

Adult & Teen Challenge
Northern Appalachian Region

1877 Good Hope Pike Clarksburg, WV 26301 Phone 304-933-3209

FROM THE PROGRAM DIRECTOR

Dear Friend:

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

By making a monthly pledge to Adult & Teen Challenge you can help to cover the cost of her rehabilitation. The cost to the Training Center for caring for her 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 her to do is obtain (3) friends or family members who are willing to help by making a \$100 monthly pledge to cover the rest.

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

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

Sincerely,

Victoria Plumley
Program Director

For your information:

You will be permitted to visit your loved one every other Friday (twice per month) from 6:00 PM to 8:00 PM. You must arrive 15 minutes prior to the scheduled visitation time.

First time visit

Once the student has completed the first 30 days of the program, she will be contacting you via phone, if she chooses to do so, to arrange a meeting between you and our Program Director or another program staff person. The purpose of the meeting is to acquaint you with our staff, the inner workings of the program, and to discuss her progress. Once the meeting is adjourned you will be permitted a 1½ hour personal visit with her.

Scheduling a visit

Should you desire to schedule a visit, you must call our office at 304-933-3209 between 9:00 AM and 12:00 PM on the Thursday prior to your visit. Calls placed after 12:00 PM cannot be received, no exceptions. Visitations will be scheduled on a first come first served basis.

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 be honored as a visitation request, therefore, it is absolutely 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, I am kindly asking you to help us to provide nourishing and much needed meals for our students by bringing a \$35.00 gift card from Sam's Club/Walmart and donate to the program. We can then use it to purchase the food and/or other items that are most needed at the time. Remember it is your loved one that we are feeding. We would also like to encourage you to bring specific food items listed on our monthly newsletter or given during your scheduling call.

During the visit

Upon arriving, please report directly to the front 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 her or any other student. To do so will result in the revocation of your visitation privileges and her 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 her by staff following the visit. Letters or any other types of written message from unapproved persons (boyfriends, 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 her account in accordance with program policies. Money given for or mailed to a student for her personal account must be in the form of **cash only**. Personal checks intended for the student's personal account will be refused.

We cannot accept monies that are intended for the student's personal account and sent to us via Pay Pal, credit card, or otherwise. These type payments will be considered a donation to Adult & Teen Challenge and will not be placed into the student's personal account or refunded to you.

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 Northern Appalachian Teen Challenge Inc., 1877 Good Hope Pike Clarksburg, WV 26301. 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 after completing at least 30 days of the program. Students that have children under a guardian's care will receive one 15-minute phone call per week, after completing 14 days, to the child's caretaker in order to check on that child's well-being. Once a student has completed Level 2 of the program, they will receive an additional 10-minute phone call per week.

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 on **both pages 1 and 2** and sign and date where applicable. **If any part of either page 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: **Adult & Teen Challenge, Northern Appalachian Region, 1877 Good Hope Pike Clarksburg, WV 26301.**

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) _____

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

By signing below, you do hereby agree to follow the established policies, guidelines, suggestions, and procedures of the Northern Appalachian Regional Training Center.

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 Northern Appalachian Teen Challenge hereafter stated NATC. By signing below, I am releasing the NATC, its corporation, 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 NATC 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 NATC campus.

Your signature _____ Date _____

Your printed name _____ Date _____

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

Witness' printed name _____ Date _____

Witness' mailing address _____

STUDENT SPONSORSHIP

NOTE: If you have already completed an Admission Sponsorship Agreement (\$100- \$300 per month) you may disregard the monthly pledge section below. Please check here 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. The Northern Appalachian Regional Training Center 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 the Training Center approximately \$1,600 per month, which totals \$19,200 for 12 months of training. The Adult & Teen Challenge, Northern Appalachian Regional Training Center is a non-profit ministry and does not receive government support in any form for the services we provide. **Your help, therefore, is much needed.**

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:

<input type="checkbox"/> \$1600	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$800	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$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 both pages. 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.