|  |  |
| --- | --- |
|  | **PERMANENCY BELONGS TO ALL YOUTH** |

# THP+FC APPLICATION (ages 18-21)

## General Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Application Date: | Click or tap to enter a date. |
|  | Last | First |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Address: | | | |  | | | | | | |  |
|  | | | | Street Address | | | | | | | Apartment/Unit # |
|  |  | | | | | | | |  |  |
|  | City | | | | | | | | State | ZIP Code |
| Cell Phone: | |  | | Work Phone: |  |  | Email: |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: |  | Primary Language: |  | Social Security No: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | | Age: | |  | | | | CA ID/Driver’s License No: | | | | | |  |
| Medical Number: | | |  | | | | |  | | | |  | Health Care Provider: | | |  | |
|  | | | |  | |  | |  | |  |  | |  |  | | |
| Current Living Situation: Homeless ; Family ; Shelter ; Friends ; Other | | | | | | | | | | | | | | | |  |

## Emergency Contact Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Relationship: | |  | | | |
| Address: | | | |  | | | | | | | |  |
| Cell Phone: | |  | | Work Phone: |  | |  | | Email: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Worker Name: |  |  |  | Social Worker Phone: |  |

## Education

**Check Highest Grade Completed:**

Junior High ; High School Diploma ; GED ; Vocational ; College

## Employment/Financial Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you currently employed: | YES | | NO  Full Time  Part Time | | |  |
| How many hours do you work? | |  | | Where do you work? |  | |
| Do you have bank account: | YES | | NO  Checking  Savings | | |  |
|  |  | | **PERMANENCY BELONGS TO ALL YOUTH** | | |  |

# CONFIDENTIAL QUESTIONNAIRE FOR POTENTIAL RESIDENTS OF NALLS FOUNDATION TRANSITIONAL HOUSING PROGRAM

|  |  |  |  |
| --- | --- | --- | --- |
| Name Date: |  | Date: | Click or tap to enter a date. |

# What are your goals for living in the Transitional Housing Program?

# Are you currently attending or will you be attending:

Vocational training school? Yes  No

Community college or 4-year College? Yes  No

Job training? Yes  No

# List 3 of your favorite hobbies:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1: |  | 2: |  |  | 3: |  |

# Are you able to live independently without 24-hour supervision, and can you be responsible for your own actions?

# Yes No

# Are you a survivor of Human Trafficking? Yes No

# What are 3 good things that you can contribute to the house?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1: |  | 2: |  |  | 3: |  |

# Have you ever experienced any grief or loss? Yes No

Now  Sometimes  In the past

 **PERMANENCY BELONGS TO ALL YOUTH**

# Please write a short paragraph about what you hope to accomplish/gain from living at the Transitional House:

# Share with us something you feel is important/significant about you that will help us provide more individual services for you: