment. Some applicants may be approved for admission before having a physical examination provided, they agree to obtain a physical 45 days after entering our program. Tests for the HIV Virus, Venereal Disease, Tuberculosis, and Hepatitis are required as part of the physical examination. In addition, females will receive a pregnancy test. A Physical must be acquired before being accepted into the program.

I (*Print Name*) _____ have read and fully understand the conditions of this agreement and pledge to abide by its requirements.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Orientation/Program Acceptance Agreement:

Being admitted into the program does not mean you are accepted into the program. The first two weeks (14 days) are considered the orientation period. During this period, the student must become familiar with the program unhindered by outside distractions. The orientation period is a probationary period where staff will determine if you are a good fit for our program or not, after 14 days a determination will be made whether a student has been accepted into the program or not. At the time of intake, the student will be given one phone call to notify their family that they have arrived safely. For the duration of the orientation period, mail, phone calls, and visitation are not permitted except for legal issues (i.e., probation, parole, or court). No Exceptions. If emergencies arise, staff will communicate directly with your families. There are also restricted privileges for orientation students (please see the student manual).

After the orientation period, correspondence will be limited to immediate family members and others who have been approved by the Program Manager. An approved contact list will be completed by the student during admission. Once approved by the Program Manager, the student will be able to correspond with those authorized. Mail from those who have not been approved will be returned to the sender. We encourage family members to talk with us about the approved contact list during the admission process and anytime they have a question or concern. Students who are caught communicating with unapproved contacts can expect to temporarily lose phone, mail, or visitor privileges.

Restoration is offered to previous program graduates pertaining that they graduated from the program no more than 10 years ago. The orientation blackout period still applies to restoration students. If it is evident to the staff that a student needs to do the entire program over again then they will be denied restoration (see the restoration agreement).

Each student will have access to our "Student Manual" which covers the policies of the program. We reserve the right to make policy changes whenever necessary. When a policy change occurs, students and staff will be immediately notified and the "Student Manual" will be updated to reflect the change.

I (*Print Name*) _____ have read and fully understand the conditions of this agreement and pledge to abide by its requirements.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Mandatory Program Agreements:

I (Print Name) _____ agree to the following:

1. I will not use any drugs other than medicine prescribed by a physician for physical conditions.
2. I will not use Tobacco.
3. I will not use Alcohol.
4. I will not use profane, threatening, or socially unacceptable language.
5. I will not use brag about my former illegal or immoral lifestyle and events.
6. I will not leave the facility without proper authorization.
7. I will not be involved with cliques or segregated groups.
8. I will not listen to secular music.
9. I will not read any books, magazines, or other reading material that is not given to me directly by the Dean of Men
10. I will participate in all scheduled activities such as classes, work, chapel, recreation, and church.
11. I will commit to completing the full 12-month program which could be extended under extenuating circumstances.
12. Upon leaving the program, the student will take away all personal property and belongings. Items left longer than 2 business days will become the property of Brooklyn Adult & Teen Challenge.
13. Brooklyn Adult & Teen Challenge will not be held responsible for missing student clothes or personal items.
14. If a student never graduated high school, the student will be required to get a High School Equivalent education before graduating from the program.

I have read the above rules and policies and agree to abide by them should I be accepted in the Brooklyn Adult & Teen Challenge program.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Student Manual Agreement:

The Men's Residential Manual has been created to help your stay at Brooklyn Adult & Teen Challenge be a fruitful experience. Please follow these guidelines closely, and any other rules that might not be covered on these pages. Also, remember these rules are subject to change.

A token of advice: If you are unsure, please ask! Questions are always okay! It is always better to ask than to assume.

There are two rules which sum up the heart behind everything we have included in the Men's Residential Manual. In doing these, all the program guidelines are fulfilled:

Mark 12:28-31

"One of the teachers of the law came and heard them debating. Noticing that Jesus had given them a good answer, he asked him, "Of all the commandments, which is the most important?"

"The most important one" answered Jesus, "is this: 'Hear, O Israel, the Lord our God, the Lord is One. Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.'"

The second is this: "Love your neighbor as yourself." There is no commandment greater than these."

By signing below, I (*Print Name*) _____ certify that I have read and understood all the rules and guidelines in the Brooklyn Adult & Teen Challenge Men's Residential manual and agree to abide by these rules and guidelines to the best of my ability through the strength that the Holy Spirit gives me to be obedient.

Student Signature _____ Date _____

Witness Signature _____ Date _____



Student Support Contacts & Monthly Payment Agreement: Page 1 of 2

Because we do not accept money from insurance companies, we ask that program students help by acquiring Student Support. Student support is an opportunity for the student to offset the cost of their care, the monthly student support payment is \$600. The monthly payment of \$600 is less than 1/6 of the actual cost of what it takes to house someone at our facility for one month. In the 60+ years, we have been open we have not turned anyone away because of a lack of finances. However, for those that are able, we firmly believe that investing in your recovery, even if it is just a portion of the goal number above, will instill a sense of ownership and in turn produce a better result.

The Intake Coordinator will assist the new intake in sending letters to the list of people they provided if the individual is unable to make the payments themselves. New intakes are asked to provide 8 names and addresses of people that might be able to help them with their student support payment during their time in the program. Any funds that come in for you while enrolled in the program may be applied towards Student Support if the \$600 fee is unpaid. Should an individual leave the program prematurely, it is their responsibility to notify their supporters that they are no longer enrolled in the program. If you decide to leave Brooklyn Adult & Teen Challenge prematurely, any money in your student account will be applied to your unpaid fees if any payments have not been made towards your stay here. All forfeited money will go directly towards student support.

If you wish to contribute monthly via a recurring debit or credit card payment, please fill out your information below:

Credit / Debit Card Number: _____ - _____ - _____
Expiration Date: ____/____
3-digit security code _____
Zip Code _____

I (*Print Name*) _____ authorize Brooklyn Adult & Teen Challenge to debit my account \$ _____ each month on the 15th in support of (*Print Student Name*) _____ for the duration of their stay in the program.

Please Note: Intake fee and monthly student support payments are non-refundable.

Card Holder Signature _____ Date _____

Witness Signature _____ Date _____



Student Support Contacts & Monthly Payment Agreement:

Student Name _____

Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____



Approved Contact List:

You will only be able to be in contact with immediate family while you are a student in the program. Immediate family is defined as your spouse, children, parents, grandparents, aunts, uncles, and cousins. You may also be in contact with your pastor. You will not be able to communicate with girlfriends, fiancées, and other partners unless you have children with them. No Exceptions. If you wish to be in contact with anyone during your time in the program you must include them on this form and have their identity confirmed by staff. Once the contact is approved, you may correspond with them via mail or phone calls. By signing below and listing anyone's name on this paper, I (*Print Name*) _____ give consent for Brooklyn Adult & Teen Challenge to notify the below-listed people that you are here and to contact them should you decide to leave the program prematurely. If you have more than 4 people you wish to stay in contact with, ask the intake coordinator for another copy of this sheet.

Student Signature _____ Date _____

Witness Signature _____ Date _____

Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature _____

Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature _____

Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature _____

Name _____	Relation to you _____
Home Address _____	City _____ State _____ Zip _____
Mobile Number _____	Email _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Signature _____



Student Introductory Testimony:

Your testimony is your story. It is also an integral part of your walk with Christ and your recovery. We want to encourage you to think about *what brought you here*. What got you to the point where you realized - "I need to turn my life around". Everyone's story may be different, but you can rest assured that everyone who comes through Brooklyn Adult & Teen Challenge's doors has come to that same realization. Secondly, we want you to briefly write *where you are now* since taking the step to enter the program and what you resolve to do during your time here. We also want you to look ahead to *where you hope to be*. Where you hope to see yourself in the future. As you reflect on your past and cast a vision for your future, we here at Brooklyn Adult & Teen Challenge commit ourselves to come alongside you and help you reach those goals.

This brief testimony will serve as an introductory exercise and will be shared by you at our weekly house meeting. This is done so that the other men in the program can learn a little about what you have been through and why you are here. Please also see *Page 40* of the *Men's Residential Manual* for more help writing your testimony.

One-sentence answers are not permitted. Turn this into the program manager when completed.

Name _____

What Brought You Here

Where You Are Now

Where You Hope to Be



Prescription Medication Record:

(complete and place in medication log)

CONFIDENTIAL

Name _____ Initials _____ Signature _____

Prescriptions must be clearly labeled and stored in a locked cabinet. Staff will only administer the proper dosage according to the prescribing physician.

Assigned Number Rx# _____ Frequency _____
Medication Name _____ Dosage _____
Doctor _____
Pharmacy _____ Phone Number _____

Staff Person Completing Above Information

Name _____ Signature _____

Assigned Number Rx# _____ Frequency _____
Medication Name _____ Dosage _____
Doctor _____
Pharmacy _____ Phone Number _____

Staff Person Completing Above Information

Name _____ Signature _____

Assigned Number Rx# _____ Frequency _____
Medication Name _____ Dosage _____
Doctor _____
Pharmacy _____ Phone Number _____

Staff Person Completing Above Information

Name _____ Signature _____

Assigned Number Rx# _____ Frequency _____
Medication Name _____ Dosage _____
Doctor _____
Pharmacy _____ Phone Number _____

Staff Person Completing Above Information

Name _____ Signature _____



Why Am I Here?:

Your reason for being here is about what you have experienced without having God in your life, and to express your desire to have a real relationship with God. You never know sharing about your experiences can help other brothers facing the same obstacles, or how the new person you've become can inspire others who seek to discover the God that completely changed you. Complete this form and cut out the Why Am I Here tab and post the Why Am I Here tab on the board.

Here are some quick tips on how to fill out the "Why Am I Here" Card below:

- *Keep it real* --- this is a safe place to be honest and to share your heart.
- Stay away from "*Christian-ese*" or being "*super-spiritual*".
- *Short phrases* like "I'm court-mandated." or "I smoked too much" are not acceptable. *Dig a little deeper.*
- Share your *hopes* and your *dreams*-- what do you desire to achieve by *this time next year?*



Students are not permitted to touch or deface the Why Am I Here? board for any reason.

A template for the 'Why Am I Here?' card. The top half has a light blue background with a white cloud icon and the text 'PASTE PHOTO HERE' in bold black letters. The bottom half has a green background with the text 'NAME:' in bold black letters and a horizontal line for writing.

WHY AM I HERE?



Big Brother Checklist:

The purpose of a Big Brother is to introduce the new student to the program. A Big Brother must have at least reached the 2nd Phase of the Program. The Big Brother's responsibility continues for the first 7 days of the new student's program. Below is a list of the required Big Brother duties, however, we encourage you to go above and beyond in helping new brothers feel loved and accepted.

Assign a big brother and hand this form to them. They are to hand it back to you when it is complete.

By this everyone will know that you are my disciples, if you love one another. – John 13:13 NIV

- Share your testimony with the new brother during the intake process at the Men's Home.
- Give your new brother a tour of the entire Men's Home.
- Help your new brother unpack and introduce him to his roommates.
- Encourage, uplift, and support your new brother.
- Sit with your new brother at every meal.
- Sit with your brother at weekly church and chapel services.
- As needed, gently review the Men's Residential Manual with your brother.

Student Name _____ Student Signature _____

Big Brother Name _____ Big Brother Signature _____

Witness Name _____ Witness Signature _____



Program Schedule:

Rockaway Schedule: as of 2/1/22

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
6:00 AM	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	↓	
6:30 AM	Devotions	Devotions	Devotions	Devotions	Devotions	Devotions	↓	
7:00 AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Wake Up	
7:30 AM	House Chores	House Chores	House Chores	House Chores	House Chores	Cleanup	Devotions	
8:00 AM	Med Call	Med Call	Med Call	Med Call	Med Call	Room G.I.	Breakfast	
8:30 AM	Break Time	Break Time	Break Time	Break Time	Break Time	Med Call	Cleanup/Meds	
9:00 AM	Class	Class	Study Hall	Class	Class	Study Hall	Down Time	
9:30 AM	↓	↓	↓	↓	↓	↓	Leave for Church	
10:00 AM	↓	↓	↓	↓	Group	↓	Church	
10:30 AM	↓	↓	↓	↓	↓	↓	↓	
11:00 AM	Break Time	Break Time	Break Time	Break Time	↓	Break Time	↓	
11:30 AM	House Meeting	Prayer/Worship	Prayer/Worship	Prayer/Worship	Break Time	Prayer/Worship	↓	
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	↓	
12:30 PM	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	↓	
1:00 PM	Vocation	Vocation	Vocation	Vocation	Vocation	Vocation	Lunch	
1:30 PM	↓	↓	↓	↓	↓	↓	Cleanup	
2:00 PM	↓	↓	↓	↓	↓	↓	Free Time	
2:30 PM	↓	↓	↓	↓	↓	↓	↓	
3:00 PM	Study Hall	Study Hall	Study Hall	Study Hall	Free Time	Free Time	↓	
3:30 PM	↓	↓	↓	↓	↓	↓	↓	
4:00 PM	Free Time	Free Time	Free Time	Free Time	Dinner	↓	↓	
4:30 PM	↓	↓	↓	↓	Cleanup	↓	↓	
5:00 PM	Dinner	Dinner	Dinner	Dinner	Down Time	Dinner	Dinner	
5:30 PM	Cleanup	Cleanup	Cleanup	Cleanup	↓	Cleanup	Cleanup	
6:00 PM	Prayer/Worship	Prayer/Worship	Down Time	Prayer/Worship	Leave for Church	Prayer/Worship	Prayer/Worship	
6:30 PM	Free Time	Free Time	Leave for Church	Free Time	Fellowship	Free Time	Free Time	
7:00 PM	Guest Devo	Study Hall	Bible Study	Study Hall	↓	↓	↓	
7:30 PM	↓	↓	↓	↓	Chapel	↓	↓	
8:00 PM	Free Time	Free Time	↓	Free Time	↓	↓	↓	
8:30 PM	Med Call	Med Call	↓	Med Call	↓	Med Call	Med Call	
8:45 PM	Snack	Snack	↓	Snack	↓	Snack	Snack	
9:00 PM	Down Time	Down Time	↓	Down Time	Fellowship	Down Time	Down Time	
9:15 PM	Room Time	Room Time	Down Time	Room Time	↓	Room Time	Room Time	
9:30 PM	Room Devo	Room Devo	Med Call	Room Devo	Med Call	Room Devo	Room Devo	
9:45 PM	↓	↓	Room Time	↓	Room Time	↓	↓	
10:00 PM	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	
		Indicates all staff and students must be present.						

