



Boston Men's
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Roxbury, MA 02118
Tel: 617-318-1380
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www.tcboston.org

Brockton Men's
1315 Main Street
Brockton, MA 02301
Tel: 508-586-1494
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Maine Men's
11 Hudson Lane
Winthrop, ME 04364
Tel: 207-377-2801
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Manchester Men's
147 Laurel Street
Manchester, NH 03103
Tel: 617-318-1380
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New Haven Men's
P.O. Box 9492
New Haven, CT 06534
Tel: 203-789-6172
Fax: 203-789-1127
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New Jersey Men's
49 Brookdale Avenue
Newark, NJ 07106
Tel: 973-374-2206
Fax: 973-374-5866
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Providence Women's
572 Elmwood Avenue
Providence, RI 02907
Tel: 401-467-2970
Fax: 401-461-3510
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Vermont Men's
1296 Collins Hill Road
Johnson, VT
Tel: 802-635-7807
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director@tcvermont.org
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Teen Challenge New England, Inc.

Criteria for Admission

1. Need residential placement ranging from 15 to 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. \$150.00 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 physically and mentally function within program guidelines.
12. Must pass a general physical (TB test, HIV, STDs, 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, Inc.
Student Application

Every question must be completed and a 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): _____

Phone (cell): _____

II. Personal

Birth date: _____ 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 Married Engaged Common-Law
 Separated Divorced Remarried

What is your relationship with your significant other now?: _____

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

Do you have children?: Yes No How many?: _____

Custody?: Yes No Other: _____

Education/Training

Last grade completed: _____

Have you ever been in special education classes?: Yes No

If yes, please list what type: _____

Sexual Life: Heterosexual Homosexual Bisexual Transsexual

How recently involved?: _____

Have you ever engaged in homosexual activities? Drug related or otherwise: _____

How frequently?: _____

Have you ever been involved in prostitution?: Yes No When?: _____

How long were you involved?: _____

III. Legal Status

Have you ever been arrested?: Yes No 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? Yes No
Are you on probation now?: Yes No
Name of probation officer(s): _____

Address: _____
City: _____ State: _____ Zip: _____
County: _____ Phone: _____

Have you ever been in prison?: Yes No When?: _____
Where?: _____

Are you on parole?: Yes No
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 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: Check 'yes' or 'no' beside the illness or conditions you have had.

Write the dates that you had the illness or condition.

Scarlet Fever: Yes No When?: _____

Measles: Yes No When?: _____

Chickenpox: Yes No When?: _____

Mumps: Yes No When?: _____

Whooping Cough: Yes No When?: _____

Smallpox: Yes No When?: _____

Typhoid Fever: Yes No When?: _____

Cancer: Yes No When?: _____

Syphilis: Yes No When?: _____

Gonorrhea Yes No When?: _____

Diphtheria Yes No When?: _____

Pneumonia Yes No When?: _____

Nervous Breakdown Yes No When?: _____

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

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

Have you ever had a blood transfusion? Yes No

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: _____

Hallucinogens: _____

Opium: _____

Glue: _____

Tobacco: _____

Marijuana: _____

Crack: _____

Crank: _____

Valium or sleeping medications: _____

Others (please specify): _____

VI. Spiritual

Are you a born-again Christian?: Yes No

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?: _____

VII. The Problem

What do you consider are your main problems?: _____

What efforts, if any, have you made to correct these problems?: _____

Have you ever been in any out-patient program before?: Yes No

Did you finish treatment?: Yes No

Have you ever been in any detoxification program?: Yes No

How many times?: _____

Did you finish treatment?: Yes No

If no, please explain: _____

Have you ever been in a Teen Challenge program before?: Yes No

Please list all the programs you have attended for help (names and dates): _____

What would you like to do after you leave Teen Challenge?: _____

Pledge Support

Monthly Support List

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

The average cost of a student per month is \$3000

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.