

Dear Family Member,

As you know, your loved one is now a student in our long-term Christian discipleship-training program. He will be a resident at Teen Challenge for twelve to fourteen months (a formidable task but achievable). This is perhaps his first genuine step towards dealing with his life-controlling problems. Therefore, at his request, I am inviting you to participate in his rehabilitation while he is here. You may do so by calling, writing, or visiting. Visitations are Friday from 6:45 PM to 8:45 P.M. and Saturdays from 2:00 PM to 4:30 PM. Only six families will be permitted to visit during these times. Due to outside activities we will occasionally be forced to alter the visitation schedules.

To assure that he receives the best possible care, both you and the student should participate with us in following our proven policies and guidelines. Thank you for your cooperation and understanding.

Who May Visit

Our policies require that only immediate, biological or legally adopted family members including mother, father, sister, brother, grandmother, grandfather, wife, child, niece, and nephew (nieces and nephews must be age 16 or under) be permitted to communicate (visits, phone calls, or mail) with a student in the program. Therefore, only approved visitors will be permitted communication. Only four persons maximum are allowed per visit.

Frequency of Visits

Only one visit is allowed every other weekend; and, no more than two visits are allowed per month.

Scheduling a Visit

If you desire to visit, you must call our office to schedule the visit between 9:00 AM and 12:00 PM on the Thursday morning prior to your visit. You must arrive 15 minutes prior to the scheduled visitation time. Failure to be on time will result in your visitation being denied. You will be expected to depart from your visit at the scheduled time.

During the Visit

- Upon arriving, you must report directly to the administration office to sign in. Visitors age 16 and up must present a photo identification during registration for visits. All visitors under 16 years of age must present their social security card for identification. (If a social security card is unavailable, a birth certificate is permissible.)
- Any and all items (including money, tapes, books, etc.) intended for your loved one will be received, carefully reviewed, and given to him by staff following his visit. Any money received will be placed into his personal account up to his account limit or his travel account, whichever is indicated by the giver. Money given for or mailed to a student for his personal account must be in the form of cash or a money order made out to the student. Personal checks will be refused.
- During your visit, we ask that you remain at the assigned visitation site and that any children remain seated and with you at all times.
- You must refrain from visiting with other students while on campus.

- You may not deliver or mail out any written correspondence for any student under any condition. To do so will mean permanent loss of your visitation privileges.
- Absolutely no illegal drugs, alcohol, or tobacco products are permitted on campus.
- Ladies must dress modestly and with propriety. Braless attire, short shorts, or short dresses, etc., are not permitted.
- Food and/or drinks of any kind are prohibited during visitations.

For the safety of visitors as well as staff and students, visits may be canceled if our location develops inclement weather conditions. During months with dynamic weather, you may want to call the training center to confirm a tolerable weather status before you come.

Packages for students must be sent using services other than the United States Postal Service, such as UPS, Fed Ex, etc. Please use *1651 Unity Road, Princeton, WV 24740* when sending mail through a direct shipping service. Letters may be mailed to *PO Box 980, Athens, WV 24712*.

Each student is allowed one 15-minute phone call per week. This phone call will be established upon the student's successful completion of his first 30 days in the program. He will be contacting you to schedule his weekly phone time.

We have learned much during our many years of working with persons experiencing life-controlling problems. We know that you desire to see your loved one become completely well and functional. Therefore, we suggest the following guidelines and trust you will cooperate with us in following them.

In many, and perhaps most, families with a troubled individual, co-dependency exists. We find this to be especially true with mothers. Co-dependency is the result of a person's sincere efforts to make that individual well. Unfortunately, the troubled individual is to the point that the helper believes he/she is the only person who understands the individual, and then tries to "rescue" the individual from his problems and responsibilities. In turn, the one needing help turns and manipulates the helper. As a result the helper becomes an enabler. If this behavior continues, both individuals are adversely affected.

It is for this reason that we strongly recommend you release your loved one into our care, and allow us to help him with his problems. At Teen Challenge, we will not enable him. Rather we will require that he stop his manipulative behavior, and, thus, grow to learn how to accept responsibility for his problems and actions. This is the only way he will ever become spiritually and physically well, emotionally mature, and a productive member of society. We further suggest that you not feel compelled to visit him more than once monthly. If you experience guilt and fear for not visiting him each week, you may have a co-dependency problem. Let's face it—he needs to grow up, and both of you can use the break.

We have a program that works, and therefore, we will expect you to be supportive of Teen Challenge policies and procedures in every way. Your loved one is being given the tools to function normally in society, which includes extensive Biblical training. You may possibly have doctrinal views that differ from those of Teen Challenge, and we respect that. However, I strongly recommend that you not engage in a debate of those differences with the student. This will do nothing but create confusion, which will only hinder his continued success in overcoming his life-controlling problem.

An angry mother once called questioning why we had “abused her son while he was a student in our program”. He was only here for one week, decided he did not want to deal with his problems, and left to return home. Amazingly, the day before his enrollment, his mother had shared with us that her son was a manipulator and often lied. Of course, we had not abused her son, but in only one week she had forgotten about his inability to be truthful. In order to manipulate his way back into her home it was necessary to blame the program. As you know, it is the nature of dysfunctional persons to blame someone else. Therefore, if your loved one makes any accusation about the program or another student, it will be wise and very important that you, I, and the student discuss the accusation before drawing any conclusions. We must work together to prevent further manipulative behavior on his part.

As you know, your loved one, by state law, is a consenting adult. We are required to protect his confidentiality; therefore, we will only discuss his progress with you when he is present. We will be happy to schedule a conference with you and him under the following conditions:

- A. You, as an immediate family member, have cooperated with the program policies and procedures in every way. Failure to do so may result in your being denied visiting privileges for as little as two weeks and perhaps permanently.
- B. You are showing your support of the program by being an active “**Student Sponsor**”. The cost of caring for your loved one will average \$1,400.00 per month, which we must raise. If you are a parent, we expect you to help us help your son by becoming a Student Sponsor. If you are not a parent, we still encourage you to assist your loved one by being a Student Sponsor.

Appalachian Teen Challenge, Inc. is incorporated under Federal Code 501-C-3 as a non-profit organization and is audited annually by an independent auditing firm. ATCI does not receive government support in any form for the services we provide. We are governed by a Board of Directors, which consists of community business leaders and ministers.

Federal Law does not permit us to acknowledge your loved one’s presence in Teen Challenge. Only when a student has given us explicit written permission may we reveal his presence in our program and answer general questions pertaining to him over the telephone or in person. With whom we may share this information is further limited to family members of the student’s choosing whom he lists for us during enrollment. If you have been listed and wish to call the training center to make inquiries, be prepared to give us your loved one’s full name and birth date each time you call.

In closing, we look forward to helping your loved one become a whole person, and we look forward to meeting you. Please complete all sections of the attached form to verify that you have thoroughly read this letter; that you are indeed an immediate, biological family member; and that you understand your responsibilities during a visit. Also, on this form you will indicate your student sponsorship status. You will then be placed onto your loved one’s list of approved visitors.

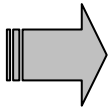
Again, I look forward to meeting you. Should you have any questions you may contact our office.

Yours in Christ,

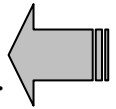
Jim

James M. Nickels
Executive Director

CONFIDENTIAL



You must complete and return this form prior to being approved for phone calls, letters, or visitation. **You must give all requested information and sign and date where applicable.** Witness lines must also be properly completed. **If any part is incomplete, the entire form is void and will not be processed.**



We will not accept faxed documents. Mail your form to:
Appalachian Teen Challenge, Inc., PO Box 980, Athens, WV 24712.

A. FAMILY VISITATION AGREEMENT

Please initial this line after you have **thoroughly** read the attached family visitor letter. _____

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

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

(please indicate your relationship to the student) _____.

Is your relationship to the student a biological relationship? (Write Yes or No) _____.

I agree to follow the established policies, guidelines, suggestions, and procedures of Appalachian Teen Challenge, Inc.

Your name _____

Mailing address _____

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

Signature _____ Date _____

B. STUDENT SPONSORSHIP

We need your help to care for your loved one. Therefore, we look forward to you becoming a student sponsor. This ministry depends 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 family member alone, it will cost Teen Challenge approximately \$1,400.00 per month, which totals \$16,800.00 for 12 months. Appalachian Teen Challenge is a non-profit 501-C-3 organization and does not receive government support in any form for the services we provide.

I am supporting my family member, who is a student in the Appalachian Teen Challenge training program. I will sponsor him for (*You must select one of the **following monthly sponsorship amounts or this form will be incomplete & void**:*

\$1000 _____ **\$700** _____ **\$500** _____ **\$300** _____ **\$200** _____ **\$150** _____ **\$100** _____ **\$50** _____ **\$25** _____ **\$0** _____
71% 50% 36% 22% 14% 11% 7% 4% 2%

C. VISITATION LIABILITY RELEASE *If a parent or guardian signs for a child, the signer must indicate his or her relationship to the child. Also, that same parent or guardian may not act as witness for that child.

I do hereby state that I have requested permission to visit _____
on the campus of the Appalachian Teen Challenge, Inc. Training Center. Student's Full Name

In the event I or any of my children should become injured in any way during any or/and all of my visits, I hereby release the ministry of Appalachian Teen Challenge, Inc., its staff, and its Board of Directors of any and all liability claims of any type.

Should I or any of my children incur an injury of any type during my visit, I agree to be fully responsible for any and all medical costs as a result of the injury.

I further release Appalachian Teen Challenge, Inc., its staff, and its Board of Directors from any and all responsibility for my personal safety and welfare during the visitation.

Visitor's Signature _____ Date _____

Visitor's Printed Name _____ Date _____

The Witness must be another family member (or other if family is not available) 18 years of age or older.

Witness' Signature _____ Date _____

Witness' Printed Name _____ Date _____



Carefully review this form to make sure you completely filled out all sections.
If any part is incomplete, the entire form is void and will not be processed.
You may only be approved for visitation or communication *after* we process completed paperwork.



Dear Family Member,

As you know, your loved one is receiving quality care and training at Teen Challenge. The cost of this care averages \$1400 per month per student. Because your loved one is a beneficiary of our services, we need you to be involved in bearing the cost of his or her care. In addition to sponsoring your loved one with monthly support in an amount of your choice, each week we have grocery needs that we will share with family members who are coming to visit. Following is our policy regarding family visitors helping provide for their loved one in the program:

Each adult family member will be given a list of food items to bring with them during each scheduled visit. The food items will be received by staff on duty and transported to our food storage area. Only those visitors who bring the requested items will be permitted visiting privileges. Visitors who fail to bring the requested items will be denied that visit and will be asked to reschedule their visit for another time.

Visitors who wish may donate a gift card from Walmart or Sam's Club instead of food. The card will then be used to purchase needed food items. The card must represent the cost of the requested food items or more.

I appreciate your support and want to thank you for supporting your loved one and this program. You can be assured that we will, with your help, provide quality care to your loved one, and we look forward to your visit.

Blessings,

Jim

James M. Nickels
Executive Director