

Transitional Living Program Applicant Application



Family Youth Interventions
Transitional Living Program
 235 Cass Avenue
 Mt. Clemens, MI 48043
 Phone: 586-477-1855
 Fax: 586-477-1833
www.familyyouth.com

**If form is not showing as fillable, you will need to upload to a PDF reader app.
 These apps can be downloaded for free. Once complete, email to
tlp.info@familyyouth.com**

OFFICE USE ONLY

Application Received:
 First Interview Completed:
 Second Interview Completed:

PLEASE NOTE: ALL INFORMATION ON THIS FORM WILL BE TREATED CONFIDENTIALLY
No person or agency, other than yourself and the staff member/agency making your referral, will be contacted
without your knowledge and consent.

1. APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Do you go by any other Names? <input type="checkbox"/> No <input type="checkbox"/> Yes →		Age:	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other:	
Primary Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Secondary Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Do you have any identifying marks? (birthmarks, braces, scars, tattoos, piercing) <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:					
Contact information:		Phone number:		Email:	
Current Address:	Street:	City:	State:	Zip:	
County:		How long at address:			
Most Recent Living Situation: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Relative's Home <input type="checkbox"/> Friend's Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Drug Treatment Center <input type="checkbox"/> Living Independently <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Residential Program <input type="checkbox"/> Runaway <input type="checkbox"/> Corrections/Detention Center <input type="checkbox"/> Other:					
Current Situation: <input type="checkbox"/> Runaway <input type="checkbox"/> Potential Runaway <input type="checkbox"/> Probation <input type="checkbox"/> Court Ward <input type="checkbox"/> Emancipated <input type="checkbox"/> Homeless <input type="checkbox"/> None of the above					

2. BACKGROUND INFORMATION

Mother's Name:	Residence:
Father's Name:	Residence:
Birthplace: City:	State:

Transitional Living Program Applicant Application

If Under 18: Are you legally emancipated?

- No → Who is your Legal Guardian? Name: Phone:
 Yes → Date of Emancipation:

Do you have children? No Yes → Please complete next section (Continues on next page)

Child's Name:	Gender:	Date of Birth:
Child's Name:	Gender:	Date of Birth:
Child's Name:	Gender:	Date of Birth:

Do you have custody? Yes No → Who does?

3. LEGAL HISTORY

Have you ever been arrested or in trouble with the law? No Yes → Describe:

Do you have any charges pending? No Yes → Describe:

Do you have any upcoming court dates? No Yes → Describe:

Are you currently on probation or parole? No Yes → Describe:

Are you AWOL from a court-ordered placement or not in contact with your worker? No Yes → Describe:

Are there any outstanding pick-up orders or warrants for your arrest? No Yes → Describe:

Have you ever been charged with a felony? No Yes → Describe:

Have you ever been charged for criminal sexual conduct? No Yes → Describe:

4. RESIDENTIAL HISTORY

Please list any residential program you have been in starting with the most recent first.

Program/Institution	Dates: From-To

Have you ever been in foster care? No Yes → Describe:

Are you currently involved in an open CPS case? No Yes → Describe:

Have you ever been in any type of long-term living situation other than with your parents or the situation described above?
 No Yes → Describe:

Transitional Living Program Applicant Application

5. EDUCATION

Please mark all that describe your educational status: Attending school regularly Attending school irregularly Suspended
 Graduated High School Completed GED Attending College Attending Trade School Some College
 School not in session Extended Truancy Expelled Dropped Out Other:

If attending a school:

Name:

How long at school:

Please list the names and dates of schools you have attended:

Name of School	Dates: From-To

6. MEDICAL/MENTAL HEALTH HISTORY

Please list any current medical and/or mental health issues/diagnoses/concerns:

Please list any medications you are currently taking:

Please list any medications taken in the past:

Have you ever been hospitalized for psychiatric reasons? No Yes → Describe below:

Name of Hospital	Reason	Dates: From-To

Have you ever been in counseling or outpatient therapy (current/or past)? No Yes → Describe below:

Counselor/Therapist	Agency	Dates: From-To

Transitional Living Program Applicant Application

7. EMPLOYMENT/FINANCIAL HISTORY

Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes →	Where:	How long:	Hours a week:
↓			
Are you willing to seek employment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
↓			
If you are not willing to work, please explain why and what you plan to do instead of working:			
Employment History			
Employer/Training Program	Dates: From-To		
Do you and/or your Parent/Legal Guardian receive any other form of income such as DHHS benefits, Food Stamps, Cash Assistance, SSI, Disability, Adoption Subsidies, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes → Please list income source & the Representative Payee for each:			

8. SUBSTANCE USE HISTORY

Are you concerned about your substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A					
Have you ever tried to cut back on your use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A					
Have you ever been annoyed when questioned about your use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A					
Have you ever felt guilty about your use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A					
Have you ever had an "eye-opener" to get you started in the morning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A					
Answer that for use over the past six months						
Substance	Never	1-2 Times	3-10 Times	11-20 Times	Over 20 Times	Age of first use
Alcohol (beer, liquor, wine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates (heroin, morphine, codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Over the Counter or Prescription Misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cigarettes/Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallucinogens (LSD, PCP/angel dust, ecstasy, mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stimulants (cocaine, crack, speed, meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transitional Living Program Applicant Application

Have you ever been in drug treatment? No Yes → Please list below

Agency/Program	Dates: From-To

9. PERSONAL STATEMENTS

Entering Family Youth Interventions' Transitional Living Program is a commitment to making changes in your life. The following personal statements will help us determine your willingness to make those changes. Please make your statements AT LEAST 25 WORDS in length. Please use additional paper if needed.

FYI provides a stable, semi-independent living situation for young people who do not have other options for a place to live. Please describe your current situation and how it developed.

If you are accepted, we will be providing you with a stable place to live while you work on creating your own independent living situation. Please describe:

- A)** What your future plans are
- B)** How living here fits in with those plans
- C)** What you plan to do while you are here
- D)** How long you will need to live here.

If accepted, you will be living in a house with other residents (male & female), 24-hour adult staff, frequent visits by former residents and guests, and – at times – small children. Please identify any problems you may have adjusting to a group living situation, and how you resolve conflicts with other people.

Transitional Living Program Applicant Application

10. REFERENCES

Please provide three references that can provide information regarding your ability to get along with others, readiness for independent living, work / school performance, etc.

Please Read & Sign Below:

I authorize Family Youth Interventions to make inquiries of identified references. Although I recognize that these individuals and entities may have a general policy to disclose only specific, limited information, I authorize all past and current employers, educational institutions and all other individuals providing references to depart from that policy. I authorize these individuals and entities to respond to verbal and written inquiries from Family Youth Interventions regarding my past employment, verification of my educational background, my performance, and my personal character. I hereby release Family Youth Interventions and all such persons and entities providing information from any liability and damages incurred as a result of furnishing this information.

Applicant Signature:

PROFESSIONAL REFERENCE - Supervisor, teacher, counselor, case worker, past placement, etc.

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

PERSONAL REFERENCE - Must be an adult. Can be family, neighbor, clergy, mentor, etc.

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

ADDITIONAL REFERENCE

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

Please sign and date:

Signature:	Date:
------------	-------

Transitional Living Program Applicant Application

Staff Member(s) Contacting References: _____

PROFESSIONAL REFERENCE

Date of Contact: _____

Comments:

PERSONAL REFERENCE

Date of Contact: _____

Comments:

ADDITIONAL REFERENCE

Date of Contact: _____

Comments:

Housing Status: (check *one*):

- 1. Literally Homeless:** Places not meant for human habitation, shelter or transitional housing last night, exiting institution following homelessness or a survivor of domestic violence.
- 2. Housed and at imminent risk of losing housing:** Evicted, discharged from hospital/institution with no place to go, and condemned housing with no subsequent housing and inadequate resources.
- 3. Housed and at risk of losing housing:** At-risk due to high housing costs, conflict, or other conditions that put housing at risk and inadequate resources. Danger is not immediate.
- 4. Stably Housed:** Not at risk of losing housing.
- 5. Don't Know**
- 6. Refused**

Documents List:

Documentation (Please check those that are appropriate based on your circumstances)

If Homeless:

- 1. Shelter Verification:** Referring agency should provide homeless certification if possible.
HUD stipulates that TLP staff must attempt to obtain verification of your homeless status from an outreach program, your shelter, or your transitional housing program.
- 2. Signed and dated letter from someone who is familiar with your living circumstances (if “on the streets” and no outreach verification is available).**
- 3. Signed statement from client (see below).**

I verify that I am homeless. I have identified no appropriate subsequent housing options and lack the financial resources and support networks needed to obtain housing or remain in existing housing.

Print Name:	
Signature:	
Date:	