

GREETINGS FROM THE PROGRAM DIRECTOR

Appalachian Teen Challenge, Inc.

Dear Friend:

You have been given this letter by an individual who is in desperate need of help. Without this much-needed help he will most likely succumb to his life controlling issue, something none of us want to see. To get help he has applied for admission into our long-term rehabilitation program. At his request, and because you are important to him, he and I are asking for your assistance in making it possible for him to participate in our Teen Challenge program. You can do so by becoming a Student Sponsor.

By making a monthly pledge to Teen Challenge you can help to cover the cost of his rehabilitation. The cost to Teen Challenge for caring for him will be around \$1600 per month. As a faith based ministry, and since we do not receive federal or state aid of any type, we must depend on the support of caring friends like you to help cover these costs.

Because we care, our staff will work hard to raise the money to cover \$1300 of these monthly costs. All we have asked him to do is obtain three friends or family members who are willing to help by making a \$100 monthly pledge to cover the rest. By becoming a sponsor, and because you are an important part of his rehabilitation, you will be permitted to visit with him, speak with him via phone, and write letters to him. By doing so, you can keep abreast of his progress. And we only ask you to honor your pledge while he is participating in our program.

So, I am asking you kindly, on his behalf, will you help her by completing the sponsorship form he has given you? Will you help by giving him an opportunity to overcome the life controlling problems that led to him having to ask for our help? I believe you will, and I am thanking you in advance.

Since he has asked for your help, you are obviously a person who cares.

Yours in saving one more life,

Brad Rose
Program Director

For your information:

Visitations with male students are Fridays from 1:30 PM to 3:30 PM or 6:45 PM to 8:45 PM. You must arrive 15 minutes prior to the scheduled visitation time.

First time visit

Once the student has completed the first phase of the program he will be contacting you via phone to arrange a meeting between you, if you wish, him, his advisor, and our Program Director or a staff person whom he may appoint. The purpose of the meeting is to acquaint you with our staff, the inner

workings of the program, and to discuss his progress. Once the meeting is adjourned you will be permitted a 1½ hour personal visit with him.

Scheduling a visit

As a student sponsor who has made a monthly sponsorship commitment to Teen Challenge you will be given priority visitation status. Should you desire to schedule a visit, you must call our office at 304-384-3307 or 304-384-9074 between 9:00 AM and 12:00 PM on the Thursday prior to your visit. When prompted, you should press 311 for the operator. Calls placed after 12:00 PM cannot be received.

We take care to assure that we are available during this time; however, a situation may occasionally occur that will require our absence from the phone for a few minutes. Therefore, if you receive a voicemail message you should wait a few minutes and call again. Leaving a message on our voicemail will not automatically approve your visitation, so it is necessary that you speak directly with the staff in charge of scheduling.

Visitor donations

As you are probably aware, we do not participate in any federal or state food assistance program. Therefore, we will be requesting your help in a small way during each visit. When you place your call you will be asked to bring a \$35.00 gift card from Walmart or Sam's Club on the day of each visit.

You may bring additional food items to donate if you wish. Food will be received by staff on duty and transported to our food storage area for cafeteria use or as the Food Services Supervisor determines is needed. Please note that food items are optional and are only in addition to the \$35.00 gift card. Remember it is your loved one that we are feeding.

During the visit

Upon arriving, please report directly to the administration office and sign in. Visitation with students fewer than eight months in tenure will be closely monitored and several students are randomly selected for a full body search before and after each visit. You should, therefore, take extra precaution that you do not participate in bringing unapproved mail, obscene reading material, weapons, illegal drugs, tobacco products, contraband, or any other unapproved items to the student or attempt to take unapproved items off campus for him or any other student. To do so will result in the revocation of your visitation privileges and his probable dismissal from the program. We will contact the proper authorities and demand the prosecution of individuals who bring illegal drugs onto our campus.

Any and all items (including money, tapes, books, etc.) intended for the student will be received at the beginning of your visit, carefully inspected, and given to him by staff following the visit. Letters or any other types of written message from unapproved persons (girlfriends, etc.) are not permitted; therefore, you may not bring these for the student to read during the visit. Any money received that is intended for the student's personal account will be placed into his/her account in accordance with program policies. Money given for or mailed to a student for his/her personal account must be in the form of **cash or a money order only**. Money orders **must be made out to the student**. Personal checks intended for the student's personal account will be refused.

During your visit, you should remain at your assigned visitation site. You should refrain from visiting or communicating with any other student while on campus.

Ladies, please dress modestly and with propriety. Braless attire, low cut dress or blouse with part of the breast exposed, tight pants, short shorts, or short dresses, etc., are prohibited. Any visitor who violates this policy will be denied the visit.

It is unfortunate that some visitors will attempt to smuggle drugs and/or alcohol onto our campus if given the opportunity. To prevent this from happening we must therefore prohibit food or drinks of any kind from being brought to our students during visitations.

Mailing packages and letters

Packages and letters must be mailed to Appalachian Teen Challenge, Inc., 1651 Unity Road, Princeton, WV 24739. The student's name must be clearly legible on the front of the package and letter.

Phone calls

Each student is allowed one 10-minute phone call per week to immediate family members or their student sponsor after completing at least 30 days of the program.

VISITOR COMMUNICATION AGREEMENT

Prior to being approved for phone calls, visits, or letter writing privileges with your loved one you must complete and return this form to our office. You must complete **all** requested information and sign and date where applicable. **If any part of this form is incomplete, the entire form will be voided and not be processed.** We will not accept faxed or emailed documents. Mail your form to: **Appalachian Teen Challenge, Inc., 1651 Unity Road, Princeton, WV 24739.**

Please initial this line after you have **thoroughly** read the attached visitor's manual. _____

I verify that I am (please print **your** name) _____

(please print the **student's** first and last name) _____

(Please indicate your relationship to the student) _____

By signing below you do hereby agree to follow the established policies, guidelines, suggestions, and procedures of Appalachian Teen Challenge, Inc.

Your printed name _____

Mailing address _____

City _____ State/Zip _____ Phone _____ - _____ - _____

Your signature _____ Date _____

VISITATION LIABILITY RELEASE

I do hereby state that I have requested permission to visit my friend or family member on the campus of the Appalachian Teen Challenge, Inc., hereafter stated ATCI. By signing below, I am releasing the ATCI, its staff, its Board of Directors, and its insurance carrier of any and all liability claims, civil, medical, or otherwise, should I or any of my children or the children of which I am the legal guardian become ill or involved in any type of accident for any reason while on ATCI property. I further agree to be fully responsible for any and all medical costs should I or any of my children or any children of whom I am the legal guardian become injured or ill at any time while on the ATCI campus.

Your signature _____ Date _____

Your printed name _____ Date _____

Witness' signature (Must be age 18 or over) _____ Date _____

Witness' printed name _____ Date _____

Witness' mailing address _____
Street or box _____ City _____ State _____ Zip _____

STUDENT SPONSORSHIP

NOTE: If you have already completed a Student Sponsorship Agreement (\$100 - \$300 per month) you may disregard the monthly pledge section below. Please mark yes if this applies to you. _____

We need your help to care for your loved one and you can do so by becoming a student sponsor. Teen Challenge depends entirely on donations from family members, community contributors, and churches to cover the cost of caring for your loved one. To house, feed, and instruct your loved one alone will cost Teen Challenge approximately \$1,600 per month, which totals \$19,200 for 12 months of training. Appalachian Teen Challenge is a non-profit organization and does not receive government support in any form for the services we provide. Your help, therefore, is necessary. Family members who pledge their monthly sponsorship will be given priority visitation status.

The Student Sponsorship portion of this agreement only needs to be completed by adults age 18 and older. Children under 18 do not need to complete this portion. Are you age 18 or older? _____

You must check one of the following. If left unchecked, the form will be considered incomplete and will not be processed.

Please indicate the monthly amount you wish to pledge:

___ \$1600	___ \$1200	___ \$800	___ \$500	___ \$300	___ \$200	___ \$150	___ \$100	___ \$50
100%	75%	50%	31%	19%	13%	9%	6%	3%
\$ Other _____								

Please check one:

- ___ I have checked one of the above because I am happy to help my loved one.
- ___ I do not wish to help with the expenses of caring for my loved one.
- ___ The amount I checked is the total combined amount my spouse and I wish to give each month.

Before submitting this form please check it thoroughly to assure that you have completed every part of it. If any part is left incomplete you will be informed that it could not be processed when you call for your first visit. Your request to visit will then be denied and your loved one will be unable to correspond with you via mail or phone until you have resubmitted another form that is completed.