

Youth Transitional Living Program Application

for youth experiencing homelessness



Hillcrest

Kansas City, KS
Ages 18-24
Individual youth
Youth with children



Steppingstone

Kansas City, MO
Ages 16-21
Individual youth
Youth with children
Pregnant youth



Synergy

North KC, MO
Ages 16-21
Individual youth
Youth with children
Pregnant youth



reStart

Downtown KCMO
Ages 16-21
Individual youth
Youth with children
Pregnant youth



HPC Young

Adult Housing

Platte City, MO
Ages 18-24
Individual youth
Youth with children
Pregnant youth



reStart KS

Olathe, KS
Ages 18-21
Individual youth

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. **Use BLACK INK or type your answers.**
2. Check the box under the logo above of the program(s) that you are applying to.
3. Submit application to each program:
 - a. **Hillcrest** (913-827-8462): Scan and email to mmarrant@hillcrestkc.org
 - b. **reStart** (816-472-5664 ext. 235): Scan and email to TLP@restartinc.org
 - c. **Steppingstone** (816-356-0187 ext. 310): Scan and email to akirk@echmail.org
 - d. **Synergy Services** (816-505-4852): Fax to 816-455-3711 or email to jhawkins@synergyservices.org
 - e. **HPC Young Adult Housing** (816-432-2525): Scan and email to kate@hillcrestplatte.org
 - f. **reStart KS** Scan and email to ehelin@restartinc.org

Name: _____

Date: _____

USE BLACK PEN

How do we get in contact with you? Feel free to call or email each program!

Phone numbers: (____) _____ Other: (____) _____

Email address: _____ Facebook Name: _____

What is the best way to contact you? _____

Who else can get ahold of you? (their name & number): _____

Date of Birth: ____/____/____ **Age:** ____ **Last 4 digits of SSN:** ____ ____ ____ ____

Gender: Female Male Transgender FtoM Transgender MtoF Gender Nonbinary (GNB)

Marital Status: Single Married Domestic Partner Divorced Separated Widowed

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

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

Address: _____

Street/PO Box City State Zip Code

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.? _____

Where did you live before that (last 4 places/placements)? How long were you at those places? _____

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

Where? _____ What happened? _____

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

If yes, where and when? _____

Why did you leave that program? _____

How did you hear about a TLP? _____

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

Where? _____

Name: _____

Can you tell us how the last 6 months have been for you? Why are you seeking out a TLP program?

Have you ever been in foster care? If so, for how long? _____

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 a new area: _____

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: _____

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

Challenges you have had in school: (suspensions, detentions, etc)

Did/do you have an IEP? _____

Are you interested in going to school? _____ If so, what would you like to study? _____

Name: _____

Family

Parent name _____ Phone _____

Address (city, state, zip) _____

Parent name _____ Phone _____

Address (city, state, zip) _____

Your siblings' names & ages: _____

Your children: Names & ages: _____

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? _____

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			

Describe your family and friends: _____

Who do you get along with? Why? _____

Who do you not get along with? Why? _____

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 _____

Health

Are you pregnant? Yes No If yes, how far along are you? _____

If pregnant, are you getting prenatal care? Yes No If yes, where? _____

Health concerns / diagnoses: _____

Medications: _____ Name of Physician _____

Do you have any allergies? Yes No If yes, what? _____

Name: _____

Substance Use

Do you smoke cigarettes? Yes No If yes, how many 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? _____

If you do use, why? _____

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, 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 much time left? _____

Parole/Probation Officer: _____ Phone Number: _____

Counseling

Have you been/are you in counseling? Yes No

Therapist / program name: _____

What were you working on? _____

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

What were you working on? _____

Previous diagnoses: _____

Previous medications you have been prescribed: _____

Did you take them as prescribed? Yes No If not, why? _____

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: _____

Name: _____

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: _____ | |

What are your plans for the future?

If you were living with a roommate, and they stole a piece of clothing from you, how would you react? If it made you angry, what would you do?

If you were hanging out with a group of people and someone offered you a joint, how would you handle that if you didn't want to smoke? Would it be hard to handle this situation?

There are rules in everyday life that we are asked to follow. When a rule gets broken, often a person in authority has to address the broken rule. How do you react in those kinds of situations? How does it make you feel? What is your first instinct when you have to interact with an authority figure?

What do you do with your free time? Your hobbies?

What do you do when you are alone?

Name: _____

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)

Do you have a Case Worker? Yes No

If yes, name? _____ Phone: (____) _____

Name of their office (DFS, DCF, City and State): _____

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?

Name: _____

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) _____	(_____)_____

Please note, if you are accepted to a program, staff will ask for forms of ID. If you have no forms of ID, let the staff know during your interview. Forms of ID include birth certificate, state ID, social security card, transcripts, medical records, etc.

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.

It is strongly encouraged that you call or email the TLP programs often to follow up on your application and see if they are scheduling interviews. Contact info is on the first page of this application.

Applicant Signature

Date

Youth Street Outreach:

If you need help with this application or finding housing resources, call the Youth Street Outreach Program at (816) 204-6747. An Outreach Worker can meet you in a safe, public place to help.

24-Hour Youth Shelter Hotlines:

Synergy: 816-741-8700
reStart: 816-309-9048