

Karen's Place
Teen Challenge Recovery Center
P.O. Box 686 Louisa, KY 41230
(606) 638-0938 fax (606) 826-0144

Teen Challenge Policy on Psychotropic & Narcotic Medication

It is the desire of Teen Challenge to minister to all who wish to enter our program to find hope, salvation, and deliverance in Jesus Christ. Due to the great diversity in the staffing of our ministries and the level of availability of volunteer support services, equity in specialized care is not assured. Each local center through its executive director and board of directors determines its own admissions policies concerning those with unique situations, i.e. AIDS, mental and physical disabilities, long-term prescription usage, etc.

Karen's Place Teen Challenge of Kentucky Policy on Psychotropic & Other Medications

Our center does not accept applicants who are taking psychotropic, mood altering, or narcotic medications. If an applicant is currently taking a psychotropic medication, but she desires to stop taking the medication in order to enter our program, she must obtain a doctor's release to do so. *We will not* direct a student to stop using prescribed medication. If you choose to take any unapproved medication while in the program, you will need to exit the program.

Karen's Place Policy on Applicant's with Medical Concerns

Our center has a strict admittance policy for women with disabilities and other medical conditions due to our inability to accommodate their needs. This center is a three-story Victorian home with a basement. We have several sets of stairs and no elevator. All residents staying at our center must be capable of climbing stairs, and doing household chores. If there is a medical condition that prevents an individual from being able to meet our requirements, she would not be able to be accepted into our program. If an applicant has a medical condition that requires frequent medical checkups, she would not be able to be accepted into our program. It is our desire to be able to help as many women as possible. Unfortunately, there are some practical issues that prevent us from accepting applicants with the previously mentioned medical issues.

By signing this form, you are stating that you have read, understand, and agree to follow Karen's Place Teen Challenge's medication policy.

Applicant's Signature

Date

Witness's Signature

Date