

## *Teen Challenge Philadelphia Men's Admissions Requirements*

Phone: 215-849-2054

### **Entrance Requirements**

BEFORE ENTRANCE INTO THE TEEN CHALLENGE PROGRAM, THERE ARE SEVERAL THINGS THAT ARE REQUIRED.

1. **YOU MUST HAVE AN INTERVIEW WITH THE INTAKE SUPERVISOR.**
0. A complete physical on the forms provided by Teen Challenge.
  1. Lab results from blood drawn by doctor.
  2. Photo ID, social security card and a birth certificate. (copies)

The above stated are required to be in my office before a bed date will be given. Please send the above to:

Sherolyn McMillan, Intake Supervisor  
 Teen Challenge Philadelphia  
 156 W Schoolhouse Lane  
 Philadelphia, PA 19144

### **Please follow these instructions closely:**

1. Entrance fee is \$750. Money order must be made out to "Teen Challenge", (once you enter the program, the \$750 is non refundable – no checks please). You must also send in return fare home. Return fare is the amount of money that it would cost you to get home by bus, train, or plane. Return fare should be in a separate check or money order made payable to **You the applicant – not Teen Challenge**.
2. In order to enter the Teen Challenge program, you must have the following original I.D.'s :
  - c. Social Security Card
  - d. Picture I.D.
  - e. Birth Certificate
 (Copies of these and any other I.D. you may have must be sent in advance.)
6. If you are on S.S.I., or receive a monthly check, you will be required to pay a monthly housing allowance to Teen Challenge in the amount of \$310.00.
0. You must call me every Tuesday to check-in. This is part of the entry procedure. If I don't hear from you, I will conclude you are not interested in continuing with the entry process. This could result in the loss of a bed date.
1. Please bring in toiletries, clothing, and personal items. You will not be allowed more than two (2) suitcases. You need some sort of laundry bag (a pillowcase will be okay). You will need towels, pillows, blankets and sheets and a suit for church (men).
2. Ask friends, family, or church members to support Teen Challenge and record their pledges on the [Sponsorship Form](#).

\*\*\*\*Thank You for your cooperation in these areas\*\*

**Philadelphia Teen Challenge Men's Home  
MEDICAL HISTORY and PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Induction Center: Philadelphia Teen Challenge  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

0. The following lab work is required for admission to the program and copies must be sent in prior to entrance:
- A. RPR – Reactive or Non-reactive (*circle one*) \_\_\_\_\_ (date read) \_\_\_\_\_
  - . Liver Function Tests \_\_\_\_\_ (date read) \_\_\_\_\_
  - A. Hepatitis Screening, if indicated, based on history or abnormal liver function test results  
Circle pos. or neg. for each: **Hepatitis A** – pos. or neg.; **Hepatitis B** – pos. or neg.; **Hepatitis C** – pos. or neg.
  - B. CBC \_\_\_\_\_
  - C. Pregnancy test and PAP smear \_\_\_\_\_
0. T.B. testing is MANDATORY and results included should be no older than 6 months prior to admission to induction center. Chest X-ray is required if the TB test comes out positive. Tetanus shots must be up-to-date with documentation of date given.

<b>Tuberculin Test/PPD</b>	Date ____/____/____ Size _____ Chest X-ray _____
<b>Tetanus toxoid</b>	Date ____/____/____

3. Immunizations should be up-to-date and include:
- 1. Measles                      date performed \_\_\_\_\_
  - 0. Mumps                        date performed \_\_\_\_\_
  - 1. Rubella                        date performed \_\_\_\_\_

**Has HIV testing been performed? Yes \_\_\_ No \_\_\_** **\*\*enclose reports pertaining to HIV results along with signed consent for release of information.**

**4. Significant Medical Conditions (√):**

	Yes	No	If Yes, Explain
Asthma			
Cardiac			
Chemical Dependence	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs:	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Vision Disorder			
Other (Specify)			

5. Current/routine medications:

MEDICATION	DOSAGE
0.	
1.	
2.	
3.	

6. Please list any allergies you have to any medications, foods, or other substances: \_\_\_\_\_  
 \_\_\_\_\_

7. **Report of Physical Examination (√)**

	Normal	Abnormal	if Abnormal, Please explain
• Height (inches)			
• Weight (pounds)			
• Temperature			
• Pulse ( )			
• Blood Pressure			
• Hair/Scalp			
• Skin			
• Eyes - Visual Acuity R / L /			
• Eyes - Color Vision			
• Ears - Hearing dB R L			
• Nose and Throat			
• Teeth and Gingiva			
• Lymph Glands			
• Heart – Murmur, ETC.			
• Lung - Adventitious Findings			
• Abdomen			
• Genitalia			
• Neuromuscular System			
• Extremities			
• Spine (Presence of Scoliosis)			

**Must be completed**

0. \*Physician's observations and comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Name of Examiner ( please print )**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date of Examination**

**TO ALL PHYSICIANS:**

PLEASE MAKE SURE EACH FIELD ON PHYSICAL IS FILLED IN. FOR QUESTION #8, PHYSICIAN MUST STATE CLIENT'S APPEARANCE (WHAT CLIENT LOOKS LIKE TO THEM).

**EXAMPLE:** PLEASE FILL OUT AS SHOWN BELOW**Must be completed**

1. \*Physician's observations and comments:  
neatly dressed, alert, appropriate for program, appears healthy, cooperative & pleasant.  
\_\_\_(Example: she is well dressed and appropriate for the program)

\_\_\_\_\_( Put you're name, and state who you are on the appropriate line below. Please print so we can read it as it is shown)

\_\_\_\_\_  
Name of Examiner ( please print )

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Examination

(all these things need to be done on item number 8)

**Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE.**

Teen Challenge Philadelphia \* 329 E. Wister St. \* Philadelphia, Pa. 19144

**Remember:**

- FOR ITEM #4 IF REPLY IS YES AN EXPLANATION IS REQUIRED TO THE RIGHT OF REPLY
  
- FOR ITEM #7 IF REPLY IS ABNORMAL AN EXPLANATION IS REQUIRED TO THE RIGHT OF REPLY