

Transitional Living Program Resident Application

Family Youth Interventions

Transitional Living Program

235 Cass Avenue

Mt. Clemens, MI 48043

Phone: 586-477-1855

Email: tlp.info@familyyouth.com

www.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

Legal Name (First, Middle, Last): _____

Do you go by any other names? No Yes → _____

Gender: _____

Age: _____ Birthday (Month/Day/Year): _____

Birthplace: City: _____ State: _____

Current Address: Street: _____

City: _____ State: _____ Zip: _____

County: _____ How long at this address: _____

Phone Number(s): _____ Alternate Number(s): _____

Current Status (please check one of these choices):

Runaway Potential Runaway Probation Court Ward Emancipated Homeless None of above

Most Recent Living Situation (please check one of these choices):

Legal Guardian Non-Custodial Parent Relative's Home Friend's Home Foster Home

Group Home Drug Treatment Center Living Independently Psychiatric Hospital Shelter

Residential Program Correction/Detention Center Runaway Other: _____

Homeless Verification: See attached green sheet

2. BACKGROUND INFORMATION

Legal Guardian: _____ Residence: _____

Legal Guardian: _____ Residence: _____

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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 the following section **(on next page)**

• Child's Name: _____ Sex: _____ Birth date: _____

• Child's Name: _____ Sex: _____ Birth date: _____

Do you have custody? Yes No → Who does? _____

Are you currently pregnant? No Yes → When are you due? _____

Do you have any piercings or tattoos? No Yes → **Describe:** _____

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

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

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

4. RESIDENTIAL HISTORY

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

Program/Institution

Dates: From – To

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

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

Have you been in any type of long-term living situation other than with your parents or the situations described above?

No Yes → **Describe:** _____

5. EDUCATION

Please mark all that describes your school situation:

- Graduated High School Completed GED Attending school regularly Attending school irregularly Suspended
 Dropped out School not in session Extended truancy Expelled Other: _____

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

Name of School

Dates: From - To

Currently enrolled at: _____

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

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

Counselor/Therapist

Agency

Dates: From - To

7. **SUBSTANCE USE HISTORY**

- Are you concerned about your alcohol/substance use? Yes No Unsure
- Have you ever tried to cut back on your use? Yes No Unsure
- Have you ever been annoyed when questioned about your use? Yes No Unsure
- Have you ever felt guilty about your use? Yes No Unsure
- Have you ever had an 'eye-opener' to get you started in the morning? Yes No Unsure

Answer the chart below for use over the past six months:

Substance	Never	1 or 2 times	3 - 10 times	11 - 20 times	Over 20 times	Age at first use
Alcohol (beer, wine, liquor)	<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"/>	
Hallucinogens (LSD,PCP/angel dust, ecstasy, mushrooms)	<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"/>	
Stimulants (cocaine, crack, speed, meth)	<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"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever been in drug treatment? No Yes → **Describe where and when:**

Name of Program/Agency

Dates: From - To

Do you agree to not smoking cigarettes on FYI premises? Yes No

8. **EMPLOYMENT / FINANCIAL HISTORY**

Are you currently employed?

Yes → Where: _____ How long? _____ Hours: _____

No → Are you willing to seek employment? Yes No

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If you are not willing to work, please explain why and what you plan to do instead of working: _____

Please list any previous employment / job training programs you have participated in:

Employer/Training Program

Dates: From - To

Do you and / or your Parent / Legal Guardian receive any other income such as DHS benefits, Food Stamps, Cash Assistance, SSI, Adoption Subsidies, etc.? No Yes → Please list income sources & the Representative Payee for each:

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 resolves conflicts with other people.

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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): Work: _____ Cell: _____ 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): Work: _____ Cell: _____ Home: _____

Address: _____
Street Address City State Zip

ADDITIONAL REFERENCE

Name: _____ Relationship: _____

Phone Number(s): Work: _____ Cell: _____ Home: _____

Address: _____
Street Address City State Zip

Please sign and date:

Signature

Date

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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.

Printed Name: _____

Signature: _____

Date: _____