

# Transitional Age Youth Housing Application

3530 Wilshire Blvd. 4<sup>th</sup> Floor  
Los Angeles, CA 90010  
(213) 351-0100

**THP**  
(Ages 18-21)

**THP-Plus**  
(Ages 18-24)

General Information
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Name: \_\_\_\_\_

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

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

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

Home Phone: (    ) \_\_\_\_ - \_\_\_\_      Work Phone: (    ) \_\_\_\_ - \_\_\_\_

Cell/Pager #: (    ) \_\_\_\_ - \_\_\_\_      E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender: M / F (Circle One)      Primary Language: \_\_\_\_\_

Are you an emancipated foster care youth?  Yes  No

If yes, what was the date you emancipated from foster care? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you presently Homeless?  Yes  No      If yes, for how long? \_\_\_\_ Yrs \_\_\_\_ Mos

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

Parent/Guardian/Information
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Name: \_\_\_\_\_

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: \_\_\_\_\_

Education

Circle Highest Grade Completed:

Elementary: 5 /6                      Junior High: 7 / 8                      High School: 9 / 10/ 11/ 12

Last School Attended: \_\_\_\_\_

Do you have an Individual Education Plan? \_\_\_Yes \_\_\_No

Do you possess one of the following?  High School Diploma  GED  N/A

Date of High School Graduation: \_\_\_/\_\_\_/\_\_\_ Date Passed GED: \_\_\_/\_\_\_/\_\_\_

Last College/Trade School Attended: \_\_\_\_\_ Units Completed: \_\_\_\_\_

Employment/Financial Information

Are you presently employed?  Yes  No                      If yes, is it? Part Time  Full Time

How many hours per week do you work? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Supervisor's Phone #: (    ) \_\_\_\_\_-\_\_\_\_\_

Date Hired: \_\_\_/\_\_\_/\_\_\_ Hourly Salary \$\_\_\_\_\_ Monthly Salary: \$\_\_\_\_\_

Name and Description of Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not employed, what is your primary source of income:  General Relief  
 Social Security Insurance  No Income  Other (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a savings account  Yes  No Balance? \_\_\_\_\_

Do you have a checking account  Yes  No Balance? \_\_\_\_\_

Medical/Psychiatric/ Substance Abuse History
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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 presently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Do you presently use alcohol?  Yes  No      If yes, how often? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you presently use drugs?  Yes  No      If yes, what types and how often do you use them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke cigarettes?  Yes  No

Legal/Gang History

Have you ever been arrested or convicted for a misdemeanor or felony?  Yes  No

If yes, please explain the nature of the incident? \_\_\_\_\_

\_\_\_\_\_

Are you presently on Probation/Parole?  Yes  No

If yes, please provide the name and contact number of your Probation/Parole Officer:

\_\_\_\_\_

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

If yes, what gang? \_\_\_\_\_

Life Skill Knowledge

Do you know how to cook?  Yes  No

If yes, please give an example of a well-balanced meal you know how to cook? \_\_\_\_\_

\_\_\_\_\_

Do you know how to clean?  Yes  No

If yes, please describe how would you clean a kitchen? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a roommate?  Yes  No

If yes, was the experience positive or negative? (explain): \_\_\_\_\_

\_\_\_\_\_

Do you feel you know how to manage your money?  Yes  No

- Do you make and adhere to 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



# THP-Plus

Los Angeles County Department of Children & Family Services/Department of Probation  
Authorization for Release of Information

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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 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

## AGENCY INFORMATION (Please Print)

Agency Name: \_\_\_\_\_  
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), Emancipation 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

## TO BE COMPLETED BY LA COUNTY DCFS EMANCIPATION SERVICES/DEPT. OF PROBATION STAFF OR LA COUNTY DEPENDENCY/DELINQUENCY COURT STAFF ONLY

The above mentioned client *aged-out* of foster care from either the Los Angeles County Department of Children and Family Services or Department of Probation.

Case Termination Date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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

The client is between the ages of 18 and 24 years of age. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
DCFS/PROBATION/COURT OFFICER Name

\_\_\_\_\_  
DCFS/PROBATION/COURT OFFICER Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date