

Transitional Housing UNIVERSAL APPLICATION

Please check the program to which you are applying (you can check more than one):				
	PROGRAM	CONTACT	FAX #	EMAIL
	Vita Nova Village	BRITTNEY ASHLEY	561.689.0806	BASHLEY@VITANOVAINC.ORG
	Villages of Hope	THERESA PEAK	561.557.8949	THERESAP@VILLAGESOFHOPE.NET
	Pond Place	KAYLA MADISON	561.560.3881	KAYLAMADISON@HELPHOMESAFE.ORG

YOUTH INFORMATION

Name: _____ Social Security #: _____

Present Address _____ apt # _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Social Media: *Check* ✓ all that apply



Please list usernames: _____

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity: _____ US Citizen? _____ Primary Language: _____

If you are female: are you pregnant?: _____

If you are a male: do you have a baby on the way?: _____

Do you have any children?: _____ If so, how many? _____ ages? _____

Are your children living with you? _____

SCHOOL INFORMATION

School or Program name:_____ Grade?:_____

Do you want to go to college? _____ If so, where?:_____

What would you like to study?:_____

If you are not in school:

Last grade completed:_____ School Name:_____

Why did you stop attending school?:_____

Do you plan on going back to school?:_____ If so, where?:_____

What is your plan for returning to school?

Please list 3 steps that will help you achieve this goal:

Step 1: _____ Step 2: _____ Step 3:_____

EMPLOYMENT INFORMATION

Where do you work?:_____ How long?:_____

List 3 Previous Employer(s)

Employer Name	Start Date	End Date

If you are not working where have you been looking for a job?_____

What do you want to do as a career?:_____

LEGAL HISTORY

Have you ever been arrested?:_____

What have you learned from that experience?:_____

JUST A LITTLE MORE...

1. Please describe how you would handle a conflict with a room mate?:_____

2. Why do you want to be in supportive housing?:_____

3. List what you believe we can help you accomplish in supportive housing?

a. _____

b. _____

c. _____

6. Would you be willing to meet with a therapist monthly? _____

7. Are you willing to take random drug tests for the first 30-days? _____

IF NOT, then would you be willing to participate in drug use sessions with a therapist? _____

8. Please let us know any debt you have (*examples*: Old cell phones, past landlord)

TO BE FILLED OUT BY REFERRAL (ADVOCATE, CASE MANAGER, GUARDIAN)

Referral Source (organization/person):_____ Phone:_____

Case Manager:_____ Phone:_____

Email:_____

Reason for referral:_____ Current living situation:_____

Former foster youth?_____ How long in foster care?_____

Income Source:

☐ EMPLOYED

☐ EXTENDED FOSTERCARE

☐ PESS

☐ SOCIAL SECURITY

☐ AFTERCARE

☐ OTHER:_____

Involvement In	Yes/No	Date	NOTES:
Fire Setting			
Violent/Assault			Weapons?
Property Destruction			
Gang Affiliation			
Sexual Offense			
Charges Pending			Felony/Misdemeanor
Substance Use			Can pass drug test today?
Suicide Thoughts			
Suicide Attempts			
Baker Act			Last admission to hospital?

CASE MANAGER / THERAPIST SECTION

Is there a current diagnosis:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF) _____

Current Medication	Dosage	Reason

Past Medication	Dosage	Reason

Medical Issues / Allergies: _____

Current Therapist: _____ Phone: _____

Agency Name: _____

Person Completing Form: _____ Phone: _____

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

Program Applicant Name: _____

DOB: _____

Information to be released by or exchanged with the following:

Referral source such as case manager, foster parent, GAL, mentor, program staff, etc.
Vita Nova, Villages of Hope, Pond Place

Other: _____

The following information may be released and exchanged:

- | | |
|--|---|
| ☐ History and Physical Exam | ☐ Educational -Tests & Reports |
| ☐ Court/Agency Documents | ☐ Chemical Recovery History |
| ☐ Family System Evaluation | ☐ Therapist Orders |
| ☐ Nursing Notes | ☐ School Attendance |
| ☐ Discharge Summary | ☐ Dates of Hospitalization |
| ☐ Mental Status | ☐ Diagnoses |
| ☐ Consultation Reports | ☐ Psychosocial Report |
| ☐ Psychiatric Evaluation | ☐ Crisis Intervention Reports |
| ☐ Treatment Plans | ☐ Medical Records |
| ☐ School Records | ☐ Lab Results |
| ☐ Psychological Evaluation | ☐ Treatment Team reports |
| ☐ Progress Notes | |

Verbal Exchange

Other (specify): _____

APPLICANT NAME: _____

SIGNATURE: _____

DATE: _____