

IN ORDER TO EXPEDITE YOUR
REQUEST PLEASE SUBMIT
THIS APPLICATION

**AS SOON AS POSSIBLE
TO THE ADMISSIONS OFFICE**

THANK YOU FOR YOUR
COOPERATION

Louisiana Adult & Teen Challenge
Statewide Admissions Office

426 W. Court St.

Winnfield, LA 71483

Phone: 318-209-4524

Fax: 318-209-4526

**LOUISIANA ADULT & TEEN CHALLENGE
(LAATC)
STUDENT APPLICATION**

_____ * Greater New Orleans Induction Center

_____ * Lafayette Induction Center

_____ * Ruston Induction Center

_____ * Shreveport Induction Center

_____ * Mt. Grace Training Center for Men

_____ * Mt. Grace Training Center for Women

_____ * Minden Family Center- Women w/Children

_____ *The Bridge Induction- Women

Induction Fee: (\$750) _____ Paid in Full _____ Check # _____ Cash
_____ Partial (amount _____)
_____ No - what are the arrangements? _____

Court ordered? _____ No _____ Yes (If yes, who is the contact person and
phone number to be called if student
leaves or is dismissed?)

Contact person (court): _____

Phone: _____ Fax: _____

Emergency:

Contact Name: _____

Relationship: _____ Phone: _____

Name: _____

Date Entered: _____ **Date Left:** _____

Completed: _____ **Graduated:** _____

Every question must be answered completely and truthfully in order for the staff of Louisiana Adult & Teen Challenge to be as effective as possible in your treatment. Please answer N/A if the question does not apply to you.

GENERAL:

Name: _____ Phone _____
Last First Middle

Present Address: _____
Street City State Zip

Email: _____

Referred to LAATC by: _____
Name Phone

What relation is this person to you? _____

PERSONAL:

Driver's License/State ID # _____ Social Security #: _____

Birthdate: ____/____/____ Age: _____ Gender at Birth: _____ Weight: _____

Height: _____ Hair: _____ Eyes: _____ Race: _____ Marital Status: _____

Spouse/Ex-Spouse Full name: _____

Phone: _____ Cell phone: _____

Address: _____

Date Married: _____ Spouses Occupation: _____

If divorced or separated, reason for breakup: _____

What is the relationship with spouse or ex-spouse: _____

Do you have any children? _____ How many? _____ Name and ages: _____

Who will take care of your children while you are in LAATC? _____

Have you ever been sexually molested/abused? _____ By Whom? _____

How old were you? _____ How many times? _____

Have you ever had a homosexual/lesbian relationship? _____ How long? _____

How recent? _____

Are you eligible for and/or receiving welfare, unemployment, disability payments, workman's compensations or any other income? _____ If so, what? _____

Have you ever applied for or received food stamps? _____ Where? _____

Do you receive alimony payments? _____ Child support? _____

Do you expect any kind of personal support to come to you while in LAATC from parents, church, family, etc.? _____

Do you pay alimony? _____ \$ _____ Child support? _____ \$ _____

Do you have any outstanding debts? _____ Explain: _____

Does your spouse (ex) agree to stop your child support or alimony payments while in treatment? _____ If so, has she signed the child support release form releasing you from payment? _____

WORK EXPERIENCES:

What skills/trades do you have? Please Circle: carpentry, plumbing, electrical, masonry, electronics, computer programming, typing, printing, nursing, general mechanics, specialized mechanics, auto body, auto detailing, retail sales, cashier, culinary, horticulture, **Other**: _____

When was the last time you held a job? _____ What type of job was it? _____

How many jobs have you had in the past two years? _____

What has been the average length of time on these jobs? _____

What was the reason you left these jobs? _____

Have you ever been in the military? _____ If so, what branch? _____

What were your job duties? _____

EDUCATION:

Highest grade level completed? _____ Graduated _____ GED? _____

College grad? _____ Courses/Major: _____

Have you ever had a learning disability? _____ If so, what? _____

Are you interested in furthering your education? _____

LEGAL:

Are you on probation or parole? _____ Name of Officer: _____

Address: _____ Phone: _____

Are you legally mandated to participate in a drug treatment program? _____

If yes, by whom? _____ Parole board _____ Court _____ Other _____

Method of reporting: ___phone ___letter ___ in person ___ other: _____

Do you have pending charges? _____ Parish: _____

Nature of charges? _____

Lawyer's Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Do you have any pending court dates? _____ If so, when? _____

List all arrest and convictions:

Date:	Charge:	Convicted?	Sentence:	Jail time:	Drugs/Alcohol involved:
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Have you ever been in jail, correctional institution or prison? If so:

Date:

Institution:

HEALTH: Part B (Staff – Place these four medical pages in “red” medical file.)

Applicant Name: _____

Sex: ___ Male ___ Female Date of Birth ___/___/___ Age: _____ Height: _____

Weight: _____ Blood type: _____ Nationality: _____ Married? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

What is your blood type? _____

How would you rate your current health? _____ good _____ fair _____ poor

Do you feel you have any medical problems? _____

Do you have any physical disabilities? _____

Are you presently receiving medical care? _____ For what? _____

Describe any illness, injury, symptom or medical care that you are currently experiencing or being treated for: _____

Are you presently on any medication? _____ What are you taking? _____

Do you have any special diet requirements? _____ What? _____

Do you have any physical ailments that would keep you from manual labor or sitting for a long time? _____ Explain: _____

Do you have any allergies?

List any food or medications you might react to: _____

Have you had or do you have any of the following:

Date & Treatment:

Hepatitis	Yes / No	_____
Epilepsy or Seizure	Yes / No	_____
TB	Yes / No	_____
Diabetes	Yes / No	_____
Ulcer	Yes / No	_____
Abscess	Yes / No	_____
Venereal Disease	Yes / No	_____
Asthma	Yes / No	_____
Arthritis	Yes / No	_____
High Blood Pressure	Yes / No	_____
Back Problems	Yes / No	_____
Surgery	Yes / No	_____
Broken bones	Yes / No	_____

Do you wear prescription glasses? Yes _____ no _____ When were your eyes last examined? _____ What were the results? _____

When was your last dental examine? _____ Are you currently experiencing problems with your teeth? _____yes _____ no If yes, explain: _____

If you entered our program, what provisions would be made for the following expenses?
Medical: _____
Dental: _____
Vision: _____

Insurance Information: Please list your health insurance coverage if any.
Health Policy #: _____
Company: _____
Address: _____

HAVE YOU EVER EXPERIENCED OR PRESENTLY HAVE A PHYSICAL AILMENT, INJURY, HANDICAP OR MEDICAL PROBLEM THAT WOULD PREVENT YOU FROM PERFORMING MANUALWORK RELATED TASKS WHILE ENROLLED IN ANY LAATC ? _____YES _____NO IF YES, EXPLAIN _____

(use back of page if additional space is required)

Personality & Mental Health History:

Is it easy for you to express you feelings? _____yes _____no _____ sometimes

Do you enjoy being around people? _____ Or would you rather be alone? _____

Has a family member or someone closes to you ever attempted or committed suicide? _____ If yes, please explain: _____

Have you ever thought about suicide? _____ Have you ever attempted suicide? _____ if yes, please explain: _____

Have you ever received mental health treatment not related to drug or alcohol use? _____ If yes list:
Date: _____ Name of Clinic: _____ Reason & Outcome: _____
Date: _____ Name of Clinic: _____ Reason & Outcome: _____

(use back of page if additional space is needed)

Would you as a student of our program, be willing to authorize doctors or agencies involved in previous treatment to release the above mentioned confidential information to LAATC ? ____ Yes ____ No

What age did you start using drugs? _____ What was the reason you started? _____

Which drug caused you the most problems? _____

Do you have any feeling why you continue to use drugs? _____

Have you ever been drunk or high for several days? _____

How many of your present friends use drugs or alcohol? _____

Does any member of your family have a drug or alcohol problem? _____

When using drugs/alcohol were you generally: ____ Alone ____ w/friends ____ w/family

How many times have you stopped using? _____ Longest time clean? _____

What was your motivation to stop? _____

Why did you return to using? _____

I depend on drugs because? _____

Why do you want to enter the LAATC program at this time? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Want to get right with God | <input type="checkbox"/> Want to get off drugs |
| <input type="checkbox"/> Want to avoid criminal activity | <input type="checkbox"/> Want to avoid arrest |
| <input type="checkbox"/> Want to improve physical health | <input type="checkbox"/> Want to improve mental health |
| <input type="checkbox"/> Want to get public assistance | <input type="checkbox"/> Forced by the courts |
| <input type="checkbox"/> Pressured by family & friends' | <input type="checkbox"/> Could not support my habit |
| <input type="checkbox"/> Get off alcohol | <input type="checkbox"/> Disgusted with my lifestyle |
| <input type="checkbox"/> Want to be self-supporting and not depend on family for support | |
| <input type="checkbox"/> Other: _____ | |

If you stopped using drugs or alcohol, do you believe your life would be:

____ Substantially improved ____ Somewhat improved ____ Unchanged ____ Worsened

What & when was the last time you used? _____

Drug Use History:

Drug Used	Age	Date/Year	How Often	I.V.	Orally	Smoke
Alcohol						
Barbiturates						
Amphetamines						
Heroin						
Cocaine						
Crack						
Hallucinogens						
Codeine						
Inhalants						
Marijuana						
Tobacco						
Synthetic Drugs						



HEALTH: Females Only:

Are you pregnant? _____ If yes, when are you due? _____
 Is there a possibility you are pregnant? _____ Explain: _____

Are you under a doctor's care for this pregnancy? _____ Dr. Name _____
 Address: _____ Phone: _____

Have you used drugs/alcohol/nicotine during this pregnancy? _____ Name what you have used: _____

Are there any known health problems with this pregnancy? _____

Do you intend on keeping your baby? _____
 List number of pregnancies: _____ # full term _____ # of miscarriages: _____

When was your last pregnancy? _____
 Have you ever had an abortion? _____ When? _____

Have you ever been sexually abused? _____
 Have you ever been involved with prostitution? _____ How long? _____

Do you have normal menstrual cycles? _____ Yes _____ No If no, please explain: _____

Do you have bleeding between periods (please explain)? _____

Have you experienced menopause (change of life)? _____ Yes _____ No When? _____

Have you ever experienced an eating disorder, for example anorexia, bulimia, etc.? _____
 _____ Yes _____ No If yes, please explain in detail, include treatment received for the problem _____

PARENTAL & FAMILY HISTORY:

Mother's Name: _____ Phone: _____
Work/cell

Address: _____ Phone: _____

Father's Name: _____ Phone: _____
Work/cell

Address: _____ Phone: _____

What is your current relationship with your parents? _____

When did you last live at home? _____ Last time saw them? _____

Where you adopted? _____ Were you raised by anyone besides your parents?
_____ If so, who? (relationship) _____

Parent's marital status? _____

How many brothers do you have? _____ Sisters? _____ What is your relationship
with them? _____

SPIRITUAL:

Have you ever committed your life to God? _____ If yes, date & place: _____

What are the circumstances that led to this? _____

How many times have you backslid? _____

Denominational background: _____

How often do you attend church? _____ Which church? _____

Are you a member of any church or religion? _____ Which? _____

Do you believe in God? _____ Do you want to? _____

Do you or have you read other religion books other than the Bible? _____ Which
ones? _____

Have you ever been involved in the occult? _____ List occult involvement: _____

Explain your need of God: _____

THE PROBLEM:

What is your main problem, as you see it in your life _____

What have you done about it? _____

What is your greatest need in order of priority? _____

Do you believe you have any serious problems? _____ Explain: _____

Do you believe that other people (family, probation officer, etc.) feel that you have any serious problems? _____ Explain: _____

Have you ever been in a treatment center? _____ Where & When? _____

Are you presently or have you ever received treatment for psychological problems? _____

Explain: _____

Have you ever been in a LAATC program? _____ Where? _____

When? _____ Why did you leave? _____

Why do you wish to be admitted to the LAATC program? _____

What are you expecting (believing) God to do in your life through the LAATC program?

What would you like to do after completing the program? _____

Please list any information that you think we may need to know: _____

I, _____, do fully acknowledge that the information provided herein is accurate and is true to the best of my knowledge, and I fully understand that if any information in this application is false it could cause disqualification from admittance into the program, whether I am just entering or in the program.

Student Applicant's Signature

Date

IF THIS APPLICATION FORM HAS BEEN COMPLETED OR FILLED OUT BY ANYONE, OTHER THAN STUDENT APPLICANT, PLEASE PROVIDE THE FOLLOWING:

1. Name of person filling out and completing application form: _____

Relationship to applicant: _____ Date: _____

Explain why student applicant was unable to fill out or complete the enclosed application form: _____

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

WITHDRAWAL FROM SUBSTANCE ABUSE ADDICTION

I, _____, understand that Louisiana Adult & Teen Challenge (LAATC) is a drug and alcohol and tobacco free residential care center, and do hereby agree to enter the program with the understanding that withdrawal from substance dependence or addiction will be accomplished without medication or tobacco.

Student Applicant's Signature

Date

Signature of Staff Witness

Date

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

STATEMENT OF STUDENT RIGHTS

1. You will be fully informed upon admission of your rights, responsibilities and limitation of those rights imposed by the agreements of LAATC.
2. You may voice grievances to your group leader, counselor, to the Director and Executive Director, and to outside representatives 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 verbal report to the director or designee.
3. You will be treated with consideration, respect, and full recognition of your dignity and individuality.
4. You will be protected by your leaders at LAATC from neglect; from physical, verbal and emotional abuse (including corporal punishment); and from all forms of exploitation.
5. LAATC will assist you in the exercise of your civil rights.
6. You will not be expected to perform services which are ordinarily performed by the Staff at LAATC.
7. You will be allowed to send personal mail unopened. Mail and packages received will be opened in the presence of a staff member.
8. You will participate in the development of the treatment plan for your growth while here at LAATC. You will also receive sufficient information about proposed and alternative interventions and program goals.
9. You will participate in all scheduled activities including class, chapel, church, work and recreation.
10. You will have free use of designated areas in the facility. Consideration will be given regarding privacy, personal possessions and the rights of others.
11. You will be provided privacy and freedom for the use of the bathrooms.

12. Your personal items are subject to approval by the guidelines of LAATC.
13. You will be allowed visits at designated times and places under supervision.
14. Upon admission, you will be allowed to fill out a mailing list of those people you desire to communicate with, which is subject to approval by the Dean of Students.
15. Any alleged incident of child abuse shall be handled in accordance with federal, State and local laws. There is mandatory reporting of all alleged abuse.
16. You have the right to a humane and safe environment, free from abuse, neglect, and exploitation. You shall not be detained against your legal consenters' will. You shall be granted dignity and personal privacy to the extent possible consistent to the staff supervisor's concerns.

Signature of Student

Date

Signature of Staff Witness

Date

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

CONFIDENTIALITY OF LAATC RECORDS

Notice to Students

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

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by Federal law 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 or drug abuse *Unless*:

- (1) The student consents in writing;
- (2) The disclosure is allowed by a court order, or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal 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 or local authorities.

I warrant that I have read the above notice prior to its execution, and that I am fully familiar with the contents thereof.

Dated this _____ day of _____ 20_____.

Signature of Student

Signature of Staff Witness

LAATC Student Application

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

CIVIL RIGHTS WAIVER ACKNOWLEDGEMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. LAATC is an evangelical Christian discipleship ministry for people with life controlling problems. As such, I realize and submit to the ministry’s expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problem, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I full understand my rights and what I am waiving.

_____	_____
Signature of Student	Date
_____	_____
Signature of Staff Witness	Date

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

**AUTHORIZATION TO USE/DISCLOSE PROTECTED CONFIDENTIAL
INFORMATION FOR MARKETING,
PUBLIC RELATIONS AND EXTERNAL COMMUNICATIONS**

I _____ hereby authorize *Greater New Orleans Teen Challenge, Inc., Louisiana Teen Challenge (LAATC)* Christian growth and discipleship ministry and its sublicensees, affiliates, assigns, and legal representatives to use and/or disclose protected information including my recovery story for promotional, inspirational, educational and/or informational purposes including (a) on (LAATC) and its affiliated organization's websites, print and electronic media, (b) to the public, local, state and national government officials; (c) to reporters for local, state and national media publications, including newspapers, magazines and on-line media; and to reporters for local, state and national television broadcast stations.

I specifically authorize the use and/or disclosure of the following protected information: My name, details about my addiction, recovery and my story, my appearance on camera, in still photos or video footage for use in publications (print or electronic), web sites, audio, video, television commercial, advertising or film.

I consent to (LAATC) recording of my voice, name, likeness, image, appearance, performance or story (all referred to as "Images") by (LAATC). I agree that the recording may be created in any form, including, but not limited to, photography, video recording, and digital recording and may be transferred to or duplicated using any form of media now known or later developed, including, but not limited to, digital imaging, computer media file, videotape, film, slides, photographs and audio tapes. I agree that (LAATC) has the full right to produce, use, copy, distribute, exhibit and transmit Images, including, without limitation, the right to edit, mix or duplicate and to use or re-use Images in whole or part as (LAATC) may elect. I agree that any Images provided by Me or recorded of Me become the sole and exclusive property of (LAATC) in perpetuity and that (LAATC) shall, in its sole discretion, decide if, when, and how Images are to be used. I release (LAATC) from any and all claims I might otherwise have to control my Images including, but not limited to, claims based on a violation of the right to privacy or right to publicity, defamation, or claims to royalties or compensation of any kind. I agree that this Agreement is binding on Me and anyone who may have rights through Me, including, but not limited to, my 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 (LAATC).

I understand that:

- 1. I may refuse to sign this authorization and that it is strictly voluntary.**
- 3. I may revoke this authorization at any time in writing, but if I do, it will not have an effect on any actions taken prior to receiving the revocation (i.e. (LAATC) cannot recall Images once they are in the public domain). Further details may be found in the (LAATC) Notice of Privacy Practices.**
- 4. Once released the information may be re-disclosed and no longer protected under federal or state confidentiality law.**
- 5. 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.**
- 6. I may have a copy of this form after I sign it.**

This authorization will expire ten (10) years after the date below unless I earlier revoke this authorization as provided above.

Student signature _____

Date: _____

Witness signature _____

Date: _____

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

DISCLOSURE WITH STUDENT'S CONSENT

I, _____, give LAATC authorization to disclose: (kind & amount of information to be disclosed, Ex: you are in the program, how long, etc.)

Disclosure shall be made to: (names of people, company): _____

For the purpose of: _____

Signature of Student

Date

Signature of Staff Witness

Date

This statement of consent is subject to revocation by the student at any time except to the extent that the ministry or person who is to make the disclosure has already acted in reliance on it.

This consent expires: _____

DISCLOSEE 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 of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 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.

LAATC does not maintain "patients", but uses this word because it is required by law. As an evangelical Christian discipleship ministry, LAATC residents are "students" not patients, some of whom are dealing with the life controlling problem of substance abuse.

ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033

DAMAGE TO PROPERTY

Students residing at any LAATC location are required to participate in daily work therapy activities. These activities are varied and may include anything from auto repair to lawn moving. Many of these activities require that students use LAATC tools and equipment such as rakes, lawnmowers, and gas trimmers. LAATC IS aware of the fact that these tools will suffer wear and sometimes even come to the end of their useful life span. However, students caught mistreating tools, equipment or vehicles will be subject to disciplinary action, and will be required to reimburse LAATC for any damage caused due to misuse. Tools or equipment needing replacement because of a student's misuse will be done so at full cost to the student.

I agree with the policy set forth above by LAATC and agree to abide by it.

Student Signature

Student Print Name

Date

Staff Signature

Staff Print Name

Date

**ADMISSIONS
LOUISIANA ADULT & TEEN CHALLENGE (LAATC)
P.O. Box 73681
Metairie, LA 70033**

STATEMENT OF RESPONSIBILITY FOR LIABILITY

NOTICE:

It is hereby understood that Greater New Orleans Teen Challenge, Inc. (also dba: Louisiana Adult & Teen Challenge (LAATC) & its other trademarks) cannot and will not be held responsible for any personal property, life, lost or stolen from the premises of the Center.

It is further understood that Greater New Orleans Teen Challenge, Inc. (also dba: Louisiana Adult & Teen Challenge & its other trademarks) cannot and will not be held responsible for any injury occurring to anyone while in our program.

Any money you bring into the program or any money you acquire while in the program (from family & friends) during the Induction Phase will be held in the office. You may draw on the account whenever the need arises.

Upon entering and during your stay as a student of the LAATC program, the staff have the 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 HAVE READ THE RULES AND REGULATIONS OF LAATC AND, WITH FULL UNDERSTANDING AGREE TO COOPERATE WITH THEM. I ALSO UNDERSTAND AND AGREE THAT IF I BREAK ANY OF THE RULES, I WILL BE SUBJECT TO DISMISSAL OR LOSS OF PRIVILEGES.

Signature of Student

Date

Signature of Staff/Witness

Date

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
P.O. Box 73681
Metairie, LA 70033

CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration 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 resolved their dispute with one another within the Church 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 arises between them and 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. The undersigned parties agree that this 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 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.

Signature

Date

Witness: _____
Address: _____

Witness: _____
Address: _____

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
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MEDICAL TREATMENT POLICY

If the staff see it necessary to take the student to urgent care or the hospital, the student must go. If the student refuses to receive urgent care or emergency hospitalization treatment when we feel necessary, you can be dismissed. We, LAATC, and/or staff are also not obligated for the financial responsibilities of the patient.

Student Signature

Date

Staff Witness

Date

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
P.O. Box 73681
Metairie, LA 70033

DAILY STUDENT LIFE

Students in Louisiana Adult & Teen Challenge have a regimented daily schedule. From wake up until lights out, students' days consist of both classroom time and time working productively with their hands. A typical day in the life of a student is divided between morning classroom studies and evening work detail. During certain seasons, however, when planting and other activities are sensitive to time constraints, class time may be interrupted for blocks of time to give extra attention to work detail. Because Louisiana Adult & Teen Challenge offers to the student its program for only a nominal induction fee, we will often do our best to take advantage of fund raising opportunities as they arise. These activities may also be time sensitive and require that students be removed from the classroom for certain blocks of time in order to dedicate themselves to the task at hand.

I agree with the policy set forth above by Louisiana Adult & Teen Challenge and agree to abide by it.

Student Signature

Date

Staff Witness

Date

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
P.O. Box 73681
Metairie, LA 70033

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT
REGARDING WORK THERAPY ASSIGNMENTS**

Statement of Student

1. I understand that if I am admitted to LAATC as a student I will be required to participate in the LAATC Work Therapy Program.
2. I acknowledge that I have read and fully agree with LAATC description of its Work Experience Program; which addresses 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.
3. I understand that if I am admitted to LAATC as a student I will be performing work assignments not as an employee, but solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.
4. I further understand that under no circumstances can LAATC be under any obligation to me; and 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 LAATC, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
6. I further understand that if I fail to perform any assigned work-related tasks, LAATC may revoke my status and privileges as a student. Because performance of work assignments are a consideration for the receipt of such status and benefits, as each student's participation in the Work Therapy Program is a necessary and vital part of the restoration process.

Student Signature

Student Name Print

Date

LAATC Staff Signature

LAATC Staff Name Print

Date

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
P.O. Box 73681
Metairie, LA 70033

These are non-negotiable **Tenets of Faith** that we at Louisiana Adult & Teen Challenge adhere to:

We believe:

1. The scriptures are inspired by God
2. There is only one true God
3. In the deity of the Lord Jesus Christ
4. Man willingly fell to sin
5. Every person can have restored fellowship with God through salvation
6. Water Baptism by Immersion & Holy Communion
7. Baptism in the Holy Spirit is a special experience following salvation
8. The initial physical evidence of the Baptism in the Holy Spirit is "Speaking in Tongues"
9. Sanctification initially occurs at salvation
10. The Church has a mission
11. A divinely called and scripturally ordained leadership ministry serves the church
12. Divine healing of the sick is a privilege for Christians today
13. The Blessed Hope-When Jesus raptures his Church prior to his return to Earth
14. The Millennial Reign of Christ
15. A final judgment will take place
16. New Heavens and a New Earth

Student Signature

Witness

ADMISSIONS
Louisiana Adult & Teen Challenge (LAATC)
P.O. Box 73681
Metairie, LA 70033

FINANCIAL POLICY

LAATC has a *Seven Hundred & Fifty-Dollar Induction Fee. This induction fee is non-refundable after entering the program.* _____ (initial)

If there are arrangements made with my family to make payments for my induction fee/shirt fee, I will still be responsible to pay half of all personal monies that come in until the balance is paid in full. This is a non-negotiable policy.

The cost to run this facility breaks down to over sixteen hundred dollars per month per student.

We do not have a set monthly fee, if you (the student) have no means of support, savings, unemployment, social security, etc. However, any amount that could be given on a monthly basis would be appreciated. This would be considered a donation and thus would be tax-deductible.

Are you receiving a regular check (income)? ____Yes ____No

If yes, what check is it and what is the amount? _____

If you **DO** have means of support, then some amount (to be given monthly) will be worked out with the bookkeeper. **In the event the income is a regular government check, two thirds of it will come to the center.** The government gives this check for living expenses and since you are living here it is only fair that you help.

NON COMPLETION OF THE PROGRAM

In the event that you (the student) leave the program or get dismissed you will ***forfeit all monies in your account, including any induction fee*** and it will go towards the expenses incurred while you were with us. .

I fully understand these policies and agree to abide by them.

Signature of Student

Date

Signature of Staff Witness

Date