|  |  |
| --- | --- |
|  |  **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 [ ]  |  |
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# 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 [ ]

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# 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: