

Transitional Age Youth (TAY) Housing Application

Youth Development Services

3530 Wilshire Blvd.

Los Angeles, CA 90010

Tel: (213) 351-0100

THP (Ages 18-21)

THP-Plus (Ages 18-24)

General Information

(Please Print)

Name: _____ Application Date: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____ Gender: Male Female

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

E-Mail: _____ Date of Birth: _____ Age: _____

Last Four Social Security Number: _____ Primary Language: _____

Did you age-out of foster care? Yes No Date you aged-out: _____

Living situation: Homeless Family Shelter Friends Other _____

Do you have a mentor or other significant adult relationship? Yes No

Do you have children? Yes No if yes, how many children do you have? _____

Do you have a California ID/Driver's License? Yes No, ID/Driver's License No. _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Referral/Agency Source

Name of person who referred you to transitional housing: _____

Relationship: _____ Agency: _____

Work Phone: _____ E-Mail: _____

Education

Check Highest Grade Completed:

Elementary: 5 6 Junior High: 7 8 High School: 9 10 11 12

Last School Attended: _____

Do you have an Individual Education Plan? Yes No

Do you possess one of the following? High School Diploma GED Other

Date of High School Graduation: _____ Date Passed GED: _____

Last College/Trade School Attended: _____ Units Completed: _____

Employment/Financial Information

Are you currently employed? Yes No Full Time Part Time

How many hours per week do you work? _____

Name of Employer: _____

Address: _____ City: _____ Zip Code: _____

Supervisor: _____ Supervisor's Phone: _____

Date Hired: _____ Hourly Salary \$ _____ Monthly Salary: \$ _____

Title and Description of Duties:

If not employed, what is your primary source of income?

General Relief Social Security Insurance No Income

Other (explain):

Do you have a savings account? Yes No Balance: _____

Do you have a checking account? Yes No Balance: _____

Medical/Psychiatric/Substance Abuse History

Do you have Medi-Cal? Yes No Do you have private insurance? Yes No

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please list any medical conditions past or present:

Please list any mental health issues past or present:

Please list any prescribed medications that you are currently taking:

Have you ever been hospitalized? If so, please explain:

Do you drink alcohol? Yes No, how often? _____

Do you currently use drugs? Yes No, what types and how often do you use them?

Do you smoke cigarettes? Yes No

Legal/Gang History

Are you or have you ever been on Probation? Yes No Juvenile Adult

Please provide the name and contact number of your Probation/Parole Officer:

Please explain the nature of the incident?

Are you now or were you ever affiliated with a gang? Yes No

What gang? _____ Current status: _____

Life Skill Knowledge

Do you know how to cook? Yes No

Please give an example of a well-balanced meal you know how to cook?

Do you know how to clean? Yes No

Please describe how would you clean a kitchen?

Have you ever had a roommate? Yes No

Was the experience positive or negative? (Explain):

- Can you make a monthly budget? Yes No
- Do you pay bills on time? Yes No
- Do you own credit cards? Yes No
- Do you owe money on school loans? Yes No
- Do you know how to use public transportation? Yes No
- Do you have any pets? Yes No

Personal Goals

Please describe how getting into a Transitional Housing Program will help meet your short and long term goals?

I certify that the information I have completed is true and correct to the best of my knowledge

Applicant's Signature

Date

****The Transitional Age Youth Housing Application and supporting documentation/information is privileged and confidential. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal or misuse of this information is punishable by fine and/or imprisonment.**

ILP Verification of Emancipation Status/Consent For Release of Information

LA County Department of Children & Family Services/ Department of Probation

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ **Date:** _____

HOUSING AGENCY INFORMATION (Please Print)

Agency Name: _____ Email: _____

Agency Address: _____

Phone Number: _____ Fax Number: _____

Employee Name: _____ Employee Title: _____

I, _____, an employee of _____, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: _____ **Date:** _____

HOUSING AGENCY TO FAX COMPLETED FORM:

*For DCFS Youth: to Greg Breuer at (213) 637-0035 and call (213) 351-0187 to Verify Receipt
Probation Youth: to John Thompson at (213) 637-0036 and call (213) 351-0156 to Verify Receipt*

TO BE COMPLETED BY LA COUNTY DCFS YDSD OR DEPT. OF PROBATION STAFF ONLY

ILP THP Housing (For youth between the ages of 18 and 21) (Check All That Apply)

ILP/ HSP Housing (For youth between the ages of 18 and 22)

The above mentioned client is/was a current or former foster youth from either the L.A. County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

THP+ Housing (For youth between the ages of 18 and 24)

The above mentioned client *aged-out* of foster care from either the Los Angeles County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.

Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ **No:** _____ **Projected Term Date if known:** _____

Case Termination Date: _____ **ILP Eligible: Yes:** _____ **No:** _____

DCFS/PROBATION STAFF NAME

DCFS/PROBATION STAFF SIGNATURE

Title

Date

If you have questions, please call John - 213/351-0156 or Greg - 213/351-0187