TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS
(THPP-NMD) APPLICATION

Participant's Name:	**DOB:**	**Age:**
Gender ID:	**Preferred Pronoun:**	
CSW/DPO Name:		

THPP-NMD is a countywide transitional housing placement program for court Nonminor Dependents (NMDs) age 18 up to 21. The program provides a safe living arrangement and supportive services, so NMDs can practice the skills needed to live independently upon exiting foster care. ***THPP-NMD is not intended to be used as an emergent or short term placement option.***

1) CSW/DPO should contact the THPP-NMD Agency directly to confirm openings.

THPP-NMD Agency	Housing Located in SPAs	Contact Number	Email Address
ASPIRANET	7, 8	(310) 535-1500	lbtayreferrals@aspiranet.org
FLORENCE CRITTENTON FAMILY SERVICES	3, 6, 7, 8	(714) 680-9000 ext. 1009	steppingstones@crittentonsocal.org
DAISY'S HOUSE	2, 4, 6	(310) 877-9587	admin@daisyshouse.net
DAVID AND MARGARET	3, 7	(840) 208-3657	compass@davidandmargaret.org
FIRST PLACE FOR YOUTH	2, 3, 4, 6, 8	(213) 835-2700	applyla@firstplaceforyouth.org
HUMAN EDVANCEMENT	1, 2	(661) 414-3714	thpp-nmd@humanedvancement.org
OLIVE CREST	3, 7	(562) 977-6955	thp-la@olivecrest.org
PENNY LANE	1, 2	(818) 892-3423	nmdapplications@pennylane.org
RENAISSANCE	3, 6, 8	(323) 935-1786	office@renaissancehousing.org
ST. ANNE'S FAMILY SERVICES	4	(213) 381-2931 ext. 402	thp_referrals@stannes.org
WALDEN	1, 2, 3	(818) 365-3665	thpintake@waldenfamily.org
HILLSIDES	3	(323) 274 -3075	thppnmd@hillsides.org

Participant's Name:	DOB:	Age:
Gender ID:	Preferred Pronoun:	
CSW/DPO Name:		

2) CSW/DPO submits an Intake Packet to each THPP-NMD Agency the CSW/DPO is considering for placement of the NMD. Please check the attached documents:

THPP-NMD Application (pgs 2-4; NMD must complete)
Case Plan
Health and Education Packet or similar document
Status Review Court Report
Transitional Independent Living Plan
SOC 161
SOC 162 or 163
DCFS 6010 or Probation 6010
Minute Order

3) Upon receipt of the Intake Packet, the THPP-NMD Agency will contact the CSW/DPO to request additional information and/or schedule an interview within 7 business days.

4) The THPP-NMD Agency will notify the CSW/DPO of NMD's acceptance or denial within 7 business days after the NMD has completed the interview process.

5) Upon placement, the agency must have the SOC 152 and the DCFS 709 or the previous Needs and Services Plan,if applicable.

For non-contracted THPP-NMD Placements, complete and submit the DCFS 6081 per exisiting THPP-NMD Special Placement Procedures.
For all THPP-NMD related information, CSWs may contact their respective Service Bureau Liaisons or send an email to: thpp@dcfs.lacounty.gov and DPOs may send an email to: THPPNMD@probation.lacounty.gov .

Date Received by Agency:

To be Completed by THPP-NMD agency

Participant's Name:	**DOB:**	**Age:**
Gender ID:	**Preferred Pronoun:**	
CSW/DPO Name:		

(Please TYPE or PRINT your application) Date:

Youth's Name:		DOB:	Age:
Contact No.	Cellular	Email Address:	
Current Address:			
City:	State:	Zip Code:	
Gender ID:		Preferred Pronoun:	
Parenting: ☐ Yes; No. of Children:	No ☐	Expecting: ☐ Yes; Due Date:	No ☐

CURRENT PLACEMENT		
STRTP ☐	Foster Home ☐	SILP ☐
Relative; Relationship:		
Other:		
Contact No. Cellular	Email Address:	

PERMANENT ADULT CONNECTION (Person who can always find you)		
Name:	Relationship:	
Contact No. Cellular	Email Address:	
Address:		
City:	State:	Zip Code:

DCFS/PROBATION INFORMATION		
Office Name:		
CSW/DPO:	Contact No.:	Cellular
	Email:	
SCSW/SDPO:	Contact No.:	Cellular
	Email:	
ILP/Transition Coordinator:	Contact No.:	Cellular
	Email:	

Participant's Name:	DOB:	Age:
Gender ID:	Preferred Pronoun:	
CSW/DPO Name:		

EXTENDED FOSTER CARE ELIGIBILITY CRITERIA

(Attach SOC 161 to this application)

Please select all that apply:

- Complete secondary education/equivalent credential
- Enroll in post secondary/vocational education institution
- Employed at least 80 hours per month
- Participating in activity designed to promote or remove barriers to employment
- Incapable of doing any above activities due to medical condition

EDUCATION
(Check the box for highest grade completed)

☐ 9th	☐ 10th	☐ 11th	☐ 12th	☐ HSD	☐ GED

Name of High School:	HS Graduation Date:
College/Trade School attending or last attended:	Units completed:
I have earned a(n): ☐ AA/AS degree ☐ Vocational Certificate ☐ Other (explain):	

EMPLOYMENT/VOLUNTEER INFORMATION

Are you currently employed? ☐ Yes; if yes, complete below:		☐ No
How long have you been employed?	Name of company:	
Address:		
City:	State:	Zip Code:
Previous work/volunteer experience: ☐ Yes; if yes, complete below:		☐ No
Name of Company		
Job/Volunteer position:		

Participant's Name:	**DOB:**	**Age:**
Gender ID:	**Preferred Pronoun:**	
CSW/DPO Name:		

YOUTH'S PERSONAL STATEMENT

(Please Complete or Attach Your Personal Statement)

Tell us about yourself. For example, what do you enjoy doing in your free time? What are your plans for the future? Why do you want to participate in the Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) Program? What are your employment goals? What are your educational and/or vocational (trade) goals?

Youth Signature:	**Date:**
CSW/DPO Signature:	**Date:**