



Mn Adult & Teen Challenge

Thank you for your interest in **Minnesota Adult & Teen Challenge (MnTC), Adult Long Term Recovery Program**. Our program is designed to help those who are struggling with life-controlling chemical dependency issues and desire a faith-based approach to recovery.

To complete the admissions process you must complete the following steps:

- Complete the attached application and fax or mail or email admissions@mntc.org it in to the location to which you are applying.
- Secure funding by applying at your county of residence or notify admissions of self pay status.
 - Admissions can help you determine where your financial screening may be completed.

Minneapolis (Adult/Teen Programs)
Minnesota Adult & Teen Challenge
3231 1st Avenue South
Minneapolis, MN 55408
Direct: (612) 373-3366 #1
Fax: (612) 823-4913
Males & Females

Duluth (Adult Male Only)
Minnesota Adult & Teen Challenge
2 East Second Street
Duluth, MN 55802
Direct: 218-740-5510
Fax: 218-740-4330

Brainerd (Adult Male Only)
Minnesota Adult & Teen Challenge
2424 Business 371
Brainerd, MN 56401
Direct: (218) 833-8748
Fax: 218-833-8778

Rochester (Adult Male Only)
Mn Adult & Teen Challenge
1530 Assisi Drive NW
Rochester, MN 55901
Direct: (507) 288-3733
Fax: 855-545-2217

Upon receipt of your application, an admissions representative will contact you and begin processing your application. In processing applications a number of things are taken into consideration including: mental health, medical condition, past and present legal status, funding eligibility, and level of care required. The length of the application process can vary from one day to two weeks depending on the need for notes and funding confirmation.

MnTC is a voluntary program. Please carefully review all of the information in this packet to determine if our program is right for you. If not, please contact our admissions office to request a referral list of other programs.

It's important that your contact information is current. If you are submitting an application and have relocated please be sure to notify our admissions department of your current contact information. If you have a friend or family member assisting you in the application process, please complete the Release of Confidential Information form.

Important Applicant Information:

- Applicants who enroll into the long term recovery program will also be assessed for outpatient treatment services. If eligible for these services, it is required for the client to attend the afternoon programming and counseling services as part of their recovery program. Exceptions would be: the inability to procure funding or 12 months of continuous abstinence from drugs and alcohol.
- Applicants requiring detoxification must do so prior to entry.
- Applicants are strongly encouraged to enter the program with at least a 30 day supply of all currently prescribed medications (with the exclusion of prohibited medication) or an active prescription and open insurance coverage.
- A physical examination is required prior to admission for out of state residents.
 - Tests for HIV, STD's, Tuberculosis and Hepatitis are required as part of the physical exam.
- Mn applicants may be approved for admission prior to having a physical examination, provided they agree to have a physical immediately upon entering our program.
 - Tests for HIV, STD's, Tuberculosis and Hepatitis are required as part of the physical exam.

Please return only the Application, Voluntary Compliance with Faith Based Activities document, and Release of Information form to the admissions office. The other materials are for your records.

First Name: _____
Middle Name: _____
Last Name: _____

DOB: ____/____/____

Age: _____

Sex:
 Male
 Female

Current Address:

Street: _____
City: _____
State: _____ Zip: _____
Phone: _____ Email: _____

Height: _____ Weight: _____

Legal Resident Of:

State: _____
County: _____

Do You Have Any Relatives Or Friends Currently In Our Program? Yes No Who? _____

Have You Previously Been In Our Program? Yes No How Many Years Ago? _____

Marital Status: Single Married Divorced Engaged Separated

Citizenship: United States Other (If Other) Do you have a Green Card or verifying document? Yes No

Race: Native American Asian Black Hispanic Multi Racial White Other _____

Do You Read And Write English At A 5th Grade Level or Above: Yes No

Do You Have A High School Diploma? Yes No If No, Do You Have A GED? Yes No

I Mainly Need Help With: (Check All That Apply) Alcohol Addiction Drug Addiction Other: _____

Last date of use? _____ Substance used: _____

Do You Use Tobacco? Yes No (Tobacco use is not permitted at any time while enrolled in the program)

Have You Ever Been Treated For Chemical Addiction? Yes No How many times? _____

Prior Treatment Facility: (list the most recent treatment program you have been in)

Name of Facility: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Dates of Treatment: ____/____/____ to ____/____/____
Reason for Treatment: _____
Did you complete the program? Yes No

For Admission Use only:

In your own words, tell us why you want to come to Minnesota Adult & Teen Challenge and the main issues you believe you need to deal with while in the program: (Please **print** clearly)

PHYSICAL HEALTH

Please be advised that MnTC is NOT a Hospital Based Setting

If it is determined your needs exceed our care ability; you will be referred to a more suitable placement.

Medical History: (Check all that apply to your current and past conditions)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Gastric Bypass Surgery | <input type="checkbox"/> Polycystic Ovarian Syndrome |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Head Trauma/TBI | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Heart Attack/Stroke/Condition | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Crohns Disease | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> STI/STD |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |

Do you have any current medical concerns? If yes, please be specific: _____

Are you currently being treated by a doctor? Yes No

Primary Physician Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

For Admission Use Only:

Are you pregnant? Yes No Due Date: ____/____/____

Are you allergic to any medications? Yes No If Yes, what medications? _____

Are you being treated with prescribed narcotics/benzodiazepine/opiate/prohibited medications? Yes No

If Yes, what medications? _____

(Applicants on these types of medications or ingesting any of the above will need to complete the taper regimen prior to admission or switch to approved medications under doctor supervision.)

Non-Psychiatric Medications:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		

Special Needs:

- | | | |
|--|--|-------------|
| Do you have any type of disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Do you have any chronic conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Do you have any medical restrictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Do you have any other type of special needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Do you have any food or environmental allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |
| Do you require a special diet?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: _____ |

MnTC is NOT a hospital based setting; therefore, any special dietary accommodations or substitute meal requests are unable to be accommodated. Please speak to your admissions representative to discuss your needs.

MENTAL HEALTH

Mental Health History: (Check all that apply to your current and past conditions)

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Personality Disorder _____ |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Anti-Social Personality Disorder | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> PTSD/Trauma _____ |
| <input type="checkbox"/> Anxiety Disorder/Panic Attacks | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Homicidal Tendencies/Thoughts | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Narcissistic Personality Disorder | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Suicide Thoughts/Attempts |

Have you thought about, or attempted suicide in the past 3 months? Yes No If yes, how long ago: _____

Primary Psychiatrist/Psychologist Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

For Admission Use Only:

Mental Health Medications Currently Taking:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

FINANCIAL INFORMATION (to be used to help determine eligibility for financial assistance)

Are you presently employed? Yes No If yes: What is your monthly income? _____

Do you receive any other income (VA, Pension, Settlement, etc)? Yes No If yes: Monthly amount? _____

Do you have assets titled in your name (house, vehicles, land, trailer)? Yes No If yes: Is there an outstanding loan? Yes No If yes: Balance Due? _____ Co-Signer?: _____
If yes: Balance Due? _____ Co-Signer?: _____

Do you currently receive any government assistance Please circle (SSI, Disability, MA/GA, Other: _____)?

Do you have medical insurance? Yes No If yes, please provide the following information:

Insurance Provider: _____ Member ID Number: _____
Address: _____ Group Number: _____
City: _____ State: _____ Zip: _____ Provide Phone: () _____ - _____

Do you have a county case worker: Yes No If yes, please provide the following information:

Case Worker's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

LEGAL ISSUES

Are you currently on probation? Yes No State/County: _____
Are you currently on parole? Yes No State/County: _____
Do you currently have any court cases pending? Yes No State/County: _____
Are you currently under investigation for anything? Yes No State/County: _____
Do you currently have any outstanding warrants? Yes No State/County: _____

Have you ever been convicted of a violent crime? Yes No If yes, please list each conviction and date:

Have you ever been convicted of a sex related crime: Yes No If yes, please list each conviction and date:

Are you currently facing charges for a violent or sex related crime? Yes No If yes, please describe fully:

Are you required to register as a sexual or predatory offender? Yes No
If yes, what Level? 1 2 3 Are you required to "Notify the Community" or police department? (please circle)

Probation Officer's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

Attorney's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

EMERGENCY CONTACTS

Primary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____ Email: _____

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, I may be discharged from the Minnesota Adult & Teen Challenge program. Furthermore, I understand that Minnesota Adult & Teen Challenge is a Christian, faith-based program and that I have made a free and independent choice to enroll. I understand that other program options are available to me and I have had an opportunity to request a referral.

Please initial indicating that you have received, read and agree to abide by the following documents:

- _____ Program Policies and General Information
- _____ Prohibited Medication
- _____ Break Policy
- _____ Room and Board Fee Information

Applicant's Signature Date

Voluntary Compliance with Faith Based Activities

Minnesota Adult & Teen Challenge's Long-Term Program is a faith-based program that is based upon Christian principles and practices. As such, Minnesota Adult & Teen Challenge is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it. If you do not want to participate in this program and follow the requirements listed below, please contact our admissions department and we will provide a referral list of other programs that may better meet your needs.

Please read each item carefully and initial your acceptance to each program requirement.

Upon admittance to Minnesota Adult & Teen Challenge, I agree to the following:

- _____ I will participate in daily devotions, Bible reading, and prayer.
- _____ I will participate in the Teen Challenge choir which performs Christian songs at weekly church services and special events.
- _____ I will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles.
- _____ I will attend church services when scheduled.
- _____ If offered the opportunity to partake in communion or water baptism participation is voluntary.
- _____ If I object to the religious nature of this program and its requirements, I will notify my Program Manager and receive a referral to another program of my choosing.

My signature below indicates that I have carefully considered the Christian nature of the program and have made a free and independent choice to participate in the Minnesota Adult & Teen Challenge program. I also acknowledge that I have been given the opportunity to ask for a referral list of other faith-based and secular programs.

Applicant's Signature

___/___/___
Date

(THIS PAGE MUST BE RETURNED WITH THE APPLICATION)

Minnesota Adult & Teen Challenge Authorization to Release & Disclose Client Information

Instruction: If any section is incomplete this form may be invalid and the request may not be processed.

Client Information	Name: _____ Date of Birth: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____
Health Care Provider/ Individual: "Disclosing Party" (Who has the information you want released) Be specific.	<input type="checkbox"/> MnTC Mpls: 1619 Portland Ave. S., Mpls., MN 55404 Attention: _____ <input type="checkbox"/> MnTC Brainerd: 2424 Business 371, Brainerd, MN 56401 Attention: _____ <input type="checkbox"/> MnTC Duluth: 2 East Second St., Duluth, MN 55802 Attention: _____ <input type="checkbox"/> MnTC Rochester: 1530 Assisi Dr NW, Rochester, MN 55901 Attention: _____ <input type="checkbox"/> Other: Facility/Name: _____ Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Receiving Party: (Where do you want the information sent?) Be specific.	<input type="checkbox"/> MnTC Mpls, 1619 Portland Ave. S., Mpls., MN 55404 Attention: _____ <input type="checkbox"/> MnTC Brainerd, 2424 Business 371, Brainerd, MN 56401 Attention: _____ <input type="checkbox"/> MnTC Duluth, 2 East Second St., Duluth, MN 55802 Attention: _____ <input type="checkbox"/> MnTC Rochester: 1530 Assisi Dr NW, Rochester, MN 55901 Attention: _____ <input type="checkbox"/> Other: Facility/Name: _____ Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Information to be Released: (What do you want sent or released?)	<input type="checkbox"/> Any and All Records (including those specified below) <input type="checkbox"/> I authorize the Disclosing Party and Receiving Party to exchange information necessary for my ongoing treatment, coordination of care and/or for payment purposes. (Check if Applicable) <u>Only Records Checked Below:</u> <input type="checkbox"/> Discharge Summary/Notes <input type="checkbox"/> Personal* <input type="checkbox"/> Progress/Clinic Notes <input type="checkbox"/> Legal* <input type="checkbox"/> Medical History/Physical Exam <input type="checkbox"/> Financial Records <input type="checkbox"/> Mental Health Records <input type="checkbox"/> Rule 25 <input type="checkbox"/> Chemical Dependency/Substance Abuse Records <input type="checkbox"/> Other (<i>Specify</i>): _____ <u>Optional Limits: Disclose Records Only Related to the Following:</u> <input type="checkbox"/> Date(s) of Service: _____ <input type="checkbox"/> Injury or Illness: _____
Release Instructions: (How and When do you want the information?)	Date the information is needed (please allow 7-10 days for processing): _____ Release Method format requested: (check one) <input type="checkbox"/> Paper <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Verbal <input type="checkbox"/> Other (<i>specify</i>): _____
Purpose of Release: (Why is the information needed?)	<input type="checkbox"/> Treatment/Continued Care <input type="checkbox"/> Personal* <input type="checkbox"/> Progress Notes <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Financial/Insurance <input type="checkbox"/> Legal* <input type="checkbox"/> Other (<i>Specify</i>): _____ *Fees may be charged in accordance with MN Statute 144.292 and Federal Rule 45 C.F.R. §164.524
<p>I agree that: (i) this Authorization is effective for one year from the date I sign below (or such later expiration date as provided here: _____ unless earlier revoked); (ii) my information may include information relating to sexually transmitted diseases, sickle cell anemia, AIDS, HIV, behavioral or mental health services and treatment for alcohol and drug abuse; (iii) I can revoke this Authorization, in writing, at any time, but my revocation will not apply to any information to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer; (iv) I can send a request for revocation or questions about disclosures to the Medical Record Department at the MnTC address listed above; (v) once my information is disclosed it may be re-disclosed and not be protected by federal privacy rules, and the facility cannot prevent the re-disclosure; (vi) I can refuse to sign this Authorization and still be assured treatment; (vii) I may inspect or copy the information to be used or disclosed, as provided in 45 C.F.R. §164.524; (viii) a photocopy/fax of this Authorization will be treated in the same manner as the original; and (ix) MnTC records may include records that it received from other organizations. If these records have been used by MnTC and filed in the record MnTC maintains about me, these records may be released with my MnTC records. By signing below I acknowledge that I have read and understand this form, and authorize release of the information as described above.</p>	

Client Signature

Date

Parent/Legal Guardian Signature (when applicable)

Date

Authority: Parent Legal Guardian Personal Rep (*specify*): _____ Print Name: _____

The information disclosed pursuant to this Authorization includes records protected by Federal confidentiality rules (42 C.F.R. 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 C.F.R 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.

Program Policies & General Information

The Minnesota Adult & Teen Challenge (MnTC) Long-term program is a faith-based residential recovery program. It consists of at least 13 months of instruction using a spiritual education model. The program assists individuals in permanently recovering from drug and alcohol abuse and the life-controlling problems associated with it.

MnTC does not discriminate on the basis of race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance, sexual orientation, family status, or disability in the administration of its educational, admission, or program policies or procedures.

Applicants must be committed to complete the entire program to be eligible for admission. Program participants (residents) are required to participate in daily devotions, chapel, individual counseling, choir and classes. Daily assignments are a program requirement. **Residents who do not keep up with their daily assignments and those who fail to demonstrate satisfactory growth may be required to stay in the program beyond the 13 month period in order to graduate.**

Each resident will have access to our “Client Manual” which covers the policies of the program. MnTC reserves the right to make changes in policy whenever necessary. When a change in policy occurs, residents and staff will be notified and the “Client Manual” will be updated to reflect the change. Highlighted below are some basic requirements/guidelines all MnTC residents are expected to adhere to while in the program. This is not a complete list of rules, but will serve as a basic example of what will be expected:

Daily Schedule

Residents are required to participate in all daily scheduled programming and activities, with the exception of optional recreational activities. Although not every week day is scheduled the same, and schedules vary from program to program, residents can expect a typical weekday to include:

- Chapel/Devotions
- Class time
- Personal study time
- Chores

In addition to this schedule residents are expected to participate in group choir rehearsal and Wednesday evening church groups at different churches in the local community.

Saturday’s are less structured and include time in the afternoon for visits from approved family and friends as well as passes for upper level residents.

Communication

One Week Limited Communication Period

After admission to the program, for the first week clients will not be allowed to communicate (phone calls, letters, visits etc.) with anyone other than clergy, legal officials (county caseworker, attorney, and parole/probation officer), or in the case of family emergencies. The only exceptions to this are teen clients who will be allowed to communicate with their parents/guardians and parents who will be allowed to communicate with their minor children. The reason for this is to help the client settle into a daily routine in the program and to prevent the passing of contraband during this critical period. Exceptions to this rule must be approved by the client’s Program Manager and/or Program Director.

Correspondence List

Communication by phone and mail is limited to those individuals whose names are listed on the client’s correspondence list. When clients enter the program they will be asked to submit a Correspondence List of individuals with whom they would like to communicate. The Program Manager will review the list and approve those who are believed to be beneficial in motivating and encouraging the client to complete the program. Individuals who may hinder the progress of the client will be disapproved.

Phone calls

Clients are not permitted to receive incoming calls except in extreme emergencies. The length of outgoing phone calls allowed is based on the client’s level in the program. Privileges increase with advancement to each new level. Staff will observe Level 1 clients dialing phone numbers. Long distance calls are to be made with clients’ calling cards.

Male Appearance & Dress Code

Males: The standards for dress are modest, conservative, neat and clean. Pants must be worn above the hips, supported with a belt or suspenders, and may not be excessively baggy. Shorts are to be no shorter than a credit card (lengthwise) above the knee. Hats and sunglasses may only be worn outside, and are to be removed upon entering a building. Shoes or sandals are required for all activities except sleeping and showering. No clothing may be worn that promotes secular groups or messages not consistent with MnTC values. If there are questions regarding this policy, the client should be directed to their Program Manager.

- **Hair:** Hair is to be neat, clean and must not bring unusual attention to the individual. Hair color is to be consistent with a natural/normal hair color.
- **Jewelry:** Jewelry must be conservative and may not draw undue attention to the individual. Chains are not permitted. Male clients may not wear jewelry in any body piercing including ears. Only one necklace may be worn at a time. Only one ring per hand may be worn. Clients are strongly encouraged to leave expensive jewelry and other valuable items with family or friends. Minnesota Adult & Teen Challenge does not accept responsibility for lost, damaged, or stolen items.
- **Colognes:** Any product containing alcohol is not permitted. This would include colognes and other hygiene items. If alcohol is not a main ingredient, certain hygiene items may be approved by the program manager or director, such as: shampoo, conditioner, or lotions. Non-alcoholic colognes and fragrant soap are permitted when used in moderation. Others may have a high sensitivity to fragrances, therefore clients are asked to be mindful of the amount of these products they use. If these products are not being used in moderation, the client may be asked to reduce or discontinue the use of these products.

There are 4 general classifications of dress at Minnesota Adult & Teen Challenge. The appropriate appearance standards for male activities are:

Males Choir Attire

- To be worn at choir singing engagements.
- White shirt, tie, dark blue or black dress trousers, dark colored socks and dress shoes.
- Dark blue/black sport coat or suit jacket may be required at staff's discretion.

Males Class/Chapel/Church Attire

- To be worn during classes, and whenever deemed appropriate by staff.
- Shirt, sweater, casual slacks, jeans or shorts. No skinny or tight jeans are allowed. May wear dress shoes, casual shoes or athletic shoes unless otherwise directed.

Males Recreational/Leisure Attire

- To be worn during recreational sport activities and free time in the facility.
- May wear sweat suits, T-shirts (including sleeveless), gym trunks or shorts. Shirts are required at all times. Sleeveless shirts should not be worn off the floor during business hours (8AM-5PM).

Males Work Attire

- Dress appropriate for the type of work being done. If unsure as to what is appropriate, the client should ask staff on duty. Closed toed shoes may be required.

Female Appearance & Dress Code

Females: The standards for dress are modest, conservative, neat and clean. Shoes are required for all activities except sleeping and showering; shoelaces are to be tied at all times. No clothing may be worn that promotes secular groups or messages that are not consistent with MnTC values. Pajamas are not allowed to be worn outside the floor or living area. Sunglasses and hats may only be worn outside and are to be removed upon entering the building. If there are questions regarding this policy, the client should be directed to their Program Manager.

- **Hair:** Hair is to be neat, clean and must not bring unusual attention to the individual. Hair color is to be consistent with a natural/normal hair color.
- **Jewelry:** Jewelry must be conservative and may not draw undue attention to the individual. Chains are not permitted. Clients may not wear jewelry in any body piercing except ears. Clients are not permitted to get new piercings or tattoos while enrolled in the program. Clients are strongly encouraged to leave expensive jewelry and other valuable items with family or friends. Minnesota Adult & Teen Challenge does not accept responsibility for lost, damaged, or stolen items.
- **Make-up:** Make-up must be applied conservatively and may not draw unusual attention to the individual.
- **Perfume/Cologne:** Any product containing alcohol is not permitted. This would include perfumes, colognes, and other hygiene items. If alcohol is not a main ingredient, certain hygiene items may be approved by the program manager or director, such as: shampoo, conditioner, or lotions. Non-alcoholic perfumes, colognes, and fragrant soap are permitted when used in moderation. Others may have a high sensitivity to fragrances, therefore clients are asked to be mindful of the amount of these products they use. If these products are not being used in moderation, the client may be asked to reduce or discontinue the use of these products.

There are 4 general classifications of dress at Minnesota Adult & Teen Challenge. The appropriate appearance standards for female activities are:

Female Choir Attire

- To be worn at choir singing engagements.
- Solid white, collared, button-up, long sleeve blouse; undergarments that will not show through blouse (bra, slip or camisole); black dress pants; and black dress shoes. Shoes must have a back strap on them and heels cannot be more than 2 inches tall.
- Black lipstick is not permitted.

Female Class/Chapel/Church Attire

- To be worn during classes, and whenever deemed appropriate by staff.
- Shirts, blouses, casual slacks, skirts, dresses, dress jeans, or shorts. Tank tops can only be worn with an appropriate shirt over it, or have a 3 inch wide strap. No skinny or tight jeans.
- Clothing must not be torn, have holes or be patched.
- Clothing cannot be tight, revealing (no bra straps or cleavage), or excessively baggy.
- Skirts and dresses are to be knee length or longer, and slits no higher than knee length.
- Shorts are to be no shorter than a credit card (lengthwise) above the knee.
- Hats, bandanas or do-rags are **not** allowed during this time.
- Shoes: heels cannot be more than 2 inches tall.
- Any pants or jeans worn must be able to have one inch (two inches total) of fabric pinched without stretching to meet tightness requirements. This will be measured at mid-thigh on the front side of the leg.

Female Recreational/Leisure Attire

- To be worn during P.E. class, recreational sports and activities.
- Sweat suits, T-shirts, gym trunks or shorts. – no spandex workout clothing is allowed.
- One-piece bathing suits may be worn for swimming.
- Pants with words on the behind are not approved at any time.
- Bandanas covering the whole head can only be worn during free time.

Female Work Attire

- Dress appropriate for the type of work being done. If unsure as to what is appropriate, the client should ask staff on duty. Closed toed shoes may be required.

Approved Packing List

Due to space limitations residents may only bring two disposable bags worth of belongings.

The following is a suggested list of items to pack whenever possible. If the new client does not have the suggested item(s) OR does not have the means to purchase them, many of these suggested item(s) may be provided at no cost.

- Toiletries: soap, brush/comb, toothbrush/paste, shampoo/conditioner, deodorant, **electric** razor (women only), blow dryer. *Females:* makeup, sanitary items, etc.
- Clothing: See dress code on previous page. Winter/rain/light jacket, gloves, underwear, socks, shoes/boots, etc.
- Linens: blanket, pillow case, twin sheets, towel/washcloth(s) – please label.
- Approved Medications: 30 day supply of all prescription medications (excluding prohibited medication), non-prescription medications. All must be in original container. Up to 3 OTC supplements in original container. Females enrolling at Grace Manor must have OTC medications labeled by the pharmacy.
- Misc.: Bible, devotional, envelopes/stamps, umbrella, new clock radio & fan in package, long distance calling card as applicable, personal momentos, writing utensils, spiral note book, etc.
- Approved Snacks: individually wrapped healthy snacks (granola bars, microwave popcorn, shelled nuts, non-perishable food items.) Must fit into a shoe box size container.
- Photo ID, Social Security Card, Insurance Card
- Birth Certificate only as requested by the admissions representative.
- Social Security/Disability Income Statement or verifying mail as requested by admissions representative.
- **If you desire to pack items that are not on this list, please refrain from doing so prior to admission.**
 - This will allow you to see your living quarters, obtain approval from your Program Manager and avoid the need to send items home with your ride or via mail.

Prohibited Personal Belongings

Storage space for personal items is limited so residents will only be allowed to bring **(2) plastic disposable bags worth of belongings.**

Suitcases are not allowed for safety reasons. In addition to the two bags limit residents may not bring any of the following items. If they do, they will be required to immediately dispose of them or mail them home at their own expense.

<ul style="list-style-type: none"> ▪ Expensive jewelry/clothing or other valuable items ▪ Items of sentimental value ▪ DVD players/DVDs, video games, radios, TVs, CD players/CDs, computers, cell phones, digital camera ▪ Personal vehicles ▪ Drugs or drug paraphernalia, alcohol & tobacco ▪ Suitcases ▪ Pictures containing drug/alcohol or sexual content ▪ Women: Jeans with writing on the backside ▪ Clothes w/skulls, peace signs, holes, frayed edges ▪ Bleach ▪ Essential Oils 	<ul style="list-style-type: none"> ▪ Tools/Weapons of any kind ▪ Any product containing alcohol is not permitted. This would include perfumes, colognes, and other hygiene items. If alcohol is not a main ingredient, certain hygiene items may be approved by the program manager or director, such as: shampoo, conditioner, or lotions. ▪ Aerosols of any kind (mousse, hairspray, body spray, etc.) ▪ Women: Any kind of razor with a blade, including make-up sharpener(s). (electric razors allowed)
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Medical/Dental Care & Prescription Medications

Residents are responsible for all their health care expenses. Residents who do not have medical and/or dental insurance will be provided help in applying for Minnesota Health Care and General Assistance. Since this is a county/state program MnTC cannot guarantee that any resident will be approved for medical and/or dental benefits.

- Residents are required to obtain a summary of each medical and dental visit prior to leaving the place of treatment and must provide the information to their staff immediately upon return to MnTC.
- Residents should bring enough prescription medication to last at least 30 days, and bring it in their original containers bearing appropriate labels.
- Residents are strongly encouraged to take prescription medication exactly the way their doctor prescribes it. If subsequent medical treatment or behavioral issues arise as a result of a refusal to take prescribed medications, the resident may be discharged from the program.
- While in MnTC residents are not permitted to take narcotics and certain other medications. Please see the Prohibited Medications document in this packet.

Non-Prescription Medications

Non-prescription medications, vitamins, dietary supplements, and other over the counter health aids may be purchased by clients for their own consumption. Clients may have a total of three vitamin and/or supplement preparations. Protein or body building supplements and herbal preparations are not allowed.

Teen Challenge provides certain non-prescription medications such as acetaminophen, ibuprofen, and Pepto-Bismol. Clients may choose to take these types of medications for minor health concerns.

Females enrolling at Grace Manor must have OTC medications labeled by the pharmacy.

Possession/Use of Drugs, Alcohol & Tobacco

Possession and/or use of drugs, alcohol and tobacco are prohibited while enrolled in our program.

- Residents may be given drug and/or alcohol tests at any time without prior notice or approval.
- Residents who test positive for drugs and/or alcohol use while in our program will face disciplinary action and possible discharge from MnTC.
- Residents, their rooms, and their personal property may be searched at any time without prior notice or approval.

Employment/Work Study

Due to the nature and schedule of our program, residents may be eligible to seek employment or be employed the last 30 days in level four of the long term recovery program.

- All residents will be required to participate in general housekeeping and clean-up assignments.
- Residents will also have the option of voluntarily participating in other work-study assignments that will allow them to learn new or refine existing skills.

Chiropractic Appointments

For chiropractic appointments, clients must provide their own transportation. These may only take place on Saturdays and be within 5 miles of their respective building.

Program Outline

The MnTC program consists of four levels. Each level focuses on the recovery and spiritual and emotional wellness of the resident. In the paragraphs that follow is a general outline of each level.

- **Level 1**
Residents work to determine the root causes of their chemical addictions and begin learning the tools that will equip them to change their lives.
- **Level 2**
Residents engage in the physical, emotional, and spiritual work of healing from past failures, hurts, and broken relationships.
- **Level 3**
Residents learn how to create a solid foundation for their future and work to identify and utilize their unique gifts and talents.
- **Level 4**
Residents take practical steps toward securing employment, housing, and support networks. They learn how to more effectively manage their time and other resources to position themselves to give back to their community as productive citizens and family members.

Room and Board Fee Information

The majority of the residents in MnTC are eligible to have some or all of the room and board costs paid for by their county. If an applicant is determined to be ineligible for funding, room and board fees must be paid out of pocket. Costs for the 13 month program vary by location. Please call an Admissions Representative for additional information regarding specific program costs.

Room and board fees are pro-rated so that residents are charged only for the days they are enrolled in the program. Residents are considered enrolled in the program even though they may be temporarily away from our facility while on pass or holiday break. Residents will be charged for the day they are admitted into the program but will not be charged for the day they are discharged.

Program costs for adult residents are paid in one of the following ways:

1. Group Residential Housing (GRH) funds, provided by the State of Minnesota to licensed Board and Lodge facilities.
 - **Minneapolis Campus Applicants:** Our admissions department will assist each applicant in obtaining funding if eligible.
 - **Duluth Campus Applicants:** Our admissions department will assist each applicant in obtaining funding if eligible.
 - **Brainerd Campus Applicants:** Our admissions department will assist each applicant in obtaining funding if eligible.
2. In part by the resident and in part by GRH funds.
3. Entirely by the resident using his/her own personal resources.
 - Some local churches grant sponsorship to MnTC.
 - Residents who do not qualify for county funding and cannot afford to pay on their own may seek assistance through family, friends or other.

Residents using payment option 2 or 3 above are required to pay the current month's pro-rated room and board fee at the time of admission. If the admission date occurs on or after the 10th of the month, the next month's room and board fee is also due. Each month thereafter, the room and board fee is due on the 1st day of the month. Upon discharge, any room and board fees collected will be refunded minus the amount for days spent in the program.

Late Fees

If the resident's portion of the room and board fee is not received by the 5th of the month, a late fee of \$25 will be assessed and the resident may be discharged.

PLEASE READ below if you will be receiving a RULE 25 ASSESSMENT

- You have the right to request placement with a provider that will honor your religious preferences:
 - *“The placing authority must authorize chemical dependency treatment services that are appropriate to the client’s...religious preference...The placing authority maintains the responsibility and right to choose the specific provider”* (Section 9530.6620, Sub point 9).

- You have the right to request a specific provider, such as Minnesota Adult & Teen Challenge:
 - *“The placing authority must consider a client’s request for a specific provider. If the placing authority does not place the client according to the client’s request, the placing authority must provide written documentation that explains the reason for the deviation from the client’s request...”* (Section 9530.6620. Sub point 14).

- You have the right to appeal if you do not receive appropriate placement:
 - *“A client has the right to a fair hearing under Minnesota Statutes...if the client...(F) is denied a placement that is appropriate to the client’s race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex”* (Section 9530.6655, Sub point 2).

For further information, please see the Rule 25 Chemical Dependency Assessment and Placement Rules and Laws:
July 1, 2008

Break Policy

There are two scheduled holiday breaks in the program—Summer Break and Christmas. All normal client activities cease during these times, with the exception of the Short-Term Program. Minnesota Adult & Teen Challenge is not liable for the safety of clients who are away from our facility on break.

Eligibility

Clients may go home during these breaks only if all of the following conditions are met:

1. They must be in our program at least 90 consecutive days prior to the start of the break.
2. They must have the approval of their Program Manager.
3. If on parole/probation, they must have written permission from their probation officer.
4. Clients furloughed to Minnesota Adult & Teen Challenge must have approval from their county sheriff.

Transportation

Minnesota Adult & Teen Challenge does not provide transportation for adult clients who are going away on break. This includes transportation to/from airports, train stations, bus stations, or any other location.

Clients Remaining At MnTC during Break

Recreation, visitation and other activities will be scheduled for clients who remain in our facility during these breaks.

Break Schedule

A schedule of when clients may depart and when they must return during each break is listed below and is also posted on the bulletin board in the client's living facility. Clients who do not return from break on time may be discharged, their time in the program may be extended and/or lose future opportunities to go home during scheduled breaks.

Because there are no exceptions to the designated departure and return times to and from MnTC, clients should reserve their flight/bus tickets at times that will allow them enough time for transportation to and from their mode of travel.

Summer Breaks 2016

- **Men:** Clients may not leave our facility prior to 1:00 pm on Wednesday, July 6, 2016 and must return to our facility no later than 6:00 pm on Saturday, July 9, 2016. (*intake must occur on or before April 7, 2016 to be eligible for this pass*)
- **Women:** Clients may not leave our facility prior to 1:00 pm on Wednesday, July 13, 2016 and must return to our facility no later than 6:00 pm on Saturday, July 16, 2016. (*intake must occur on or before April 14, 2016 to be eligible for this pass*)

Christmas Break 2016

- Clients may not leave our facility prior to 1:00 pm on Thursday, December 22, 2016 and must return to our facility no later than 6:00 pm on Monday, December 26, 2016. (*intake must occur on or before September 23, 2016 to be eligible for this pass*)

Prohibited Medications

Minnesota Adult and Teen Challenge prohibits the use of all addictive medications due to their interference with the recovery process. Applicants must agree to our medication policy, and request a titration/taper schedule from a Health Care Provider for his/her current prohibited medication so that it may not be stopped abruptly.

MNTC policy requires that titrations/tapers be completed as quickly as reasonably possible. Please have your physician fax the titration/taper schedule for the above medications to MnTC Admissions at 612-823-4913.

In the rare circumstance that an alternate medication is unavailable, Minnesota Adult & Teen Challenge is not an appropriate treatment option and a referral list of other treatment programs in the area will be provided.

The following classifications of prohibited medications include but are not limited to:

- All Medical Marijuana
- All meds used for the treatment of Alcohol or Opiate dependence and/or withdrawal.
Clients may be on a tapering dose of Suboxone at time of admission. Taper may not last longer than 3 months, and must be completed at least 1 week before discharge.
- All Barbiturates
- All Medications used specifically for weight loss
- All Benzodiazepines
- All Medications for Smoking Cessation
Clients are allowed up to a 10 week taper of Nicotine Patches. These patches are to be purchased by the client.
- All Muscle Relaxants
- All Stimulant Medications
Only Strattera & Intuniv are allowed for treatment of ADD/ADHD
- All Performance Enhancing Steroids or Supplements
- All Narcotic pain relievers and pain relievers with potential for dependence and abuse
MnTC Nursing staff will work with clients and their health care provider following a surgery or an injury.
- Sleep Aids
Clients with a psychiatric diagnosis MAY use their prescribed Mental Health medications that also help treat sleep disturbances.
Benadryl will not be allowed as a sleep aid, but will be allowed if prescribed Specifically for Anaphylaxis. (Severe life threatening allergic reaction)
Melatonin is the only “sleep aid” allowed.