

# 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: \_\_\_\_\_



**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**

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