Transitional Housing Application

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| **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?**  Yes No | | | | | | | | | | |
| **Social Security Number:** | | | | | | | | | | **Do you have your original Social Security Card?**  Yes No | | | | | | | | | | |
| **Identification Number:** *(California Driver’s License or California ID)* | | | | | | | | | | **Is your driver’s license valid?**  Yes No | | | | | | | | | | |
| **I am or have been in**  Foster care  Probation  Legal guardianship | | | | | | | | | | **Name of last social worker or probation officer:** | | | | | | | | | | |
| **Section B**  **Demographic Information** | | | | | | | | | | | | | | | | | | | | |
| **Gender:** Male Female Other | | | | | **LGBTQ:** Yes No | | | | | | | **Marital Status:** Single, Divorced or Separated Married | | | | | | | | |
| **Primary Language:** EnglishSpanish Other | | | | | | | | | | | | **Hispanic or Latino Ethnicity?** Yes No | | | | | | | | |
| **Race (select all that apply):**  American Indian or Alaska Native  Asian  Black or African American  Pacific Islander or Native Hawaiian  White  Some other race (not listed above) | | | | | | | | | **Special Needs:**  Alcohol Abuse  Developmental Disability  Domestic Violence  Restraining order in place? Yes No  Drug Abuse | | | | | | | | HIV/AIDS  Mental Illness  Physical Disability  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:**  Not attending school  Attending school  High School  Vocational School  Junior College  4-Year College/University  Other | | | | | | | | | **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 | | | | | | | | | | | |
| **School:**  Name of last high school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of school currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is your course of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  When will you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **Section G**  **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 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** | |
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| **I am currently on:** Probation Parole Not applicable | | | | | | | | | | | | | | | | | | | | |
| **Section I**  **Living Situation** | | | | | | | | | | | | | | | | | | | | |
| Homeless shelter  Domestic violence shelter  Transition age youth shelter  Other temporary shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rental housing  On the street  Other transitional living program | | | | | | | Parent/Legal Guardian’s home  Relative’s home  Friend’s home  Other adult’s home  Foster home  Group home  Job Corps | | | | | | | | | Drug Treatment Center  Military  Educational Institution  Mental Hospital  Correction/Detention Center  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Have you ever been homeless?** Yes No  **If yes, please explain:** | | | | | | | | | | | | | | | | | | | | |
| **Section J**  **Housing Selection** | | | | | | | | | | | | | | | | | | | | |
| **Select the transitional housing program you are interested in applying for (check all that apply):** | | | | | | | | | | | | | | | | | | | | |
| **Building Blocks**  A single site apartment complex that accommodates a maximum of 12 youth in Belle Terrace area. 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 three years. A stipend of no more than $1,100 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 three years while receiving a $500 stipend and assistance with utilities, groceries, and telephone. | | | | | | | | | | | **Cornerstone Housing**  This program is for emancipated youth ages 18 to 24 year olds only. Studio or one bedroom apartments in Oildale area. Children ok. No roommate, $500 deposit. Cornerstone is subsidized housing program with sliding scale cost depending on income. The lowest rent is $50 and highest $1036 studio, and lowest is $50 and highest $1043 for 1 bedroom. | | | | | | | | | |
| *Note: All of these housing programs require you to pursue and make progress toward education and employment goals.* | | | | | | | | | | | | | | | | | | | | |
| **Section K**  **Character References** | | | | | | | | | | | | | | | | | | | | |
| **Please list three adult references (teachers, former caregivers, counselors, employers, etc.):** | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Address** | | | | | | | | | | **Phone** | | | | | **Relationship** | | |
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| **Comments:** | | | | | | | | | | | | | | | | | | | | |
| **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 (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 Cornerstone Housing  Additional recommendations/referrals:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |