



Financial Requirements

The staff at Adult and Teen Challenge are here to help you find freedom from life controlling problems. Throughout the Bible we see Jesus offering forgiveness and hope to those seeking help. He greatly desired to see people have successful, healthy lives.

At Adult and Teen Challenge we want to provide you with a comfortable environment that meets your basic needs. In order to keep our program costs low, we need your support.

The costs for our program are approximately \$2,000 per month per person. Though this is only a small fraction of other similar program costs we need help in order to pay these expenses.

We require each student to help us raise part of these costs. Some of the costs are raised through student work training programs like our Vehicle Donation Program or Resale Shop. We believe having students raise part of their recovery program fees aids in their recovery journey by making them become more responsible. We also like to ask family and friends of each student for help.

The following is a list of approximate monthly costs. **There is a \$995 mandatory, nonrefundable induction fee for admission regardless of the length of time a student is in the program.** A **mandatory \$5 fee** for drug testing will be charged every time students have a pass or appointment. *Any student receiving government support of any kind such as SSI or SSD will be required to pay 75% per month to Teen Challenge.*

Please mark **ONE** of the following options below that you or someone you know could help contribute to the program:

- \$400/mo. **Operating & Tuition Fee** Laundry, Meals, Materials and Books
- \$750/mo. **Program Fee** Daily Programming, Staffing and Curriculum
- \$850/mo. **Room & Board Fee** Residents receive a room in our dorm

****Please note these amounts do not include outside doctor/counseling costs. ****

To help raise support for your recovery, please provide **3-6 sponsors** on the Family, Friends, and Church Sponsorship Sheet and sign the form below.

Contact information for individual responsible for paying fees above on the day of student's admission.

Legal Guardian/Sponsor Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Student Name _____ Date _____

Comments: _____

Student Signature: _____

For Office Use Only:
Date: _____ Staff Initials: _____
Comments:

