

# Transitional Housing Application

Section A Client Information				
Today's Date:		How did you hear about transitional housing?		
First Name:	Middle Name:	Last Name:		
Street Address:		City:	State:	Zip:
Home Phone:		Cell Phone:		
Message Phone:		E-mail Address:		
Birth Date:		Do you have your original Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number:		Do you have your original Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identification Number: <i>California Driver's License or California ID</i>		Is your driver's license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am or have been in <input type="checkbox"/> Foster care <input type="checkbox"/> Probation <input type="checkbox"/> Legal guardianship		Name of last social worker or probation officer:		
Section B Demographic Information				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		LGBTQ: <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: <input type="checkbox"/> Single, Divorced or Separated <input type="checkbox"/> Married
Hispanic or Latino Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Some other race (not listed above)		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other				
Special Needs: <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Domestic Violence Restraining order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other _____		

**Section C  
Family Information**

**How many children have you given birth to or fathered? \_\_\_\_\_**

**How many of these children are living with you? \_\_\_\_\_**

**Do you have a child custody order?**

Yes  No

**Are you pregnant or is a female pregnant with your baby?**

Yes (Expected due date: \_\_\_\_\_)

No

**Section D  
Financial Information**

**Income Sources:**

Child Support

Employment Income

Food Stamps

General Public Assistance

Medicaid/Medi-Cal

No Financial Resources

Section 8 Housing

State Children's Health Insurance Program

Social Security

Social Security Disability Insurance

Supplemental Social Security Income (SSI)

Temporary Assistance to Needy Families (TANF)

Unemployment Benefits

Veterans Benefits

Veterans Healthcare

Other: \_\_\_\_\_

**Section E  
Employment Information**

**Employment Status:**

I am currently employed

I am not currently employed

I was fired

I was laid-off

I quit my job

I have never held a job

I am currently looking for work

**Current or Last Employer:**

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_

**Experience**

**Brief description of paid employment experience:**

**Brief description of all community service and volunteer work performed:**

**Section F  
Education Information**

**School Status:**

- Attending school
  - High School
  - Vocational School
  - Junior College
  - 4-Yr College/University
  - Other
- Not attending school

**School:**

Name of last high school attended?  
\_\_\_\_\_

Name of school currently attending?  
\_\_\_\_\_

What is your course of study?  
\_\_\_\_\_

When will you graduate? \_\_\_\_\_

**Education:**

Last grade completed \_\_\_\_\_

Do you have your diploma?

- Yes  No

Do you have your GED?

- Yes  No

Do you have a copy of your diploma or GED?

- Yes  No  N/A

**Section G  
Living Situation**

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless shelter                  | <input type="checkbox"/> Other adult's home          |
| <input type="checkbox"/> Domestic violence shelter         | <input type="checkbox"/> Foster home                 |
| <input type="checkbox"/> Transition age youth shelter      | <input type="checkbox"/> Group home                  |
| <input type="checkbox"/> Other temporary shelter _____     | <input type="checkbox"/> Job Corps                   |
| <input type="checkbox"/> Rental housing                    | <input type="checkbox"/> Drug Treatment Center       |
| <input type="checkbox"/> On the street                     | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Other transitional living program | <input type="checkbox"/> Educational Institution     |
| <input type="checkbox"/> Parent/Legal Guardian's home      | <input type="checkbox"/> Mental Hospital             |
| <input type="checkbox"/> Relative's home                   | <input type="checkbox"/> Correction/Detention Center |
| <input type="checkbox"/> Friend's home                     | <input type="checkbox"/> Other _____                 |

**Have you ever been homeless?**

- Yes  No

**If yes, please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section H**

## Criminal Arrest Status

I have never been arrested

I have been arrested

I have been in Juvenile Hall

I have been in jail

I have been in prison

I have been detained

I owe restitution, (amount owed: \_\_\_\_\_)

Please list your arrest history:

Date	Age	Charge	What happened	Probation Officer	Commitment Length

I am currently on:

Probation

Parole

Not applicable

## Section I Health Information

Do you have Medi-Cal?

Yes  No

Do you have your Medi-Cal card?

Yes  No

Do you have any significant physical or mental health problems that affect your employability?

Yes  No

If yes, please explain:

Can you pass a drug test today?  Yes  No

Are you willing to take a drug test to enter or remain in a housing program?  Yes  No

Are you aware that you may be tested at any time during your participation in the housing program to remain eligible for transitional housing?  Yes  No

## Section K Character References

Please list three adult references (teachers, former caregivers, counselors, employers, etc.)

Name	Address	Phone	Relationship

Comments:

## Section L Housing Selection

Select the transitional housing program are you interested in applying for (check all that apply)

**Building Blocks**

- A single site apartment complex that accommodates a maximum of 12 youth. Each youth shares a furnished apartment with a roommate. There are laundry facilities on-site, rent is subsidized, and youth are allowed to reside there for a period of up to 18 months. This is a drug and alcohol free housing program.

**Scattered Site Model**

- This program requires that the youth obtain or currently reside in an apartment or rental arrangement for a period of two years. A stipend of no more than \$700.00 will be provided in addition to assistance with utilities, groceries and phone.

**Host Family Model**

- In this program youth live with a HOST family who is either pre-approved as a HOST family, or a family with whom the youth has an established relationship. Participants may live with a host family for up to two years while receiving a stipend of \$500 and assistance with utilities, groceries, and telephone.

**Note: All of these housing programs require you to pursue and make progress toward education and employment goals.**

**Section L  
Essay Questions**

**What do you know about the housing programs and what interests you about them?**

**What steps have you taken to prepare yourself to participate in a transitional housing program?**

**In the coming year, how will you prepare yourself for life after placement?**

**What are your personal goals in the next 12 months?**

Goal 1)

Goal 2)

Goal 3)

**How do you plan to achieve these goals?**

Goal 1)

Goal 2)

Goal 3)

**How do you deal with anger? Describe what happens when you get mad.**

**How do you deal with stress? Describe what types of behaviors you have when you are stressed.**

**How do you deal with authority figures?** (Examples include teachers, law enforcement, bosses, staff, etc.)

**How do you deal with peer pressure?**

How well do you get along with others?

Write a 100 word essay below describing yourself.

I certify that the above information included on this application is true and correct.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**For County Use Only**

Name of person receiving this application:

Date:

**STOP**

**Supervisory approval required beyond this point**

Eligibility Determination

ILP Eligible?  Yes  No

THP Plus Criteria

**Housing programs for which this youth is eligible:**

Building Blocks  THP-Plus Scattered Site Model  THP-Plus Host Family Model

Additional recommendations/referrals: