

Youth Transitional Living Program Application



Hillcrest

Steppingstone

Synergy

reStart

With this application, you can choose to apply to any number of the four youth Transitional Living Programs listed above. Each program is different from the others so you are encouraged to review each program's handbook before applying.

This application only needs to be filled out once in order to apply at any number of the programs listed above, but must be submitted separately to each desired program.

What to do:

1. Fill out this application and write your social history (see last page of application).
2. Check the box under the logo above of the program(s) that you are applying to.
3. Submit application, social history and requested documents (see page 7) to each program:
 - a. **Hillcrest** (913-827-8462): Scan and email to ediebolt@hillcrestkc.org
 - b. **reStart** (816-472-5664 ext. 223): Fax to 816-472-6127 or email to rcarr@restartinc.org
 - c. **Steppingstone** (816-356-0187 ext. 310): Scan and email to asharky@echmail.org
 - d. **Synergy Services** (816-505-4852): Fax to 816-455-3711 or email to athompson@synergyservices.org

Name: _____

Date: _____

Name: _____ SS#: _____

Date of Birth: ____/____/____ Age: _____ Gender: Female___ Male___ Other___

Marital Status (circle all that apply): Single Married Domestic Partner Divorced Separated Widowed

Where are you living right now? (circle one):

House/Apt. Friends Relatives Shelter Hotel Street Car Other: _____

Address: _____
Street/PO Box City State Zip Code

Phone numbers: () _____ Other: () _____

Email address: _____ Facebook Name: _____

How long have you been staying there? _____ Where do you sleep (bed, couch, floor), how many people live there, how long are you allowed to live there, etc.? _____

Have you applied to a TLP program before? Yes No When? _____

Where? _____ What happened? _____

How did you hear about a TLP? _____

Do you know anyone who has been in a TLP program? Yes No If yes, who? _____

Where? _____

What are your reasons for applying to a TLP? Please explain circumstances: _____

Have you ever been in any other independent living program? Yes No

If yes, where and when? _____

Why did you leave that program? _____

Name: _____

If you are accepted into a program and you are not from the area of that program, describe how comfortable you will feel working on goals for work and school for the duration of the program, in an area you are unfamiliar:

List three things you like about yourself: _____

List three things about yourself that you feel need improvement/attention: _____

Education (check all that apply):

___ Some High School (last grade completed _____) ___ High School Graduate ___ GED ___ Trade/Skill School
___ Some College (area of study: _____) ___ Other: _____
___ IEP or Special Ed classes

Names of School(s)	Year Graduated / Attended
High School/GED: _____	_____
College/Trade School: _____	_____
Other: _____	_____

Problems you have had in school: _____

Family

Parent name _____ Phone _____
Address (city, state, zip) _____

Parent name _____ Phone _____
Address (city, state, zip) _____

Brothers / Sisters names and ages: _____

Your children: Name _____ Age _____ Female _____ Male _____

If you have a dependent child, who is the other parent? _____

Is the other parent of your child involved in your child's life? Yes No If yes, how? _____

Name: _____

List all who would be living with you in the TLP apartment: (please include yourself on the first line)

Name	Relationship	Age	Date of Birth	Type of Custody
	Self			

Emergency Contacts

List emergency contact names and phone numbers. If you have a child, list the child's other parent and/or a relative of the child as an emergency contact:

Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____

To get a sense of what you have been through, please answer the following questions honestly:

Health

(Females) Are you pregnant? Yes No If yes, how far along are you? _____
 If pregnant, are you getting prenatal care? _____ If yes, where? _____
 Health concerns / problems: _____
 Medications: _____ Name of Physician _____
 Do you have any allergies? Yes No If yes, what? _____
 Concerns about sexually transmitted diseases? Yes No _____

Substance Use

Do you smoke cigarettes? Yes No If yes, how much per day? _____
 How long have you smoked? _____
 When was the last time you used drugs and/or alcohol? _____
 What drug / alcohol do you use most often? _____ How frequently? _____

Legal

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes No
 If yes, why were you arrested? _____
 Have you served time in jail? Yes No How long? _____ Why? _____
 Do you have any pending tickets (speeding / parking, etc.)? Yes No What for? _____
 Do you have any warrants out? Yes No What for? _____
 Are you currently on parole, probation, or diversion? Yes No How many months / years left? _____
 Parole/Probation Officer: _____ Phone Number: _____

Name: _____

Counseling

Have you been in counseling? Yes No Therapist / program name: _____

What problems were you working on? _____

Have you ever been in a mental health hospital? Yes No When / Hospital name: _____

What problems were you working on? _____

Medications you have tried: _____

Have you ever been in a drug or alcohol program? Yes No If yes, when? _____

Where: _____

AA Participant? Yes No NA Participant? Yes No

Social Skills

On a scale of 1-5 (Poor=1 to 5=Best) how would you rate yourself at the following:

Wake up on your own: _____ Household chores: _____ Hygiene: _____

Laundry: _____ Being on time: _____ Getting along with others: _____

Independent Living Skills

On a scale of 1 to 5, (1=Poor, 5=Best) rate your ability to:

Purchase food: _____ Budget money: _____ Prepare well balanced meals _____

Purchase clothing: _____ Take care of others: _____ Use banks: _____

Find jobs: _____ Hold jobs: _____ Use public transportations: _____

Use hospital: _____ Library: _____ Knowledge of colleges: _____

Use computer: _____ Use telephone: _____

Problem Solving

How do you deal with your anger? _____

How do you deal with peer pressure? _____

Name: _____

How do you deal with authority figures? _____

What do you do with your free time? _____

What do you do when you are alone? _____

What are your hobbies? _____

Job History (Include last 3 years):

Dates	Company Name	Pay Rate	Duties	Reason for Leaving

Income (Job, Child support, DFS, DCF, SSI, etc. If child support is owed to you, please list monthly total amount.)

Source	Amount (weekly / monthly)

Current Case Worker Name _____ Phone # () _____

Name of Social Service office of social worker (DFS, SRS, City and State): _____

Name: _____

Transportation

Do you have a driver's license? Yes No

Do you have a car? Yes No

If yes, _____
MAKE

_____ MODEL

_____ COLOR

Plate # _____

Insurance Co Name: _____

Would you be willing to use the Metro Bus? Yes No

Personal Objectives:

Why do you feel you would benefit from participating in a TLP? _____

References

By listing names and phone numbers below, you are indicating that you agree to allow us to contact anyone listed as a reference to aid in our decision to accept you into the program. Please **do not** list family members or friends. List persons from other programs you have been in, counselors, school personnel, employers, etc.

Name	Phone #
1) _____	() _____
2) _____	() _____
3) _____	() _____

Documents

1. Proof of age: (one of the following) Birth Certificate, School ID, State ID
2. Social Security card
3. Release of Information forms: Last school attended, current / former therapist, Probation Officer, past independent living programs, psychiatric hospital(s), psychiatrist.
4. If you own a car: Driver's License, current insurance card

Name: _____

By signing below, I agree to the application process; I agree that all of the information on this application is true; and I agree to allow my references to be checked.

Applicant Signature

Date

Name: _____

Social History

This task is part of the Transitional Living Program (TLP) application process. The purpose of this document is for you to tell the intake staff about yourself. This document is used to help the intake team make a decision about whether you are appropriate for the program. This document should be neatly written or typed. You are encouraged to give as much detail and explanation in your social history as possible. Below is a description of things that should be included in your social history, you may include any additional information.

Introduction:

Describe how the last six months have been for you. Why are you currently interested in TLP as a place to live?

General Information

Where were you born?

Where have you lived and with whom have you lived?

How long have you lived in each place?

Have you had any out of home placements or psychiatric hospitalizations?

Are you currently being seen by a therapist or psychiatrist? Do you have any diagnosis?

School:

What schools have you gone to? How have your school years been so far; have you had any suspensions or expulsions?

What school are you currently enrolled?

If you are not enrolled anywhere, are you willing to return to school for either your GED or diploma?

Have you ever been in a learning disorder or behavioral class?

Relationships:

Describe your family and friends.

Who do you get along with and why? Who do you not get along with and why?

Name or describe particular people you feel you can trust and go to for support.

What are your strengths as a friend?

Legal Issues:

Have you had any trouble with the law?

Do you have any outstanding tickets or warrants?

Do you have any pending court cases?

Free Time:

Do you use drugs or alcohol?

If you do use, do you feel like it is a problem for you?

Do you smoke cigarettes?

What hobbies do you enjoy or what hobby would you like to learn about?

Goals:

What are your plans for the future?