



**Rev. Rodney Hart**

President  
Tel. 508-586-1494  
Fax 508-580-4186  
rhart@tcnewengland.org  
www.tcnewengland.org

**Brockton Men's**

1315 Main St.  
Brockton, MA 02301  
Tel. 508-586-1494  
Fax 508-586-0667  
director@tcbrockton.org  
www.tcbrockton.org

**Boston Men's**

54 Bloomfield St.  
Dorchester, MA 02124  
Tel. 617-825-3222  
Fax 617-474-0021  
director@tcboston.org  
www.tcboston.org

**Manchester Men's**

147 Laurel St.  
Manchester, NH 03103  
Tel. 603-647-7770  
Fax 603-647-7570  
director@tcmanchester.org  
www.tcmanchester.org

**New Haven Centers**

P.O. Box 9492  
New Haven, CT 06534

**Men's**

Tel. 203-789-6172  
Fax 203-789-1127  
director@tcnewhaven.org

**Women's**

Tel. 203-773-1045  
Fax 203-787-3376  
women@tcnewhaven.org  
www.tcnewhaven.org

**Providence Women's**

P.O. Box 72791  
Providence, RI 02907  
Tel. 401-467-2970  
Fax 401-461-3510  
director@tcprovidence.org  
www.tcprovidence.org

**Vermont Men's**

1296 Collins Hill Rd.  
Johnson VT, 05656  
Tel. (802) 635-7807  
Fax (802) 635-7029  
director@tcvermont.org  
www.tcvermont.org

**Teen Challenge New England**

Criteria for Admission

1. Need residential placement ranging to 15-21 months.
2. Interview with Intake Coordinator.
3. Must be 18 years old and over or 17 if legally out of school.
4. Has evidence of life-controlling problem.
5. Social Security Card (or computer print-out verifying number)
6. A picture identification card (e.g. driver's license or State ID).
7. \$750.00 non-refundable Induction Fee payable by cash or Money order (e.g. bank, postal) only.
8. \$500.00 monthly sponsorship (unless waived due to hardship). Proof of hardship must be documented, (Upon intake, you will be required to provide the names of those sponsoring you).
9. \$150 medical fee (to cover doctors visits and prescriptions)
10. Must agree to turn over any SSI monies to Teen Challenge in which an additional \$135.00 will be added to the \$500.00 in lieu of food stamps. Any excess funds will be disbursed to cover family expenses and/or child support.
11. Able to physical and mentally function within program guidelines.
12. Must pass a general physical (TB TEST; HIV; STD; HEPATITIS).
13. Must agree to all Teen Challenge rules and guidelines.
14. Must consent to being court stipulated if represented by Teen Challenge in court for criminal charges (any out-of-state cases must be settled before admission).
15. If student is coming from a distance, they must have an "open-ended" transportation ticket upon admission.
16. Students are not allowed to possess money or take medication or vitamins unless approved by the Executive Director. If a student is or has been on psychotropic medication such as anti-depressants, they will not be admitted unless they have a letter from their doctor stating that they are no longer on medication and can function in the program.



## Teen Challenge New England Student Application

Every question must be completed and picture enclosed before your application will be considered. Please be descriptive in your answers. *You must call once each week to verify your continued interest in our program to keep your name on our active list.*

### I. General

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

Referred to Teen Challenge by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

Relationship (friend, relative, etc.): \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ (*home*)

Phone: ( ) - \_\_\_\_\_ (*work*)

## II. Personal

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in.

Birthmarks or distinguishing marks: \_\_\_\_\_

RACE:       White       Black       Hispanic       Am. Indian       Other

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

What are your present living conditions? \_\_\_\_\_

How are you supported? \_\_\_\_\_

Marital status:  Single                       Engaged                       Common- Law

Married       Separated                       Divorced                       Remarried

What is your relationship with your significant other now? \_\_\_\_\_

Would you say that your husband has a drug/alcohol problem       Yes       No

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

Custody: (Me) \_\_\_\_\_ Other: \_\_\_\_\_

Education/Training: Last Grade Completed: \_\_\_\_\_

Have you ever been in special education classes?       Yes       No

If yes, please list what type: \_\_\_\_\_

Sexual Life:       Homosexual       Bisexual       Transsexual       Heterosexual

How recently involved? \_\_\_\_\_

Have you ever-engaged in homosexual activities? Drug related or otherwise: \_\_\_\_\_

How frequently? \_\_\_\_\_

Have you ever been involved in prostitution? \_\_\_\_\_ When? \_\_\_\_\_

How long were you involved? \_\_\_\_\_

### III. Legal Status

Have you ever been arrested? \_\_\_\_\_ How many times? \_\_\_\_\_

List all charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any pending charges? \_\_\_\_\_

\_\_\_\_\_

Do you have any Sexual and/or Arson convictions?:  Yes  No

Have you ever been on probation? \_\_\_\_\_ Are you on probation now? \_\_\_\_\_

Name of Probation Officer(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Have you ever been in prison? \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_

Are you on parole? \_\_\_\_\_ Name of parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Name of lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

## IV. Employment

What kind of job or trade would you like to learn?: \_\_\_\_\_

What types of jobs have you held in the past: \_\_\_\_\_

\_\_\_\_\_

When was your last job? \_\_\_\_\_ Type of job? \_\_\_\_\_

## V. Health

Past History: (1) Write "yes" or "no" beside the illnesses or conditions that you have had.

(2) Write the dates that you had the illness or condition.

Scarlet Fever \_\_\_\_\_

Measles \_\_\_\_\_

Chickenpox \_\_\_\_\_

Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Small Pox \_\_\_\_\_

Typhoid Fever \_\_\_\_\_

Cancer \_\_\_\_\_

Syphilis \_\_\_\_\_

Gonorrhea \_\_\_\_\_

Diphtheria \_\_\_\_\_

Pneumonia \_\_\_\_\_

Nervous Breakdown \_\_\_\_\_

Have you or any member of your family suffered from nervous breakdown, suicide or attempts, migraine headaches, alcohol or drug abuse?  Yes  No

Which family members and how were they affected: (hospitalized, physician care, etc.)

\_\_\_\_\_

Have you ever had a blood transfusion? \_\_\_\_\_ When? \_\_\_\_\_ For What? \_\_\_\_\_

List any medicines you currently take: \_\_\_\_\_

Do you have any special diet requirements due to allergies or for other medical reasons?

Yes       No      Explain: \_\_\_\_\_

**What is the average amount of the following that you have consumed daily?**

Alcohol \_\_\_\_\_

Barbiturates (downers) \_\_\_\_\_

Amphetamines (uppers) \_\_\_\_\_

Heroin \_\_\_\_\_

Cocaine \_\_\_\_\_

Hallucinogenic \_\_\_\_\_

Opium \_\_\_\_\_

Glue \_\_\_\_\_

Tobacco \_\_\_\_\_

Marijuana \_\_\_\_\_

Crack \_\_\_\_\_

Crank \_\_\_\_\_

Valium or Sleeping Medicines \_\_\_\_\_

Others: (Specify) \_\_\_\_\_

**VI. Spiritual**

Are you a born-again Christian? \_\_\_\_\_

Do you believe in God?     Yes     No     Uncertain

Have you ever been involved in groups, such as Christian Science, Jehovah's Witnesses,

Mormonism, Scientology, TM, Eastern Religions, or others?     Yes     No

Explain: \_\_\_\_\_

How would you describe your relationship with God now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_







## Pledge Support

Monthly Support List

Must at least contain four (4) sponsors and/or totaling at least \$500 dollars

The average cost of a student per month is \$3,000

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_

Amount pledged \$ \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_

## Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in disqualification of any application for entrance.

\_\_\_\_\_ / / \_\_\_\_\_  
*Applicant* *Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person \_\_\_\_\_  
Relation to applicant \_\_\_\_\_  
Reason \_\_\_\_\_

Teen Challenge does not discriminate against those who are HIV positive in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more students in the program that are HIV positive. This center does not require students that are HIV positive to notify others in the program of their HIV status.