## Transitional Age Youth (TAY) Housing Application

Youth Development Services

3530 Wilshire Blvd. Los Angeles, CA 90010 Tel: (213) 351-0100

**THP** (Ages 18-21)

(Please Print)

**THP-Plus** (Ages 18-24)

## **General Information**

(Fiedde Fillit)						
Name:		Application Date:				
Primary Address:						
City:	State:	Zip Co	ode:	Gender:	Male	Female
Home Phone:		Work Pho	ne:	Cell,		
E-Mail:				Date of Birth:	Age:	
Last Four Social Sec	curity Number: _	P	rimary Langu	uage:		
Did you age-out of fe	oster care?	Yes	No	Date you aged-o	ut:	
Living situation:	Homeless	Family	Shelter	Friends	Other	
Do you have a ment	tor or other sign	ificant adult r	elationship?	Yes	No	
Do you have childre	n? Yes	No if yes	, how many o	children do you ha	ve?	
Do you have a Calif	ornia ID/Driver's	s License?	Yes	No, ID/Driver	's License No	•
		Emergen	cy Contact	Information		
Name:	Relationship:					
Address:						
City:		State	ə:	Zip Code:		
Home Phone:			Worl	k Phone:		
			rral/Agency			
Name of person who	o referred you to	o transitional	housing:			
Relationship:	Agency:					
Work Phone:			_ E-Mail:			

## **Education**

Check Highest Grade Completed:									
Elementary: 5 6 Jur	nior High:	7	8	High School:	9	10	11	12	
Last School Attended:								<del></del>	
Do you have an Individual Education	on Plan?		Yes	No					
Do you possess one of the following	g? F	ligh School	Diplom	a GED		Othe	r		
Date of High School Graduation: _		Date Passed GED:							
Last College/Trade School Attende	d:			Unit	s Com	oleted:			
	Employ	ment/Finar	ncial Inf	ormation					
Are you currently employed?	Yes	No		Full Time	Part 1	Γime			
How many hours per week do you	work?								
Name of Employer:									
Address:			City:			Zip Co	ode: _		
Supervisor: Supervisor's Phone:									
Date Hired:	Но	_ 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?	\	′es	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	e private insurance?	Yes	No		
Doctor's Name:								
Dentist's Name:			Phone:					
Please list any medical cond	litions past or	present:						
Please list any mental health	n issues past o	or present:						
Please list any prescribed m	edications tha	ıt you are cı	urrently taking	:				
Have you ever been hospita	lized? If so, pl	ease explai	n:					
Do you drink alcohol?	Yes	N	o, how often?					
Oo you currently use drugs? Yes No, what types and how often do you use them?						?		
Do you smoke cigarettes?	Yes	No						
		Legal/G	ang History					
Are you or have you ever be	en on Probati	on?	Yes	No Juve	enile	Adult		
Please provide the name an	d contact num	nber of your	Probation/Pa	role Officer:				
Please explain the nature of	the incident?							
Are you now or were you ev	er affiliated wi	th a gang?	Yes	No				
What gang?		Cı	urrent 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			
<ul> <li>Do you owe money on school loans</li> </ul>	?	Yes	No			
<ul> <li>Do you know how to use public trans</li> </ul>	sportation?	Yes	No			
• Do you have any pets?		Yes	No			
	Pe	ersonal Goals				
Please describe how getting into a Ti	ransitional Ho	ousing Program	will help meet your short and long term goals?			

\*The Transitional Age Youth Housing Application and supporting documentation/information

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

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