TLC Child & Family Services
TRANSITION AGE YOUTH HOUSING PROGRAMS

THP Participant Program Application

106-THPP

In order to help TLC's THP get to know and understand you better, please fill out this form as completely and honestly as possible. All information you provide us with is strictly confidential and private; no one outside this agency will be allowed to see any information that you give us except when you say it's okay!

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Cell#: _____ E-Mail: _____

Gender: ☐ Male ☐ Female ☐ Transgender ☐ non-Conforming

Do you identify within the LGBTQI community? ☐ Yes ☐ No ☐ Decline to state

Preferred Pronoun: _____

Race/Ethnicity:

☐ African American ☐ White ☐ Mexican American ☐ Asian American ☐ Latino

☐ Native American ☐ Other: _____

Do you have children: ☐ Yes ☐ No How many? _____

Child 1 Name: _____ Date of Birth: _____

Child 2 Name: _____ Date of Birth: _____

Religious Preference: _____

Who Referred you to this program:

☐ Social Worker ☐ ILSP ☐ Probation Officer Other: _____

Are you enrolled in ILSP? ☐ Yes ☐ No What day and time do you attend? _____

Current Placement:

☐ Residential treatment center: _____

☐ THPP:_____ ☐ Foster Home:_____

☐ SILP: _____ ☐ Other:_____

Social Worker / Probation Officer Information:

Name: _____ Phone# _____

County:

☐ Sonoma ☐ Marin ☐ Mendocino ☐ Alameda ☐ Humboldt ☐ Other: _____

Education

1. Are you enrolled in a High School diploma or GED program? ☐ Yes ☐ No
   If yes, what school? _____
   How many credits do you need to graduate? _____

   If no, have you graduated with a high school diploma or GED? ☐ Yes ☐ No
   Graduated from: _____ Graduation date: _____

2. Are you enrolled or currently attending college? ☐ Yes ☐ No
   If yes, what college? _____
   How many completed units? _____

3. Do you have a learning disability? ☐ Yes ☐ No
   If yes, please explain: _____

4. Do you have an IEP? ☐ Yes ☐ No

5. I am interested in the following: (*check all that apply)*
   ☐ Beauty College ☐ Technology ☐ Vocational ☐ Military ☐ Childcare
   ☐ Automotive ☐ Junior College ☐ State/University ☐ Other: _____

Employment

Are you currently working? ☐ Yes ☐ No

Employer Info	Start Date	End Date	Hourly Wage	Full/Part Time	Reason for leaving

Do you have an updated resume? ☐ Yes ☐ No

Emancipating Planning

Do you have a bank account? ☐ Yes ☐ No

If yes, what bank? _____

Do you currently have?

California Identification Card	Yes	No
Birth Certificate (not a copy)	Yes	No
Social Security Card	Yes	No
Passport	Yes	No
CA Driving Permit	Yes	No
CA Drivers License	Yes	No
Immunization Record	Yes	No
School Photo Identification	Yes	No

Do you have any reason to suspect that you might have bad credit? ☐ Yes ☐ No

Please explain:_____

_____

_____

Has anyone ever put bills (phone, PG&E, water, or cable) in your name? ☐ Yes ☐ No

Wellness/Health

Do you have Medi-Cal? ☐ Yes ☐ No

Number: _____

Do you have any other insurance? ☐ Yes ☐ No

Name: _____ Number: _____

Are you experiencing any physical pain? ☐ Yes ☐ No

Are you under a Physicians Care? ☐ Yes ☐ No

When was your last Medical/Doctor's Visit: _____

Are you experiencing any dental problems? ☐ Yes ☐ No

If yes, please describe _____

_____

When was your last Dental Visit: _____

Are you pregnant right now? ☐ Yes ☐ No ☐ Possibly Expectant Due Date: _____

Are you currently using any form of birth control? ☐ Yes ☐ No

Have you ever seen a Counselor/Therapist? ☐ Yes ☐ No

How often do you see them? ☐ Daily ☐ Weekly ☐ Monthly

Name: _____ Phone: _____

Please list all medications (prescriptions) you may have ever taken?

Medication Name	Reason/Purpose	Length Taken
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going

Have you been hospitalized in the last 2 years? ☐ Yes ☐ No

Please explain:_____

_____

_____

Please answer the following questions

1.) I am doing great	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
2.) I feel helpless	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
3.) I feel angry	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
4.) I feel good	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
5.) I feel sad	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
6.) It feels like things don't go my way	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
7.) I struggle with depression/anxiety	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
8.) Medication helps me feel better	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
9.) I have wanted to hurt myself	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
10.) I cut myself, to make myself feel better	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
11.) I have felt suicidal	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
12.) I have thought of hurting others	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

13.) I get aggressive when people push me to far ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

Please fill in the following chart

Substance	**On the average, how often have you used this substance in the last 6 months?**			
	Never	Once	Daily	Weekly
Alcohol				
Marijuana				
Downers				
Uppers				
Cocaine				
Inhalants				
Psychedelics				
Heroin				
Crystal Meth				
Crack				
Ecstasy				
Cigarettes				
Vape/E-Cig				

Have you ever been in a treatment program for substance abuse? ☐ Yes ☐ No

Name of program and length of stay? _____

Have you ever been a survivor of domestic violence? ☐ Yes ☐ No

Please explain:_____

_____

_____

Do you have people in your life that you can rely on? ☐ Yes ☐ No

Please explain who:_____

_____

_____

Have you ever been arrested? ☐ Yes ☐ No

If yes, what was the reason?

☐ Drinking alcohol
☐ Possession or use of illegal drugs
☐ Theft
☐ Driving violation
☐ Violence (fighting or battery)
☐ Truancy (skipping school)
☐ Running away from placement or home
☐ Vandalism
☐ Curfew violations
☐ Other: _____

Are you currently on probation? ☐ Yes ☐ No

Are you enrolled in any court-mandated programs? ☐ Yes ☐ No

If yes, please list them: _____

_____

_____

Do you have any outstanding traffic tickets/violations? ☐ Yes ☐ No

Do you have any unpaid fines and restitutions due to the court? ☐ Yes ☐ No

Please explain why: _____

_____

Nutrition

1.) Do you have any food allergies? ☐ Yes ☐ No

If yes, what are they? _____

2.) Do you require an Epi-Pen for this food allergy? ☐ Yes ☐ No

3.) Have you experienced weight **loss** of 10 pounds or more in the last 3 months? ☐ Yes ☐ No

4.) Have you experienced weight **gain** of 10 pounds or more in the last 3 months? ☐ Yes ☐ No

5.) Have you decreased your food intake, or experienced a lack in appetite? ☐ Yes ☐ No

6.) How many meals per day do you eat? _____

7.) Do you currently, or have you ever been diagnosed with an eating disorder? ☐ Yes ☐ No

If yes, when were you diagnosed _____

8.) Do you binge eat, then induce vomiting? ☐ Yes ☐ No

Personal Effectiveness

List your top 3 goals

1.) _____

2.) _____

3.) _____

Tell us 2 things about yourself, that you are most proud of

1.) _____

2.) _____

Why do you want to participant in the THP program?

What areas do you feel you need the most support in?

☐ *Education* ☐ *Counseling* ☐ *Job Training/Skills* ☐ *Time Management*
☐ *Employment* ☐ *Cooking* ☐ *Money Management* ☐ *Emancipation Planning*

What skills/strengths do you already have that will make you successful in the THP program?

Below are the basic program expectations:

1.) Attend a school program regularly
2.) Meet at least once a week with a THP Social Worker; Transitions Advocate
3.) Work or volunteer at least 10 hours per week
4.) Comfortable riding the bus

I have answered the questions to the best of my knowledge and understand that any false or misleading information can hinder my acceptance into the THP program. I understand that if I am accepted into the THP Program, I will be required to meet the basic program expectations.

Program Applicant Signature **Date**