



Mn Adult & Teen Challenge

Thank you for considering participating in the **Minnesota Adult & Teen Challenge (MnTC)**. We offer three different residential programs:

- Community Outpatient and Residential Outpatient (Rochester, MN)
- Life Renewal, Short Term Licensed Program 7-90 days inpatient
- Long Term Recovery Program: 13 plus months based on individual readiness to graduate

We recommend participants begin with the short-term licensed treatment and then continue, if appropriate, into the recovery program. If you're considering MnTC as a departure option through the courts you will most likely be required to participate in both programs.

STEPS IN THE PROCESS:

1. **COMPLETE THE ADMISSIONS APPLICATION:** Enclosed you will find an application and admissions process overview for our programs. Complete the application and mail it in. Send back only pages 12-20; the supplemental information is for your own records.

**** NOTE:** If you are considering MnTC as a departure option through the courts you may be required to complete both the short-term and the long-term program. By completing and submitting your application, you are agreeing to participate in the short-term and long-term programs if that is what the court requires.

Upon receiving your application the admissions department will begin processing it. Acceptance is on a case-by-case basis and depends upon a number of different factors including but not limited to: criminal history (including current charges), medical conditions, mental health diagnosis and special dietary requirements. After reviewing those things, we will determine whether or not MnTC is an appropriate fit for you.

We will inform you, by written response, within one week of receiving your application whether or not your application has been approved or if we need additional information. All correspondence will also be sent to your attorney and, when applicable, your probation officer.

2. **SEEK APPROVAL FROM THE COURTS:** If you're seeking departure to treatment through the courts, you will need to gain the approval and support of all those in the legal system.
3. **SCHEDULE AND COMPLETE A RULE 25 (CHEMICAL HEALTH) ASSESSMENT:** The Rule 25 assessment will determine if you qualify for treatment and funding. If you are in Hennepin County jail and are a Hennepin County resident please ask your attorney or probation officer to submit a referral form to the jail assessor.

If you are currently in custody and are a resident of one of the following counties you must schedule your Rule 25 assessment prior to sending in your application:

Blue Earth	Carver	Dodge	McLeod	Mower	Ottertail	Wabasha
507.304.4335	952.361.1644	507.635.6170	320.864.3144	507.434.1890	218.998.8640	651.565.3034

For other counties please see attorney, probation officer or jail programmer for Rule 25 assistance.

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

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.

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.

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 MnTC cell phones.

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*)

Male Appearance & Dress Code

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

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 (female 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) ▪ Backpacks in life renewal program
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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.

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

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.

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

DOB: ____/____/____

Age: _____

Sex:
 Male
 Female

Home Mailing Address (Not the Jail):

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: American Indian 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 rep 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"/> Hallucinations | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Anti-Social Personality Disorder | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Anxiety Disorder/Panic Attacks | <input type="checkbox"/> Homicidal Tendencies/Thoughts | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Autism/Aspergers | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Multiple Personalities | <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

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 55802 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:</u> Disclose Records Only Related to the Following: <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.</p> <p>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.

Voluntary Participation in Faith Based Activities

The MnTC program recognizes and focuses on the importance of the Christian faith in its approach to treatment and recovery of alcohol and drug addiction. However, no provider of substance abuse services receiving federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including MnTC, may discriminate on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in religious practices. As you read the following, carefully consider whether or not the Christian faith component of MnTC is appropriate for you and your beliefs. Keep in mind that if you are seeking MnTC as a diversion program through the courts, you will most likely be required to participate in both the short-term and long-term programs.

Short-Term Program

The MnTC Short-Term Program focuses on the Christian faith in the 12 steps of recovery. All traditional 12 step treatment programs recognize the importance of faith as it relates to sobriety and recovery.

If you decline to participate in a particular activity, while you are in the short-term program, please notify a program staff and an alternative activity will be provided for you. If at any point you object to the religious nature of the program, please notify your counselor and/or program director and MnTC will try to work with the court to find a program that will better meet your needs.

Long-Term Program

The MnTC Long-Term program is a faith-based program that is based upon Christian principles and practices. As such, this program is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it.

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

Upon admittance to the MnTC Long-Term Program, I agree to the following:

- I will participate in daily devotions, Bible reading, and prayer.
- I will participate in the MnTC choir and perform Christian songs weekly at church services and 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.
- Participation in communion or water baptism my participation is voluntary.
- If I object to the religious nature of this program and its requirements, I will notify the Dean of Clients who will work with the courts to find a program that will better meet my needs. **MnTC cannot guarantee that the court will allow you to transfer to another program. Voluntary withdrawal from MnTC for participants that are court-ordered may result in an executed prison sentence.**

My signature below indicates that I have carefully considered the Christian faith component of the MnTC program and have made an informed, free and independent choice to participate.

Signature

Applicant's Name (Please print)

Date

(THIS PAGE MUST BE RETURNED WITH THE APPLICATION)

MnTC Admissions Pre-Screen Check List

We'd like to know how you (or a friend or loved one who facilitated your coming here) heard about MnTC?

Assessor / Billboard / Choir Performance / Church or Pastor / Court System / Friend or Relative / Graduate / Internet or website
Jail or Prison / Know the Truth Program / Radio / School / Treatment Center / Hospital / Other _____

Applicant Name: _____ Date: _____ Rep Assigned: _____

1. Social Security Number _____
2. What program are you applying for? Outpatient, Short-Term, Long-Term, or Restoration program? (Please circle)
3. As of today, do you plan to attend the Long Term MnTC program after graduating from the Short Term Life Renewal program? **Yes or No or Undecided** Yes No
4. Do you understand that our long term program is a faith based Christian program? Yes No
5. Do you understand that our short term program is traditional treatment/12 step program? Yes No
6. Do you understand that students in the long term program are required to participate in the choir and daily chapel services? Yes No
7. Do you understand we have a no smoking/tobacco policy on or off campus while in the program? Yes No
8. Are you a MN resident? Yes No What is your mailing address? _____
9. Do you have court cases pending? Yes No Date of Court: _____
Location of Court: _____ Pending charge(s): _____
10. Can you read, write and comprehend English at a 5th grade level without assistance? Yes No
11. Would you like to be in the "reading" tutorial program if enrolling in the long term program? Yes No
12. Do you have a photo ID or birth certificate or SS card available for the day of intake? Yes No
13. Do you have a PRIMARY medical insurance through an employer, parent, relative or spouse? Yes No
Provider Info: _____
14. Do you have SECONDARY medical insurance through an employer, parent, relative or spouse? Yes No
Provider Info: _____
15. Do you have an open Medical Assistance/PMAP/Medicare or Medicaid insurance? (Please circle which ones)
What County? _____ Case Worker: _____
16. Have you done a Rule 25 assessment in the past 6 months? Yes No
What County? _____ Assessor Name: _____
17. Have you had a physical in the past 30 days? Yes No
Where: _____
(We require a physical exam and labs for HIV, HEP A, B, C, Mantoux test for TB, Pregnancy)
18. Do have food allergies? Yes No
 - a. To what? _____
 - b. What type of reaction do you have? _____
 - c. Do you have an EPI pen? *If not, you will be required to purchase one prior to entering.* Yes No
19. What medications are you currently taking? _____
20. Have you been taking any medications listed on the prohibited medication list? Yes No
21. Can you bring 30 day supply of your prescribed meds at time of intake or active prescription? Yes No
22. Are you currently experiencing flu like symptoms? (body aches, fever, cough) Yes No
If so, we need to postpone an intake
23. What medical conditions do you currently have? _____
24. Have you had any major surgeries in the past 5 years? Yes No
If so what? _____
25. Do you have a medical condition restricting you from standing, sitting, climbing stairs and traveling in vans or buses at lengths at a time? Yes No Explain: _____
26. What mental health symptoms are you experiencing? _____
27. Have you completed a mental health diagnostic assessment in the past year? If so, where? _____
28. Are you suicidal or have you attempted suicide in the past 3 months? Yes No
Please explain what your plan is/was: _____

WHEN SCHEDULING INTAKE – NOTIFY CLIENT - As precautionary measure for Hennepin County GRH facilities
Do NOT bring more than (2) disposable bags that include clothes, towels, washcloths, bedding may be on the side

MnTC Admissions Pre-Screen Check List

We'd like to know how you (or a friend or loved one who facilitated your coming here) heard about MnTC?

Assessor / Billboard / Choir Performance / Church or Pastor / Court System / Friend or Relative / Graduate / Internet or website
Jail or Prison / Know the Truth Program / Radio / School / Treatment Center / Hospital / Other _____

29. Chemical of Choice

Alcohol	Benzodiazepines	Cannabis	Cocaine	Hallucinogens
Inhalants	Nicotine	Opiates	Over the Counter Meds	Stimulants
Synthetics				

30. What day did you last use chemicals? _____
- a. Chemicals: _____ Quantity: _____
- b. Method of Use: Inject Snort Smoke Oral
- c. Days used: Daily Weekends Monthly Sporadically (circle one)
- d. What about the week leading up to today? _____
- e. Do you need medical attention because of your use? Yes No
- f. Do you need to detox? Yes No
31. Do you have hx of seizures? Yes No
If so, when was the last seizure? _____
32. Do you cut yourself or injure yourself in any other way? Yes No
Explain: _____

33. Do you have an active eating disorder? Yes No Bulimia or Anorexia (circle one)
34. Do you have piercings of any kind? Yes No
35. There will be a 1 week black out period, once you enter the program. This means you won't be allowed to communicate with family or friends. Are you ok with this? Yes No

FINANCIAL QUESTIONS FOR GRH FUNDING – REGISTERED IN APPLICANTS NAME:

36. Are facing charges of welfare fraud or have you been convicted in the past 12 months? Yes No
37. Do you own any real estate property? Yes No Total Estimated Value: \$ _____
- a. Is there a balance due on the loan? Yes No Total Estimated Value: \$ _____
38. Do you own any time share property? Yes No Total Estimated Value: \$ _____
39. Do you own any cash value life insurance? Yes No Total Estimated Value: \$ _____
40. Have you sold or transferred any property within the past 36 months? Yes No Value: \$ _____
41. Do you have any vehicles titled in your name? Yes No How Many? _____
- Vehicle #1 Yr: _____ Make: _____ Model: _____ Mileage: _____ Value: \$ _____
- a. Is there a balance due on the loan? Yes No Total Estimated Value: \$ _____
- Vehicle #2 Yr: _____ Make: _____ Model: _____ Mileage: _____ Value: \$ _____
- b. Is there a balance due on the loan? Yes No Total Estimated Value: \$ _____
42. Do you have any of the following and what is the current balance?
- | | |
|---------------------------------------|------------------------------------------------|
| \$ _____ Cash | \$ _____ Retirement Accounts/Pension Plans |
| \$ _____ Savings Account | \$ _____ Stocks/Bonds/Trust Funds |
| \$ _____ Checking Account | \$ _____ Net Income Yr to Date Or Hrly Rate |
| \$ _____ Tribal/SSI/RSDI/Unemployment | \$ _____ Other monthly/quarterly/annual Income |

I certify that this information is what I communicated to the admissions representative during my phone consultation. I understand that should an investigation reveal that I submitted false or misleading information I will be discharged from the program.

Name _____

Signature: _____ Date: _____

**WHEN SCHEDULING INTAKE – NOTIFY CLIENT - As precautionary measure for Hennepin County GRH facilities
Do NOT bring more than (2) disposable bags that include clothes, towels, washcloths, bedding may be on the side**

Minnesota Adult & Teen Challenge Inmate-Inquiry & Release of Information Form

Applicant's Full Legal Name: _____ Birth Date: ____/____/____
First Middle Last

Gender (circle one): Male Female

I Am Currently Incarcerated In: Location of Facility Where Incarcerated: Date of Upcoming Court:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------|
| <input type="checkbox"/> Juvenile Detention Center
<input type="checkbox"/> County Work House
<input type="checkbox"/> County Jail
<input type="checkbox"/> Federal Prison
<input type="checkbox"/> State Prison | City: _____

County: _____

State: _____ | Date: ____/____/____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------|

- I understand that Minnesota Adult & Teen Challenge is a drug and alcohol program that offers two programs; a short-term treatment program with an optional faith component and a long-term faith-based recovery program. **I understand that if I request the court to order me to this program, I may be required by the courts to complete one or both of the programs in their entirety.**
- I understand that clients in the long-term recovery program must participate in daily devotions, bible reading, church attendance, and other religious activities.
- I further understand that other faith-based and non-faith based treatment programs are available to me. My signature below indicates that I am voluntarily choosing to seek admittance to Minnesota Adult & Teen Challenge and that if accepted, I agree to participate in all program requirements.

I authorize Minnesota Adult & Teen Challenge to speak with these individuals, jail volunteers and/or agencies regarding my application to the program. I also authorize the following agencies to release all information for the purpose of continuity of services (including, but not limited to, past arrests and convictions, current and pending charges, plea agreements, mental health/medical/treatment notes, jail nursing notes, Rule 25, etc), as requested by Minnesota Adult & Teen Challenge as soon as possible.

<u>Attorney:</u>	<u>PO/Caseworker:</u>	<u>Other</u> (family member/friend)	<u>Jail Nurse</u>
Name: _____	Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____	State: _____ Zip Code _____	State: _____ Zip Code _____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____	Fax: _____

I understand that:

1. My health information is protected by Federal Confidentiality Rules (42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances as outlined in MTC policies. I understand that I have the right to inspect and receive a copy of my treatment records that may be disclosed to others, as provided under applicable state and federal laws.
2. I can revoke this authorization in writing at any time by providing a written notification to MnTC, except to the extent that action has been taken in reliance on it. This authorization will expire one year from the date I sign, unless I request an earlier revocation in writing.
3. For disclosures other than treatment, payment, and healthcare operations purposes, treatment may not be conditioned on my agreement to sign an authorization, unless I am receiving care solely to create protected health information for disclosure to a third party.
4. Communications resulting from this authorization will reveal that I have received, or attempted to receive services at Minnesota Adult & Teen Challenge.
5. Federal confidentiality regulations prohibit re-disclosure of information.
6. This Authorization is effective for one year from the date I sign below (or such later expiration date as provided here: _____ unless earlier revoked).

Applicant's Signature: _____ Date: ____/____/____

Submit Form to: Minneapolis (Adult/Teen Programs) Minnesota Adult & Teen Challenge 3231 1 st Ave South Minneapolis, MN 55408 Fax: (612) 823-4913 Males & Females	Duluth (Adult Male Only) Minnesota Adult & Teen Challenge 2 East Second Street Duluth, MN 55802 Fax: 218-740-4330	Brainerd (Adult Male Only) Minnesota Adult & Teen Challenge 2424 Business 371 Brainerd, MN 56401 Fax: 218-833-8778	Rochester (Adult Male Only) Mn Adult & Teen Challenge 1530 Assisi Drive NW Rochester, MN 55901 Fax: 855-545-2217
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