

Transitional Age Youth (TAY) Housing Application

Youth Development Services

3530 Wilshire Blvd.

Los Angeles, CA 90010

Tel: (213) 351-0100

THP (Ages 18-21)

THP-Plus (Ages 18-24)

General Information

(Please Print)

Name: _____ Application Date: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____ Gender: Male Female

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

E-Mail: _____ Date of Birth: _____ Age: _____

Last Four Social Security Number: _____ Primary Language: _____

Did you age-out of foster care? Yes No Date you aged-out: _____

Living situation: Homeless Family Shelter Friends Other _____

Do you have a mentor or other significant adult relationship? Yes No

Do you have children? Yes No if yes, how many children do you have? _____

Do you have a California ID/Driver's License? Yes No, ID/Driver's License No. _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Referral/Agency Source

Name of person who referred you to transitional housing: _____

Relationship: _____ Agency: _____

Work Phone: _____ E-Mail: _____

Medical/Psychiatric/Substance Abuse History

Do you have Medi-Cal? Yes No Do you have private insurance? Yes No

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please list any medical conditions past or present:

Please list any mental health issues past or present:

Please list any prescribed medications that you are currently taking:

Have you ever been hospitalized? If so, please explain:

Do you drink alcohol? Yes No, how often? _____

Do you currently use drugs? Yes No, what types and how often do you use them?

Do you smoke cigarettes? Yes No

Legal/Gang History

Are you or have you ever been on Probation? Yes No Juvenile Adult

Please provide the name and contact number of your Probation/Parole Officer:

Please explain the nature of the incident?

Are you now or were you ever affiliated with a gang? Yes No

What gang? _____ Current status: _____

Life Skill Knowledge

Do you know how to cook? Yes No

Please give an example of a well-balanced meal you know how to cook?

Do you know how to clean? Yes No

Please describe how would you clean a kitchen?

Have you ever had a roommate? Yes No

Was the experience positive or negative? (Explain):

- Can you make a monthly budget? Yes No
- Do you pay bills on time? Yes No
- Do you own credit cards? Yes No
- Do you owe money on school loans? Yes No
- Do you know how to use public transportation? Yes No
- Do you have any pets? Yes No

Personal Goals

Please describe how getting into a Transitional Housing Program will help meet your short and long term goals?

I certify that the information I have completed is true and correct to the best of my knowledge

Applicant's Signature

Date

**The Transitional Age Youth Housing Application and supporting documentation/information is privileged and confidential. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal or misuse of this information is punishable by fine and/or imprisonment.

ILP Verification of Emancipation Status/Consent For Release of Information

LA County Department of Children & Family Services/ Department of Probation

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ **Date:** _____

HOUSING AGENCY INFORMATION (Please Print)

Agency Name: _____ Email: _____

Agency Address: _____

Phone Number: _____ Fax Number: _____

Employee Name: _____ Employee Title: _____

I, _____, an employee of _____, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: _____ **Date:** _____

HOUSING AGENCY TO FAX COMPLETED FORM:

For DCFS Youth: to Greg Breuer at (213) 637-0035 and call (213) 351-0187 to Verify Receipt

Probation Youth: to John Thompson at (213) 637-0036 and call (213) 351-0156 to Verify Receipt

TO BE COMPLETED BY LA COUNTY DCFS YDSD OR DEPT. OF PROBATION STAFF ONLY

ILP THP Housing (For youth between the ages of 18 and 21) (Check All That Apply)

ILP/ HSP Housing (For youth between the ages of 18 and 22)

The above mentioned client is/was a current or former foster youth from either the L.A. County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

THP+ Housing (For youth between the ages of 18 and 24)

The above mentioned client *aged-out* of foster care from either the Los Angeles County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.

Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ **No:** _____ **Projected Term Date if known:** _____

Case Termination Date: _____ **ILP Eligible: Yes:** _____ **No:** _____

DCFS/PROBATION STAFF NAME

DCFS/PROBATION STAFF SIGNATURE

Title

Date

If you have questions, please call John - 213/351-0156 or Greg - 213/351-0187