

PRISCILLA'S PLACE TEEN CHALLENGE OF KY

PO Box 14192 Louisville, KY 40214

ENTRANCE REQUIREMENTS

1. Please **complete** the admission form and sign it. Also sign the **student agreement** and the **general program rules agreement** and mail or fax to (502/561-2132).
2. Client is to call the program director for a telephone interview after Teen Challenge has an opportunity to review the admission form.
3. Client must have the following medical tests completed and **ALL** the medical tests results must be mailed or faxed to Teen Challenge prior to being accepted into the Teen Challenge program. (Please have Physician complete Health Screening form and fax it to Teen Challenge- KY.)”
 - Complete Physical Exam (use Health Screening Form)
 - PAP smear/ Pelvic exam
 - Pregnancy
 - Venereal Diseases (VDRL)
 - Hepatitis A, B & C (Screening, NOT the shots)
 - CBC
 - Liver function tests
 - HIV
 - TB
 - Urinalysis
 - Drug-Screening (Another Drug test will be given at entry)
 - Dental Exam *Optional (If client has bad teeth, they must be corrected before admission since we cannot assist her to have any dental work or care done.)
4. Client **MUST** bring proper identification in the form of:
 - Valid Driver's license or Photo ID
 - Birth certificate or copy of birth certificate
 - Social Security Card
 - Any legal papers such as probation conditions, etc.
 - Medical or insurance card
5. Client is responsible for their transportation to and from Priscilla's Place Teen Challenge - KY.
 - \$25.00 for cab fare to and from bus station/airport in the event she will not have someone to pick her up. This will be kept for her and returned when she leaves.
 - Enough money for a bus ticket back to her home. (Check with Greyhound for costs. Unused money will be returned to donor.)
6. Client should bring at least \$30.00 for personal spending but no more than \$50.00. She will not be allowed to have more than \$50.00 in her account at any time. Teen Challenge will hold her money in a safe place for her during her stay. Unspent money will be returned to donor when she leaves program.
7. Client will be responsible for any costs incurred for the following:
 - Medical or dental bills
 - Eye exam or glasses
 - Probation fees, fines

FINANCIAL RESPONSIBILITIES:

Teen Challenge is a non-profit organization and as such we receive **NO** governmental support or insurance for our services. We are strictly funded voluntarily by individuals, churches, corporations and foundations. We encourage you and your family, friends and church to help us off-set the cost of providing these much needed services by pledging and giving as much as is possible.

The actual cost of each student per month is approximately **\$1500** per month. Many cannot afford to give 100% support, but you are expected to provide at least the minimal support for yourself or student while in the program.

- 100% -- \$1500 monthly
- 75% ----\$1125 monthly
- 50% ----\$750 monthly
- Minimum Support -- **\$500 monthly**

Below is a list of the various fees: (**Notice:** All money paid to Priscilla’s Place Teen Challenge for entry fee, monthly maintenance and housing, or one-time gift is **NON-REFUNDABLE**. Personal spending money, bus fare, and cab fare will be returned to donor if not used by client while at Priscilla’s Place Teen Challenge.

8. **\$250.00** Entry Fee (**Non-refundable**, cash, check or money order, due upon entry.)
9. **\$500.00** Maintenance and housing (**Non-refundable**, cash check or money order, due upon entry. An additional **\$500** due one month from date of enrollment each month student is in program. We will send you a notice of payment due along with a remittance slip.)(Total of **\$750** due to Teen Challenge upon entry plus bus fare home and personal spending.)
10. **Return bus fare** from Louisville, KY to your hometown. (Refundable, Cash, check or money order due upon entry. You must have this even if someone will be picking you up. This is in case of early departure.)
11. **\$30 - \$50** Personal spending per month, each month student is enrolled.

Accepting my Biblical responsibility, I commit to provide support for _____ while she is in Priscilla’s Place Teen Challenge program. (Name of Student)

Complete the information below: **PLEASE PRINT**

Entry Fee: (\$250.00 minimum)	\$ _____
Maintenance & Housing: (\$500 minimum)	\$ _____
Personal Spending: (\$30 - \$50)	\$ _____
Bus Fare: \$ amount needed	\$ _____
One Time Gift	\$ _____
Total:	\$ _____

Signature: _____ Phone: _____
Address: _____

Please return this page by mail or fax **BEFORE** entry to Priscilla’s Place Teen Challenge – KY.
Phone: 502/561-2131
Fax: 502/561-2132