



Date: \_\_\_\_\_

## APPLICATION FORM

Person completing this form: \_\_\_\_\_

Applicant referred by: Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone # \_\_\_\_\_

### Current Living Situation:

At Risk of Homelessness \_\_\_\_\_ Couch Surfing \_\_\_\_\_ Friends/Family Residence \_\_\_\_\_ Residential Program

I've been told I have to be out by: \_\_\_\_\_

Reason why I have to leave where I am: \_\_\_\_\_

Homeless \_\_\_\_\_ On the Streets \_\_\_\_\_ In Automobile \_\_\_\_\_ Shelter

None of the above \_\_\_\_\_ please explain: \_\_\_\_\_

### Previous Living Situation: (Previous six months, circle all that apply)

Shelter \_\_\_\_\_ On the Streets \_\_\_\_\_ Private Residence \_\_\_\_\_ Residential Program \_\_\_\_\_ Other \_\_\_\_\_

## IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Is English your primary language? YES NO

Are you currently or have you ever been in Foster Care? YES NO When did you age out? \_\_\_\_\_

Do you have a B2I Coordinator? \_\_\_\_\_ Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have an IL Specialist? \_\_\_\_\_ Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Types of Identification / Essential Documents** Personal documentation is essential to get a job, get a driver's license, enroll in school, etc. I have the following Original documents:

Social Security Card# \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State Photo ID: \_\_\_\_\_

**CHILDREN**

Are you expecting? YES NO If yes, estimated due date: \_\_\_\_\_

Do you have children? YES NO How many? \_\_\_\_\_

Please list the names of your children, age and the name of the other parent: \_\_\_\_\_

Do you have legal custody of your children? \_\_\_\_\_ Do they live with you? \_\_\_\_\_

If not, where do they live? \_\_\_\_\_ Do you have visitation rights? \_\_\_\_\_

**PARENTAL/LEGAL GUARDIAN**

*If you are under the age of 19 ---*

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

If your parent is not your legal guardian, who is? \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a ward of the state? \_\_\_\_\_ Worker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EDUCATIONAL AND TRAINING INFORMATION**

Have you graduated high school/received GED? \_\_\_\_\_ What year? \_\_\_\_\_ What school? \_\_\_\_\_

If you are currently in school, what grade? \_\_\_\_\_ What school? \_\_\_\_\_

Are you currently attending college/vocational training/job training? YES NO

If yes, where? \_\_\_\_\_

Have you completed any type of financial aid (FAFSA) for college? \_\_\_\_\_ Where? \_\_\_\_\_

Are you in the Educational Training Voucher (ETV) program? \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you receive? (circle all that apply) WIC / Medicaid / SNAP / SSI / SSA / Former Ward / B2I Stipend

Have you filed for unemployment? YES NO If yes, when? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employment Status: (circle one) Employed: Part-time \_\_\_\_ Full time \_\_\_\_ Seasonal \_\_\_\_ Sporadic \_\_\_\_

Unemployed: In School \_\_\_\_ Looking \_\_\_\_ Unable to work \_\_\_\_ Not looking \_\_\_\_

Have you ever been fired from a job? YES NO If yes, explain: \_\_\_\_\_

List all jobs you have had starting with the most recent first.

Dates	Employer	Wages	Title	Why Left
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**PERSONAL HISTORY**

(Please circle if any of these topics apply to you or have at any time in the past)

Alcohol Abuse Mental Health Issue Victim of Domestic Abuse Drug Abuse Gang Affiliations

Victim of Sexual Abuse Victim of Physical Abuse Victim of Emotional Abuse Sexual Offender

Are you presently in counseling? \_\_\_\_ Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been placed out of your home (Group Home, Foster Care, Detention, Residential Care, YRTC) \_\_\_\_\_

List all placements in order starting with the most recent first:

Dates	Placement Name	Reason Placed	Discharge Status
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**MEDICAL / MEDICATION**

Do you have medical insurance? YES NO If yes, medical # \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

When was your last thorough medical exam? \_\_\_\_\_ Doctor: \_\_\_\_\_

When was your last dental exam? \_\_\_\_\_ Doctor: \_\_\_\_\_

When was your last eye exam? \_\_\_\_\_ Doctor: \_\_\_\_\_

Do you have a disability? YES NO If yes, explain: \_\_\_\_\_

Do you have any medical concerns or needs? \_\_\_\_\_

Are you currently taking medications? YES NO

Name of Medication	Dosage	Reason for Taking

Are you currently prescribed medication that you are not taking? YES NO

If yes, explain why: \_\_\_\_\_

Do you think you need to be on some kind of medication to help you manage? YES NO

If yes, explain what & why: \_\_\_\_\_

**LEGAL INFORMATION**

Have you ever been arrested? \_\_\_\_\_ Detained? \_\_\_\_\_

Have you ever been *charged* with a Misdemeanor? \_\_\_\_\_ Felony? \_\_\_\_\_

Have you ever been *convicted* with a Misdemeanor? \_\_\_\_\_ Felony? \_\_\_\_\_

Date: \_\_\_\_\_ Charged: \_\_\_\_\_ Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Charged: \_\_\_\_\_ Outcome: \_\_\_\_\_

Probation Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Upcoming Court Date: \_\_\_\_\_ County Court is held in: \_\_\_\_\_

## SUPPORT SYSTEM

(Parent, Guardian, siblings, friends, counselors, teachers, boyfriend, girlfriend etc.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

## PERSONAL OPINION

What are your reasons for applying to the Jacobs' Place Transitional Living Program (TLP)? Include circumstances around you becoming homeless: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List three things you like about yourself: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## INDEPENDENT SKILLS

On a scale of 1-5, how would you rate yourself or your ability to do the following: (not good at doing that = 1, sometimes good at = 2, usually good at = 3, most of the time good at = 4, always good at = 5)

wake up on my own: \_\_\_\_\_ household chores: \_\_\_\_\_ hygiene: \_\_\_\_\_ laundry: \_\_\_\_\_

being on time: \_\_\_\_\_ purchasing food: \_\_\_\_\_ budgeting money: \_\_\_\_\_ using banks: \_\_\_\_\_

purchasing clothing: \_\_\_\_\_ taking care of others: \_\_\_\_\_ finding jobs: \_\_\_\_\_ holding jobs: \_\_\_\_\_

use hospital: \_\_\_\_\_ find a doctor: \_\_\_\_\_ make a doctor's appointment: \_\_\_\_\_

preparing well-balanced meals: \_\_\_\_\_ using public transportation: \_\_\_\_\_ library: \_\_\_\_\_

colleges: \_\_\_\_\_ telephone: \_\_\_\_\_ have a driver's license: \_\_\_\_\_

find auto insurance: \_\_\_\_\_ find medical insurance: \_\_\_\_\_ find rental insurance: \_\_\_\_\_ where to find help when I need it: \_\_\_\_\_

On a scale of 1-5, how do you get along with? (1 = I don't, 5 = very good) n/a = not applicable

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Siblings: \_\_\_\_\_ Peers: \_\_\_\_\_ Teachers: \_\_\_\_\_ Bosses: \_\_\_\_\_ Co-Workers: \_\_\_\_\_

Roommates: \_\_\_\_\_ Police: \_\_\_\_\_ Landlords: \_\_\_\_\_

## **PROBLEM SOLVING**

What do you do when you get angry? \_\_\_\_\_

What do you do when you are faced with peer pressure? \_\_\_\_\_

What is your reaction when people of authority tell you what to do? \_\_\_\_\_

What do you do with your free time? \_\_\_\_\_

How do you feel about sharing common living spaces (kitchen, living room, etc.) with roommates? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What kind of things really frustrate you? \_\_\_\_\_

## **GOALS**

What is your dream job? \_\_\_\_\_

What makes it difficult for you to find and keep a job? \_\_\_\_\_

What is your future educational/training plan? \_\_\_\_\_

What is your plan for the future? \_\_\_\_\_

## **PERSONAL OBJECTIVES**

Why do you feel you would benefit from participating in the Transitional Living Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are accepted what do you wish to accomplish while in our program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PERSONAL PLAN**

Short Term (1-6 months): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Long Term (6 months and more): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, understand that the above information is being considered for my acceptance into OHB-Jacobs' Place Transitional Living Program. I also understand that this is only one part of the application process. Final acceptance into the program is based on all parts of the application process (interview, tour, documents received, etc.).

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

I understand and agree that if I am accepted into the Transitional Living Program that *it is not just a place to live, it is a program*, and I am willing to work all parts of the program to be successful.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_