Adult & Teen Challenge
Wisconsin

Know Before You Apply

Adult (18+) Long-Term Recovery Program

Thank you for your interest in Adult & Teen Challenge Wisconsin (ATCW). ATCW serves men and women 18 and older who are working to overcome chemical dependency and other life-controlling issues and who want a Christ-centered, faith-based approach to recovery.

Our men's campus is in Weston (Wausau area) and our women's campus is in La Crosse. Please read these pages before completing the application so you can decide whether ATCW is the right fit for you. Keep these pages for your records.

Important Notices

ATCW is a Wisconsin nonprofit, 501(c)(3) organization providing Christian, faith-based solutions to life-controlling drug and alcohol problems. Please understand:

ATCW is a Christian, faith-based recovery program that focuses on the whole person: **mind, body, and soul**. While ATCW does not provide licensed medical or mental health treatment directly, we believe outside support can be an important part of recovery.

Through partnerships and connections in our local community, clients may be able to access additional services and resources based on their individual needs, including:

- Mental health counseling and therapy
- Medical and primary care
- AODA counseling and recovery services
- Equine therapy and other therapeutic activities
- Dental and vision care
- Medication management through outside medical providers
- Community support and other specialized services

Clients are responsible for arranging and maintaining their outside medical and mental health care. Our team can help clients identify resources, make connections, and navigate available community services.

If you do not have health insurance, we can help you apply for **BadgerCare**, although approval is not guaranteed.

If detoxification is needed before entering the program, it must be completed through an appropriate medical facility before admission. We can help provide referral information for available detox services.

Our goal is not to do everything on our own. We believe recovery is stronger when people have a community of support around them.

The Program at a Glance

- **Length:** 12 months minimum, in four levels: Level 1 - Accept, Level 2 - Heal, Level 3 - Grow, and Level 4 - Practice.
- **Daily schedule:** chapel/devotions, classes, personal study, chores, and work therapy. Clients also take part in choir, church presentations, and community events. Weekends include visitation, passes, and activities.
- **Faith-based participation:** daily devotions, Bible reading, prayer, choir, Christian-based classes and counseling, and church services are required.
- **First week ("blackout"):** no calls, letters, or visits except with minor children, clergy, legal officials (attorney, caseworker, probation/parole agent), or for family emergencies.
- **Communication:** phone and mail are limited to an approved correspondence list. Incoming calls are for emergencies only. Call length and pass privileges increase with each level; passes begin at 90 days.
- **Employment:** clients may seek or hold a job only during the last 30 days of Level 4.
- **Tobacco, drug, and alcohol free:** including e-cigarettes, on and off campus. Testing may happen at any time without notice.
- **Living arrangements:** shared rooms; modest, neat dress; two suitcases of belongings maximum.

Medications

Bring at least a 30-day supply of all prescribed medications in the original labeled containers (or an active prescription with open insurance coverage). Medications must be taken exactly as prescribed.

Prohibited medications. ATCW does not allow addictive medications. If you take one, ask your health care provider for a taper schedule or an approved alternative before admission. Do not stop any medication abruptly. Prohibited categories include, but are not limited to:

- Narcotic/opioid pain relievers and other pain relievers with potential for dependence
- Benzodiazepines, barbiturates, and muscle relaxants
- Stimulants (for ADD/ADHD, only Strattera and Intuniv are allowed)
- Weight-loss medications and smoking-cessation medications (up to a 10-week nicotine-patch taper is allowed; not provided by ATCW)
- Sleep aids (melatonin only; not provided by ATCW) and antihistamine medication, unless prescribed for anaphylaxis
- Medical marijuana and performance-enhancing steroids or supplements

Over-the-counter vitamins and supplements are allowed in limited amounts; protein/bodybuilding supplements and herbal preparations are not. ATCW provides basic over-the-counter items such as pain relievers and stomach-relief medicine.

Costs

We understand that committing to a long-term recovery program can be a financial challenge. We never want finances to be the reason someone misses an opportunity to pursue recovery.

- **Application fee:** $500 non-refundable application fee, due on or before the day of intake.
- **Program cost:** The program averages $3,700 per month. Cost may be paid by the client or with support from family, friends, or others.
- **Scholarship assistance:** Financial assistance may be available for individuals who qualify. If the cost of the program is a concern, please ask us about scholarship opportunities.

We believe everyone deserves the opportunity to pursue lasting change, and we are committed to helping connect individuals with available resources whenever possible.

What to Bring

- Photo ID, birth certificate, Social Security card, and insurance card (if you have them)
- Toiletries, seasonal clothing and outerwear, twin sheets, blanket, pillowcase, and towels (please label linens)
- A Bible, notebook, envelopes, and stamps
- Not allowed: valuables, electronics (TVs, games, computers, radios), vehicles, tools, bleach, aerosols, essential oils, products with alcohol in the first three ingredients (except conditioner and deodorant), weapons, or drug/alcohol/sexual images

Many items can be provided at no cost if you don't have them. The full Client Manual with all policies is reviewed at intake and available on request.

How to Apply

1. Complete and sign the Application (5 pages).
2. Return by mail, email, fax, drop-off, or DocuSign.
3. Our admissions coordinator will contact you within one business day to schedule a pre-admission phone interview.

Mail: ATCW Admissions, PO Box 126, La Crosse, WI 54602
Phone: (608) 351-2828 ext. 1 **Fax:** (608) 351-2821
Email: admissions@atcw.org
If you move or your phone number changes, please let us know right away.

Not sure ATCW is right for you? Contact us and we will gladly share a referral list of other programs.

ATCW does not discriminate on the basis of race, color, creed, religion, sex, national or ethnic origin, marital status, public assistance, sexual orientation, family status, disability, or any other protected status.

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Admissions Application

Adult (18+) Long-Term Recovery Program

Please print clearly and answer every question. If a question does not apply, write "N/A." If you need help reading or completing this form, that's okay. Tell us who helped you at the end. Your answers are used only to review your application and prepare for your interview.

Applications sent through jail or institution mail may be opened by facility staff. Ask about confidential or legal-mail options if available.

Campus: ☐ Men's (Weston) ☐ Women's (La Crosse)

1. About You

First name: _____ **Middle name:** _____ **Last name:** _____

Date of birth: _____ **Age:** _____ **Gender at birth:** ☐ Male ☐ Female

SSN: _____ **Phone:** _____ **Email:** _____

Marital status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced

Street address: _____ **County:** _____

City: _____ **State:** _____ **ZIP:** _____

Where are you living right now?

☐ Own home / apartment ☐ With family or friends ☐ Jail / correctional facility
☐ Treatment or detox program ☐ Shelter / no stable housing ☐ Other: _____

If you are in jail or a correctional facility:

Facility name: _____

Education: ☐ Diploma ☐ GED/HSED ☐ Neither **Highest grade:** _____

U.S. citizen? ☐ Yes ☐ No **If no, green card or other document?** ☐ Yes ☐ No

Been in an Adult & Teen Challenge program before? ☐ Yes ☐ No **When/where:** _____

Have you applied to Adult & Teen Challenge Wisconsin before? ☐ Yes ☐ No **When:** _____

Relatives or friends in our program now? ☐ Yes ☐ No **Who:** _____

2. Substance Use and Recovery History

I struggle with: ☐ Alcohol ☐ Drugs ☐ Other: _____

Primary substance: _____ **Date of last use:** _____

Substances used in the last 12 months: _____

Do you use tobacco or vaping products? ☐ Yes ☐ No

Ever received treatment for chemical dependency? ☐ Yes ☐ No **How many times:** _____

Most recent program: _____ **When:** _____

City / State: _____ **Completed?** ☐ Yes ☐ No

In your own words, why do you want to come to ATCW, and what are the main issues you want to work on here?

_____

_____

_____

_____

3. Physical Health

ATCW is not a medical facility. We ask about your health so we can tell whether our program is a safe fit for you.

Check any current or past conditions:

☐ Asthma / respiratory problems ☐ Back problems ☐ Celiac disease
☐ Colitis / Crohn's disease ☐ Diabetes: Type 1 / Type 2 ☐ Fetal alcohol syndrome
☐ Gastric bypass surgery ☐ Head trauma / TBI ☐ Heart condition / stroke
☐ Hepatitis ☐ High blood pressure ☐ HIV/AIDS
☐ Pancreatitis ☐ Polycystic ovarian syndrome ☐ Seizures
☐ STI/STD ☐ Tuberculosis ☐ Other: _____

Current medical concerns: _____

Pregnant? ☐ Yes ☐ No ☐ Unsure **Due date:** _____ **Medication allergies:** _____

Disability, chronic condition, or medical restriction? ☐ Yes ☐ No

If yes, describe: _____

Food/environmental allergies or special diet? ☐ Yes ☐ No

If yes, describe: _____

ATCW is not a hospital setting and cannot provide special diets, substitute meals, or medical accommodations.

4. Mental Health

Check any current or past experiences or diagnoses:

☐ ADD/ADHD ☐ Anxiety / panic attacks ☐ Autism / Asperger's
☐ Bipolar disorder ☐ Depression ☐ Eating disorder (anorexia/bulimia)
☐ Dissociative identity disorder ☐ Hallucinations / hearing voices ☐ Insomnia
☐ Paranoia ☐ Personality disorder (any type) ☐ PTSD / trauma
☐ Physical abuse ☐ Sexual abuse / assault ☐ Schizophrenia / schizoaffective
☐ Self-harm ☐ Suicidal thoughts / attempts ☐ Other: _____

Thoughts of suicide or an attempt in the past 3 months? ☐ Yes ☐ No **When:** _____

Ever admitted to a psychiatric or mental health hospital? ☐ Yes ☐ No **When:** _____

If you are having thoughts of hurting yourself right now, please tell someone today. Call or text 988 (Suicide & Crisis Lifeline). If you are in custody, tell facility medical or mental health staff.

5. Medications

List every medication you take now, including physical health, mental health, and prohibited medications. Attach a separate list if you need more room.

Medication name	What it is for
1.	
2.	
3.	
4.	
5.	
6.	

Are you taking any narcotic, opioid, benzodiazepine, or other prohibited medication? ☐ Yes ☐ No

If yes, you will need to complete a taper or switch to an approved medication under your doctor's supervision before admission.

6. Legal Information

Question	Yes	No
Are you currently on probation or parole?	☐	☐
Do you have any pending court cases or charges?	☐	☐
Are you currently under investigation?	☐	☐
Do you have any outstanding warrants?	☐	☐
Have you ever been convicted of a felony?	☐	☐

Release of Information: I authorize ATCW to communicate with my probation/parole agent, attorney/public defender, court, and other authorized legal contacts regarding my participation in the program, as needed for admission, program coordination, and legal requirements.

Please initial one: _____ **Yes** _____ **No**

Probation / parole agent: _____ **Phone:** _____

Attorney / public defender: _____ **Phone:** _____

Next court date (if any): _____

7. Finances & Insurance

This helps us talk with you about costs and possible financial assistance. It does not decide whether you are accepted.

Are you currently employed? ☐ Yes ☐ No **Do you receive FoodShare?** ☐ Yes ☐ No

Other income: ☐ SSI ☐ SSDI ☐ VA ☐ Pension ☐ Other: _____

Monthly income from all sources: $ _____ **BadgerCare HMO (if known):** _____

Health insurance: ☐ BadgerCare/Medicaid ☐ Medicare ☐ Private ☐ None

Could someone help with the $500 fee or monthly costs? ☐ Yes ☐ No **Who:** _____

Which documents do you have (or can get) for intake?

☐ Photo ID ☐ Birth certificate ☐ Social Security card ☐ Insurance card

8. Family & Emergency Contacts

Do you have children under 18? ☐ Yes ☐ No **Ages:** _____

Open CPS case? ☐ Yes ☐ No **If yes, CPS caseworker / social worker:** _____

Emergency contact: _____ **Relationship:** _____ **Phone:** _____

9. Faith-Based Program Agreement

ATCW is a faith-based program founded on Christian principles. It is right only for people who want this kind of program and are willing to take part fully. If you do not want to participate as described, contact us and we will provide a referral list of other programs.

Please initial each statement. If admitted to ATCW, I agree that:

_____ I will participate in daily devotions, Bible reading, and prayer.

_____ I will participate in the ATCW choir, which performs Christian songs at church services and special events.

_____ I will participate in classes, individual study, group and individual counseling, and other program components based on Christian principles.

_____ I will attend church services when scheduled.

_____ I understand the program is at least 12 months, is tobacco-free, and includes the first-week communication blackout.

_____ If I find the program is not right for me, I will tell ATCW staff and receive information on referral options.

10. Anything Else?

Is there anything else you would like us to know about you or your situation?

_____

_____

_____

11. Signature

By signing below, I certify that my answers are true and complete to the best of my knowledge. I understand that untruthful or misleading answers may result in denial of admission or discharge from the ATCW program.

I understand that ATCW is a Christian, faith-based program, that I am making a free and independent choice to apply, that other program options are available to me, and that I have had the opportunity to request a referral.

Did someone help you complete this application? ☐ Yes ☐ No **Name / role:** _____

Applicant signature: _____ **Date:** _____

Printed name: _____