



Freedom from addiction starts here.

Dear Applicant,

Thank you for your interest in **Adult & Teen Challenge Northeastern Wisconsin (ATCNEW) Adult Men's Long- Term Recovery Program**. Our program is designed to help adult men (18 +) who are struggling with life-controlling chemical dependency issues and desire a Christian, faith-based approach to recovery.

Enclosed is the application to our long-term faith-based program, located in Howard, WI. It is important to read through all the material provided. After reading through the paperwork, if you feel Adult & Teen Challenge Northeastern Wisconsin is a program for you, **please complete pages 8-14**.

Once the paperwork is completed, please return the written portions to ATCNEW by mail, email, or by dropping it at the facility. If you are completing this application via DocuSign, please fill out all of the required areas and hit submit.

Thank you and God Bless.

Sincerely,

ATCNEW Admissions Representative

999 N Military Ave.

Howard, WI 54303

Ph: 920-930-2444

admissions@atcnew.com



Freedom from addiction starts [here](#).

Thank you for your interest in **Adult & Teen Challenge Northeastern Wisconsin (ATCNEW)**. Our program helps men 18 years and older who are struggling with chemical dependency and other life-controlling issues, and who desire a Christian, faith-based approach to recovery.

Important Notice:

ATCNEW is a Wisconsin nonprofit corporation organized exclusively for charitable, education and religious purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including providing youth, adults and families with effective and comprehensive Christian, faith-based solutions to life-controlling drug and alcohol problems in order to become productive members of society. By applying Biblical principles, ATCNEW endeavors to help people become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive.

- ATCNEW is not a licensed hospital or residential treatment program under Wisconsin law.
- ATCNEW does not have or employ licensed physicians, psychiatrists, psychologists, social workers, counselors or therapists to treat persons (clients) who are admitted to ATCNEW's faith-based residential facility at 999 N. Military Avenue, Howard, Wisconsin.
- ATCNEW does not offer or provide any of the following licensed substance abuse services to eligible clients:
 - prevention services
 - emergency outpatient services
 - medically managed inpatient detoxification services
 - medically monitored residential detoxification services
 - ambulatory detoxification services
 - residential intoxication monitoring services
 - medically managed inpatient treatment services
 - medically monitored treatment services
 - day treatment services
 - outpatient treatment services
 - transitional residential treatment services
 - narcotic treatment services for opiate addiction
 - intervention services
- Eligible clients who are accepted into ATCNEW's residential facility are required to establish ongoing provider-patient relationships with, and pay directly through private health insurance or a government health program, their own licensed physicians, psychiatrists, psychologists, social workers, counselors or therapists.

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

1. Carefully review all the information in this packet to determine if ATCNEW is right for you. If not, please contact our admissions office to request a referral list of other programs.
2. Complete the attached application. Please return the written portions (pages 8-14) to ATCNEW by mail, e-mail, or by dropping it off at the facility. For email, please send the application to admissions@atcnew.com.
3. If you requested an application via DocuSign, please fill out all of the required areas and hit submit. Our admissions representative will contact you.
4. **It is important that your contact information is current.** If you are submitting an application and have relocated, please be certain to notify our admissions representative of your current contact information.

Upon receipt of your application, an admissions representative will contact you and begin processing your application. Your application is of the highest priority to us. Once received, you will be contacted within three business days. In processing an application, a number of factors are taken into account including, without limitation, your mental health, medical conditions, past and present legal status, and level of care required.

Important Applicant Information:

- Clients requiring detoxification must do so at their own expense prior to entry into ATCNEW's residential facility and program. **For a list of referrals, please contact our admissions representative.**
- Clients are **strongly encouraged** to enter ATCNEW's program with at least a 30-day supply of all currently prescribed medications (other than prohibited medication) or an active prescription and open insurance coverage.
- Please speak to our admissions representative if this is a barrier.
- **There is a non-refundable application fee of \$500.00** on the day of scheduled intake into ATCNEW's program.

Please return only pages 8-14. The other materials (pages 1-7) are for your records.

ATCNEW

Attention: Admissions
999 N. Military Avenue
Howard, WI 54303
Phone: (920) 930-2444
admissions@atcnew.com

PROGRAM POLICIES AND GENERAL INFORMATION

Adult & Teen Challenge Northeastern Wisconsin (ATCNEW) provides a faith-based program for recovery from addictions. It includes, among other things, at least 12 months of faith-based instruction using a spiritual education model. In collaboration with individual clients' personal physicians, psychiatrists, psychologists, social workers, counselors and therapists, ATCNEW's goal is to help individuals recover from drug and alcohol abuse and the life-controlling problems associated with it.

ATCNEW does not discriminate on the basis of race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance, sexual orientation, family status, disability or any other protected status under applicable federal or state law in the administration of its educational, admission, or program policies or procedures.

Clients are required to participate in daily devotions, chapel, individual counseling, choir and classes. Daily assignments are a program requirement.

Each client will have access to ATCNEW's Client Manual which specifies the policies and procedures governing ATCNEW's program. ATCNEW, in its sole discretion, reserves the right to make changes in policy whenever ATCNEW deems necessary. When a change in policy occurs, clients and staff will be notified and the Client Manual will be updated to reflect the change. Highlighted below are some basic requirements/guidelines all ATCNEW clients 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

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

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

In addition to this schedule, clients are expected to participate in group choir rehearsal, ATCNEW church presentations, and local community events. Weekends are less structured and include various activities such as visitation, passes outside of the facility, and extracurricular activities.

Program Outline

The ATCNEW program consists of four levels. Each level focuses on the recovery, and spiritual and emotional wellness of the client.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
ACCEPT Clients attend classes that will focus on recognizing unhealthy forms of behaviors, thoughts, and beliefs. Our goal is to share the truth of God's plan and unconditional love. In doing so, clients will realize that this can genuinely be a place for help and healing for life changes.	HEAL With support from our care team, clients start to address patterns in their life and recognize their role in the decision-making. Clients will participate in mental, emotional, and spiritual work to explore underlying feelings that led to painful behaviors and broken relationships. They will open-up and become more honest with themselves and others.	DISCOVER Clients start to discover new boundaries, attitudes, and healthy relational supports to replace old ones. Clients will also dive deeper into learning God's design for a future that is free from the oppression of old wounds. Finally, they will be able to move forward from being trapped by past choices to actively seeking reconciliation in relationships.	PRACTICE In the final stage, clients transition into their future by creating personal goals (i.e., family, school, and career.), create expectations, identify potential triggers, and have strategies to resolve them constructively. This level is fundamental to the sustainability of our clients' sobriety and success in returning home to their families and communities.

Appearance & Dress Code

The standards for dress are modest, conservative, neat and clean. All clothing worn must be consistent with ATCNEW values. If there are questions regarding this policy, the client should speak to ATCNEW staff.

Employment

Due to the nature and schedule of our program, clients are only eligible to seek employment or be employed the last 30 days of Level 4 in the 12-month recovery program.

One Week “Blackout” Period

For the first week after admission to the program, clients **will not** be allowed to communicate via phone calls, letters, visits, etc., with anyone other than minor children, clergy, legal officials (county caseworker, attorney, and parole/probation officer, or in the case of family emergencies. Exceptions to this rule must be approved by the clients’ Program Director.

Correspondence List

Communication by phone and mail is limited to those individuals whose names are listed on the client’s approved 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 Director 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 emergency situations. 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.

Passes

ATCNEW offers the opportunity for approved passes to leave the facility. Privileges increase with advancement to each new level. There are **two** scheduled holiday breaks in the program—Summer Break and Christmas Break. All pass privileges begin at 90 days. ATCNEW is not liable for the safety of clients who are away from our facility on break.

Medical/Dental Care & Prescription Medications

Clients are responsible for all their health care expenses. Clients who do not have medical and/or dental insurance will be provided help in applying for BadgerCare. ATCNEW cannot guarantee that any client will be approved for medical and/or dental benefits.

- Clients 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 ATCNEW.
- Clients are strongly encouraged to bring enough prescription medication to last at least 30 days and bring it in their original containers bearing appropriate labels.
- Clients are required to take prescription medication exactly the way their doctor prescribes it. If clients do not adhere to this policy it can be grounds for dismissal.
- Due to the nature of ATCNEW’s recovery program, certain medications will not be allowed. Please see the Prohibited Medications section on the next page.

Prohibited Medications

ATCNEW 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 their current prohibited medication so that it may not be stopped abruptly. In the rare circumstance that an alternate medication is unavailable, ATCNEW is not an appropriate 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
- **Clients with an active prescription must be on a tapering dose of Suboxone at time of admission. Taper may not last longer than 3 months.**

- All barbiturates
- All medications used specifically for weight loss
- All benzodiazepines
- All medications for smoking cessation
 - **Clients are allowed up to a 12-week taper of nicotine patches. These are not provided by ATCNEW**
- 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
- sleep aids
- 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. This is not provided by ATCNEW.**

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. There will be a limitation on how many vitamins/supplements a client can have. Protein or body building supplements and herbal preparations are not allowed.

ATCNEW 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.

Possession/Use of Drugs, Alcohol, E-Cigarette & Tobacco

Possession and/or use of drugs, alcohol, e-cigarettes and tobacco are prohibited while enrolled in our program. Clients may be given drug, alcohol, and/or nicotine tests at any time without prior notice or approval. Clients who test positive for drugs and/or alcohol use while in our program will face disciplinary action and it may be grounds for dismissal.

Approved Packing List

Due to space limitations clients may only bring 2 suitcases worth of belongings.

The following is a **suggested** list of items to pack if 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 items may be provided at no cost.

1. Toiletries: soap, brush/comb, toothbrush/paste, shampoo/conditioner, deodorant, razor, blow dryer, etc.
2. Clothing: Winter/rain/light jacket, gloves, underwear, socks, shoes/boots, etc.
3. Linens: twin size xlong sheets, pillow case, comforter/blanket, towel, and washcloth(s). Please label these items.
4. Approved Medications: 30-day supply of all prescription medications (excluding prohibited medication) and non-prescription medications. **All must be in its original container.**
5. Misc.: Bible, devotional, envelopes/stamps, personal pictures, writing utensils, notebook, batteries, CD player, etc.
6. Each client is provided with a shoe box size container for snacks. Due to space limitations, all snacks must fit inside this container. In addition, each client may also have up to 24 cans of soda.
7. Photo ID, birth certificate, social security card, insurance card

Prohibited Personal Belongings

The following is a list of prohibited items that include, but are not limited to:

<ul style="list-style-type: none">● Expensive jewelry/clothing or other valuable items● Items of sentimental value● TV's, video games, computers, radios● Personal vehicles● Drugs or drug paraphernalia, alcohol, e-cigarettes & tobacco● Pictures containing drug/alcohol or sexual content	<ul style="list-style-type: none">● Bleach● Essential oils● Tools● Any product containing alcohol in the first three ingredients. Conditioner and deodorant are the only exceptions.● Aerosols of any kind.● Any phones or smart devices
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*ATCNEW is not responsible for lost/stolen or damaged personal belongings.

***Any weapon or firearm will be confiscated and disposed of immediately.**

Program Fee Information

ATCNEW average monthly cost per client is \$3,000.00. Please call an Admissions Representative for additional information regarding specific program costs. There is a non-refundable application fee of \$500.00 due on or before admission into ATCNEW's facility and program.

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

1. Entirely by the Client using their own personal resources.
2. Assistance through family, friends or others.

Your recovery is important to us, and we never want to turn anyone away due to lack of finances. If money is a barrier, scholarship opportunities may be available to you. Please speak with our admissions representative for more information



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CLIENT APPLICATION

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

Social Security #: ___/___/____ **DOB:** ___/___/___ **Age:** _____ **Gender at Birth:** male/female

Current Address:

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ **Phone:** _____ **Email:** _____

Do you have any relatives or friends currently in our program? Yes or No **Who?** _____

Have you previously been in Adult & Teen Challenge program? Yes or No **When?** _____

Marital status: Single Married Divorced Separated

Are you a U.S. Citizen? Yes or No

Do you have a green card or verifying document? Yes or No

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

Can you read, write, and comprehend English at a 5th grade level or above without assistance: Yes or No

Do you have a high school diploma? Yes or No **If not, do you have a GED? Yes or No**

I struggle with: (check all that apply) Alcohol Drugs Other: _____

Last date of use? _____ **Substance used:** _____

Do you use tobacco? Yes or No (Tobacco is prohibited while enrolled in the program)

Have you ever been treated for chemical addiction? Yes or No **How many times?** _____

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

Name of Facility: _____ **City:** _____ **State:** _____

When? _____

Did you complete the program? Yes or No

In your own words, tell us why you want to come to Adult & Teen Challenge Northeastern Wisconsin and the main issues you believe you need to address while in our program: (Please print clearly)

PHYSICAL HEALTH

ATCNEW is not a licensed hospital or residential treatment program; does not have or employ licensed physicians, psychiatrists, psychologists, social workers, counselors or therapists; and, does not offer or provide any licensed substance abuse services to eligible clients. Clients who are accepted into ATCNEW’s faith-based residential program are required to establish ongoing provider-patient relationships their own licensed physicians, psychiatrists, psychologists, social workers, counselors or therapists. Clients will pay directly through private health insurance or a government health program.

The following health history is requested so ATCNEW can determine whether this program is a good fit for you or if you should be referred to another facility or program.

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

- | | |
|------------------------|-----------------------------------------|
| Asthma | Surgery Head Trauma/TBI |
| Alcohol Abuse | Heart Attack/Stroke/Condition Hepatitis |
| Back Problems | High Blood Pressure |
| Celiac Disease | HIV/AIDS |
| Colitis | Pancreatitis |
| Crohn’s Disease | Polycystic Ovarian Syndrome |
| Diabetes Type 1 | Respiratory Problems |
| Diabetes Type 2 | Seizures |
| Drug Abuse | STI/STD |
| Fetal Alcohol Syndrome | Tuberculosis |
| Gastric Bypass | |

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

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

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

If Yes, what medications? _____

(Applicants on these types of medications 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.		
6.		
7.		

Special Needs:

Do you have any type of disability? Yes or No Type: _____

Do you have any chronic conditions? Yes or No Type: _____

Do you have any medical restrictions? Yes or No Type: _____

Do you have any other type of special needs? Yes or No Type: _____

Do you have any food or environmental allergies?
Yes or No Type: _____

Do you require a special diet? * Yes or No Type: _____

****ATCNEW is NOT a hospital-based setting; therefore, any special dietary accommodations or substitute meal requests are unable to be accommodated.****

MENTAL HEALTH HISTORY

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

ADD / ADHD	Paranoia
Anorexia	Anxiety Disorder/Panic Attacks
Antisocial Personality Disorder	Bipolar Disorder
Autism/Asperger's	Personality Disorder
Bulimia	Physical Abuse
Depression	PTSD/Trauma
Dissociative Identity Disorder	Rape/Sexual Abuse
Hallucinations	Schizoaffective Disorder
Hearing Voices	Schizophrenia
Insomnia	Suicide Thoughts/Attempts
Narcissistic Personality Disorder	

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

Mental Health Medications Currently Taking:

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

LEGAL ISSUES

Important Notice: It is the policy and practice of ATCNEW not to permit, allow or engage in discrimination against persons who have arrest or conviction records. ATCNEW, in its sole discretion, reserves the right to deny admission in ATCNEW's faith-based facility and program to any person whose pending or past arrests or convictions involve charges that are substantially related to the safety of other ATCNEW clients. For example, ATCNEW, in its sole discretion, reserves then right to deny admission to persons who have conviction records involving sexual assault, battery, intentional homicide and other violent or sex-related crimes that create a potential risk to the lives and safety of other clients and staffing.

Are you currently on probation? Yes or No State/County: _____

Are you currently on parole? Yes or No State/County: _____

Do you currently have any court cases pending? Yes or No State/County: _____

Are you currently under investigation for anything? Yes or No State/County: _____

Do you currently have any outstanding warrants? Yes or No State/County: _____

Have you ever been convicted of a violent crime? Yes or No State/County: _____

If yes, please list each conviction, date, and action taken:

Have you ever been convicted of a sex related crime:
If yes, please list each conviction, date, and action taken:

Are you currently facing charges for a violent or sex related crime?
If yes, please describe fully:

Are you required to register as a sexual or predatory offender? Yes or No
If yes, what Level? 1, 2, or 3

Are you required to notify the community or police department? (check all that apply)

Probation Officer's Name: _____ **Attorney's Name:** _____
County: _____ **County:** _____
Phone: _____ **Phone:** _____
Email: _____ **Email:** _____

EMERGENCY CONTACTS

Primary Contact Name _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Secondary Contact Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

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

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

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

Do you currently receive any government assistance Please check all that apply: SSI, Disability, MA/GA,

Other: _____

If yes: Monthly amount? _____

Do you have medical insurance? Yes or No

If yes, please provide the following information:

Insurance Provider: _____

Member ID Number: _____

Address: _____

Group Number: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____

Voluntary Compliance with Faith Based Activities

ATCNEW is a faith-based program that is founded upon Christian principles and practices. As such, ATCNEW is only an appropriate option for people desiring such a program and who are willing to commit and fully participate in it. If you do not want to participate in this program and follow the requirements listed below, please contact our admissions representative and we will provide a referral list of other programs.

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

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

____ I will participate in daily devotions, chapel worship, Bible reading, and prayer.

____ I will participate in the ATCNEW choir, which performs Christian songs, and share testimonies at church services and special events.

____ I will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles.

____ I will attend church services when scheduled.

____ If I find this program is not suitable for me, I will notify my ATCNEW staff, and receive literature on referral options.

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 denied admission to or discharged from the ATCNEW faith-based program. Furthermore, I understand that ATCNEW 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.

Applicant's Signature

Applicant's Name (Print)

____ / ____
Date