New Generation, Inc.
PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

Dear Friend:

Thank you for your interest in New Generation. We are able to provide housing for seven mothers and their babies. Any pregnant woman over the age of 18 may apply for residency. We offer shelter, parenting education, living skills, and transportation. Each mother is required to attend a weekly house meeting in the home, attend parent education meetings, perform chores, and either work, go to school, or serve as a volunteer.

Typically, the period of residency is through pregnancy and up to six months after birth for women choosing to parent their babies, or up to six weeks for women making an adoption plan. If a mother comes in with an infant, she and her child may stay until the baby is a year old. This timeframe may be adjusted at the discretion of the Shelter Manager for special circumstances.

To help move your application along please also submit the following to us (see our website for all forms):

- A copy of the last page of the Guidelines, signed.
- Send in copies of any social security cards, birth certificates, and photo ID.
- A referral from your town/city welfare office.
- A medical form filled out by your doctor.
- If you have already given birth, a medical form for your child.
- If you have a prior substance abuse history, please (when applicable) include proof of program completion with your application for admission. If you are in an abusive relationship, please provide proof of a personal protection order.

If you are accepted:

What to bring Clothes, personal items, pictures.

Do not bring Linens, televisions, pets, bicycles, furniture or any large items that cannot be stored in a closet, or any items prohibited in the house guidelines.

Once we receive your completed application, our team will review and will make a decision regarding admission. Please keep us informed with a number at which you can be reached. You will be called within 3 business days of receipt to schedule an interview if we have available space.

Sincerely,

Jennifer Bisson, Executive Director

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

APPLICATION FOR ADMISSION

Date: _____

GENERAL

Full Name: _____ Maiden: _____

DOB:_____ Age:_____ Social Security #: _____

Last Address (street): _____ (City & State):_____

Last Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you have a driver's license? ☐Yes ☐No Do you have a car? ☐Yes ☐No

Drivers License #: _____ State:_____ Car license plate#: _____

Last Address was: ☐ own apartment ☐ with friends/family ☐shelter ☐other:_____

Have you been homeless before? ☐Yes ☐No Have you stayed in a shelter before? ☐Yes ☐No

Place of Birth:_____ U.S. Citizen ☐Yes ☐No

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐In a relationship

Please list any other children you have (use the back of the page if needed):

Name	DOB	Gender	Name/Address of Guardian
_____	_____	_____	_____
_____	_____	_____	_____

Father of this Pregnancy/child:_____ Current relationship:_____

Domestic Violence? ☐Yes ☐No If yes: ☐Mental/Emotional ☐Physical ☐Verbal ☐Sexual

Name of abuser:_____ Relationship:_____

Are you currently in the abusive relationship? ☐Yes ☐No

Do you have a restraining order against the abuser? ☐Yes ☐No

LEGAL

Were you ever arrested for assault? ☐Yes ☐No When?_____

Have you ever been convicted of a felony? ☐Yes ☐No

Charge:_____Date charged:_____

Results of trial:_____

Probation Officer:_____ Phone:_____

Have you ever been involved in any other legal situations? ☐Yes ☐No

*(Divorce, Arrests, Warrants, Legal Guardian, Probation, Restraining order, etc):*_____

_____

EDUCATION & EMPLOYMENT

Are you currently in school or working on a degree? ☐Yes ☐No

Highest grade completed:_____ Have you had any Vocational Training? ☐Yes ☐No

Are you employed? ☐Yes ☐No If yes: Monthly pay $_____ How long?_____

Employer:_____ Supervisor:_____

Address:_____ Phone:_____

FINANCIAL

Do you have any income? ☐Yes ☐No If yes: Monthly amount $_____

Please check all you receive: ☐Food stamps ☐Medicaid ☐TANF ☐APTD ☐SSI ☐WIC

☐Child Care ☐Other(Please list):_____

Do you have medical insurance? ☐Yes ☐No Name of Insurance:_____

Do you have any outstanding bills? ☐Yes ☐No

Please check all outstanding bills that apply: ☐Housing ☐Utilities ☐Phone ☐Car ☐ Medical

☐Credit Cards ☐Other:_____

FAMILY HISTORY

Please give us the following information about your parents: (Release signed if applicable)

Mother's Name: _____ Phone: _____

Street:_____ City, State, Zip:_____

Father's Name: _____ Phone: _____

Street:_____ City, State, Zip:_____

HEALTH

Are you currently receiving medical care? ☐Yes ☐No Date of last visit:_____

Due Date (if applicable):_____ Have you had any previous pregnancies? ☐Yes ☐No

Have you previously had any ☐Live Births ☐Miscarriages ☐Abortions ☐Other_____

Are you…..

☐ On a special diet? If yes, explain:_____

☐ Allergic to any medication? If yes, please state:_____

☐ Allergic to any food? If yes, please state:_____

☐ Allergic to anything else? If yes please state:_____

If you have allergies, please explain symptoms and reactions:_____

_____

What precautions and treatments do you use for your allergies:_____

_____

Have you ever worn glasses or contacts? ☐Yes ☐No

Do you have any dental problems? ☐Yes ☐No When was your last dental exam?_____

List all medications you take (including over the counter):

Medication	Dosage	How often do you take it	Condition it is used to treat
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you smoke cigarettes? ☐Yes ☐No

Have you consumed alcohol or drugs during your pregnancy? ☐Yes ☐No

Have you ever: ☐ Been hospitalized? ☐ Had surgery?

If yes, please explain:_____

Have you ever had any of the following:

☐Eye infections	☐liver disease	☐depression	☐thyroid disease
☐measles	☐Diverticulitis	☐hernia	☐hives/rashes
☐hemorrhoids	☐MERSA	☐Bronchitis	☐pneumonia
☐scarlet fever	☐rheumatic fever	☐mumps	☐Polio
☐mental illness	☐mononucleosis	☐STDs	☐chicken pox
☐ HPV/Genital Warts	☐ Yeast Infection	☐Chlamydia	☐Herpes
☐Known HIV contact	☐Other STDs not listed	☐Gonorrhea	☐Hepatitis A
☐Exposure to Tuberculosis	☐Hepatitis B	☐Hepatitis C	☐Other:_____

Please state any additional medical information we should know:_____

_____

Did you have any complications that resulted from childhood diseases? ☐Yes ☐No

Have you ever had any counseling: ☐Yes ☐Currently ☐No

Counseling Center:_____ Name of counselor:_____

Address:_____ Phone:_____

List any mental health diagnoses:_____

Have you ever been hospitalized for mental health reasons? ☐Yes ☐No When?_____

Have you ever attempted suicide? ☐Yes ☐No When?_____

What kind of attempt did you make?_____

Do you have a history of substance abuse? ☐Yes ☐No (check drugs of use):

☐Marijuana ☐Cocaine ☐Crack ☐Amphetamines ☐Barbiturates ☐Heroin ☐Alcohol

☐Other Street/Club Drugs ☐Prescription Medication

When was the last time you used alcohol or drugs? _____

Have you completed a drug treatment program? ☐Yes ☐No

Name of program:_____

Address:_____ Phone:_____

Have you ever engaged in any "High Risk" behavior ☐Yes ☐No
(sharing needles, unprotected sex, etc)?

EMERGENCY CONTACT:

Name: _____ Relationship:_____ Phone:_____

Street:_____ City, State, Zip:_____

APPLICANT'S CERTIFICATION:

My signature below confirms that I have read, understand, and agree to abide by the Guidelines of New Generation. My signature also confirms that the information I have provided to New Generation is true, accurate, and honest. If any information that I have provided is indeed false, I understand that New Generation may ask me to leave the program immediately. I absolve New Generation from any liability of any actions they may take based on this information that I have provided as truth.

_____ _____
Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

LIABILITY RELEASE FORM

I, _____ enter of my own free will into the following agreement with the New Generation Program.

1. I have had the rules of the house clearly explained to me and agree to abide by them.
2. I understand and agree that New Generation shall incur no liability in the event that I fail or refuse to stay in the home.
3. I agree I will vacate New Generation within 48 hours, or sooner if deemed necessary, upon the request of staff or any New Generation representative.
4. I agree that in accepting shelter from New Generation, I will in no way hold them responsible or liable for:
   a) any debts, personal injuries, losses through fire or theft which may result of my association with them while I am in or about the premises.
   b) any complications relating to my pregnancy, labor, delivery or any other aspect of my association with them.
5. I grant permission for any staff or representative of New Generation to inspect my belongings at any time and remove from them any liquor, drugs or medication.

Applicant_____Date _____

MEDICAL SERVICES FOR CHILD

I _____, give permission for my child/children to receive medical services in the event of an emergency, accident, or illness, and I am not present and cannot be reached immediately.

	Names of Children:	DOB:	Social Security#:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

_____ _____

Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE

Agency Name: Families First Health and Support Center

Agency Address: 100 Campus Drive

City, State and Zip: Portsmouth, NH 03801-5892

Agency Phone Number: 603-422-8208

Agency Fax Number:

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE

Agency Name: Portsmouth Regional Hospital

Agency Address: 333 Borthwick Avenue

City, State and Zip: Portsmouth, NH 03801

Agency Phone Number: 603-436-5110

Agency Fax Number: 603-433-4917

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE

Agency Name: Rockingham County WIC

Agency Address: 35 High St.

City, State and Zip: Exeter, NH 03833-2900

Agency Phone Number: 603-778-1834

Agency Fax Number: 603-778-7413

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE

Agency Name: Seacoast Mental Health Center

Agency Address: 1145 Sagamore Avenue

City, State and Zip: Portsmouth, NH 03801-5585

Agency Phone Number: 603-431-6703

Agency Fax Number: 603-431-0215

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE - OTHER

Agency Name: _____

Agency Address: _____

City, State and Zip: _____

Agency Phone Number: _____

Agency Fax Number: _____

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date

New Generation, Inc. PO Box 676 Greenland, NH 03840 * Phone/Fax 603.436.4989 * www.newgennh.org

INFORMATION RELEASE - OTHER

Agency Name: _____

Agency Address: _____

City, State and Zip: _____

Agency Phone Number: _____

Agency Fax Number: _____

_____ authorizes a two-way exchange of information between New Generation, Inc. and the above party. She understands this release to encompass all information including: psychological testing, medical history/records, legal records, counseling records, educational information, and drug/alcohol information.

_____ _____

Applicant/Resident Signature Date