



# THP Plus Application

Please review the following application. The questions are designed to help to best understand and assess your current situation so that the program may be customized to best suit your needs.

<b>I. Client Information</b>				
<b>Today's Date:</b>		<b>How did you hear about THP Plus?</b>		
<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>Birth Date:</b>		<b>Do you have your original Birth Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Social Security Number:</b>		<b>Do you have your original Social Security Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Identification (CA DL# or CA ID#):</b>		<b>Is your Drivers license valid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>II. Demographic Information</b>				
<b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Transgender (F toM) <input type="radio"/> Transgender (M toF)		<b>Sexual Orientation:</b> <input type="radio"/> Heterosexual <input type="radio"/> Bisexual <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Questioning/Unsure <input type="radio"/> Decline to state		<b>Marital Status:</b> <input type="radio"/> Single, living with partner <input type="radio"/> Single, never married <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
<b>Race:</b> <input type="radio"/> American Indian or Alaska Native and African American <input type="radio"/> American Indian or Alaska Native and Caucasian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> African American/ Black <input type="radio"/> African American and Caucasian <input type="radio"/> Asian/ Pacifica Islander			<input type="radio"/> Asian and Caucasian <input type="radio"/> Hawaiian <input type="radio"/> Caucasian/White <input type="radio"/> Hispanic/ Latino <input type="radio"/> Multi-Ethnic <input type="radio"/> Not known (adopted, etc.)	
<b>Primary Language:</b> English Spanish American Sign Language Other: _____		<b>Special Needs</b> <input type="radio"/> Alcohol Abuse <input type="radio"/> Developmental Disability <input type="radio"/> Domestic Violence <input type="radio"/> (Restraining Order) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> HIV/AIDS <input type="radio"/> Mental Illness Physical <input type="radio"/> Drug Abuse <input type="radio"/> Physical Disability		

### III. Family Information

<b>Children:</b> <input type="radio"/> I have Children How Many? <input type="radio"/> I am pregnant <input type="radio"/> A female is pregnant with my baby	<input type="radio"/> <b>Custody Order:</b> have a child custody order	<b>Emergency Contact Information:</b> Name: Address:  Phone: Relationship:		
<b>List the members of your family (including children)</b>				
Name	Age	Birth Date	Relationship	Where do they live?

### IV. Financial Information

<b>Accounts:</b> <input type="radio"/> I have a savings account Name of Bank:: _____ Current Balance: \$ _____ <input type="radio"/> I have a checking account Name of Bank:: _____ Current Balance: \$ _____ <input type="radio"/> I have a credit card Name of Card: _____ Current Balance: \$ _____	<b>Outstanding Debt and Bills:</b> <input type="radio"/> Monthly Cell phones charges <input type="radio"/> Monthly Car Payments _____ <input type="radio"/> Monthly Car Insurance _____ <input type="radio"/> Other Loans _____ <input type="radio"/> Health Insurance _____ <input type="radio"/> Unpaid taxes _____ <input type="radio"/> Other _____
<b>Income Sources:</b> <input type="radio"/> Employment Income D Food Stamps <input type="radio"/> General Public Assistance D Medicaid <input type="radio"/> No Financial Resources <input type="radio"/> Section 8 Housing <input type="radio"/> State Children's Health Insurance Program <input type="radio"/> Child support	<input type="radio"/> Social Security <input type="radio"/> Social Security Disability Insurance (SSDI) <input type="radio"/> Supplemental Social Security Income (SSI) <input type="radio"/> Temporary Aid-Needy Families (TANF) <input type="radio"/> Unemployment Benefits D Veterans Benefits <input type="radio"/> Veterans Healthcare <input type="radio"/> Other: _____

### V. Employment Information

<b>Employment Status:</b> <input type="radio"/> I am currently employed <input type="radio"/> I am currently not employed <input type="radio"/> I was fired <input type="radio"/> I was laid-off <input type="radio"/> I quit my job	<b>Current or Last Employer:</b> Name:  Start Date: _____ End Date: _____	<b>Pay Stubs:</b> <input type="radio"/> I can provide pay stubs from the last six months. <b>Weekly Gross Income:</b> \$ _____
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<input type="radio"/> I have never held a job <input type="radio"/> Currently looking for work	Hourly Pay: _____	<b>Do you have a resume?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Work history (Start with your most recent position, list all past experience):**

From ___/___/___ to ___/___/___	Salary per hour\$ _____	Average hours per week _____
Employer _____	Supervisor _____	
Address _____	Phone _____	
Position/Title _____	Duties/Skills _____	
Reason for Leaving _____		

  

From ___/___/___ to ___/___/___	Salary per hour\$ _____	Average hours per week _____
Employer _____	Supervisor _____	
Address _____	Phone _____	
Position/Title _____	Duties/Skills _____	
Reason for Leaving _____		

**VI. Education Information**

<b>School Status:</b> <input type="radio"/> High School <input type="radio"/> Vocational School <input type="radio"/> College <input type="radio"/> Not attending School	Last grade completed? _____	<b>School:</b> Name of School: _____
	Do you have a copy of your high school degree or GED certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	_____	When will you graduate? _____
	_____	

**VII. Transportation Information**

<b>Vehicle Status:</b> <input type="radio"/> I own a car <input type="radio"/> I do not own a car <input type="radio"/> I use public transportation <input type="radio"/> I have a current CA Driver's license	<b>Vehicle Information:</b> <input type="radio"/> My car needs repair <input type="radio"/> My car is in good running order <input type="radio"/> My is registered in my name <input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Insurance:</b> <input type="radio"/> I have car insurance Name of Insurance: _____
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## VIII. Living Status

### Living Situation:

- ☐ Homeless Shelter
- ☐ Living Independ
- ☐ On the street
- ☐ Parent/ Legal Guardian's Home
- ☐ Other Parent's home
- ☐ Relative's Home
- ☐ Domestic Violence Shelter
- ☐ Educational Institution
- ☐ Mental Hospital
- ☐ Correctional/Detention Center
- ☐ Other Institution

- ☐ Rental Housing
- ☐ Friend's Home
- ☐ Other Adult's Home
- ☐ Foster Home
- ☐ Group Home
- ☐ Other transitional living program
- ☐ Job Corps
- ☐ Drug Treatment Center
- ☐ Other temporary shelter
- ☐ Military
- ☐ Other:

Have you ever been homeless? ☐ Yes ☐ No

If so, please explain:

## IX. Foster Care/ Group Home Information

### Foster Care Status:

I have been placed in:

- ☐ Foster Care
- ☐ Group Home
- ☐ Juvenile Hall

How old were you? \_\_\_\_\_

How many placements? \_\_\_\_\_

### Why were you placed there?

Agency Name:

Social Worker Name:

Who put you in placement?  
(Police, social worker, etc.)

### Please list all of your placements:

Location	How Long? (in months)	Why did you leave?

<b>X. Legal Information</b>					
<b>Arrest Status:</b> <input type="radio"/> I have been arrested <input type="radio"/> I have never been arrested		<input type="radio"/> Jailed <input type="radio"/> Juvenile Hall		<input type="radio"/> Detained <input type="radio"/> Restitution \$	
<b>Please list four arrest history:</b>					
<b>Date</b>	<b>Age</b>	<b>Charge</b>	<b>What Happened?</b>	<b>Probation Officer</b>	<b>Commitment Length</b>
<b>XI. Alcohol and Other Drugs</b>					
<b>Drugs I have tried:</b> <input type="radio"/> Alcohol <input type="radio"/> Ecstasy <input type="radio"/> Nicotine <input type="radio"/> Mushrooms <input type="radio"/> Ambien <input type="radio"/> Marijuana <input type="radio"/> Inhalants		<input type="radio"/> Codeine <input type="radio"/> Hallucinogen <input type="radio"/> Diet Pills <input type="radio"/> Heroin <input type="radio"/> Creatine <input type="radio"/> Oxycontin <input type="radio"/> LSD		<input type="radio"/> Xanax <input type="radio"/> Opiates <input type="radio"/> Crank <input type="radio"/> Crack <input type="radio"/> Vicodin <input type="radio"/> Ritalin <input type="radio"/> Cocaine	
				<input type="radio"/> Steroids <input type="radio"/> GHB <input type="radio"/> Methamphetamine <input type="radio"/> Other: _____ _____ _____ _____	
<b>Recovery program:</b> <input type="radio"/> I am in a recovery program  Program: _____ How Long? _____		<b>Treatment Information:</b> <input type="radio"/> I am in a residential treatment program Name: _____ How Long? _____		<b>Family Substance Use:</b> <input type="radio"/> There is a history of substance abuse in my family. Who? _____	
<b>XII. Health Insurance Information</b>					
<b>Medi-Cal Status:</b> <input type="radio"/> I have Medi-Cal What County? _____  Do you have your card? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Health Insurance:</b> Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No  Company: _____  ID#: _____ _____		
<b>XIII. Health Information</b>					
<b>Do you have any specific health problems? Please describe:</b>  _____ _____			<b>Do you have any allergies? Please describe:</b>  _____ _____		

<b>Please list all of the medications you are currently taking:</b>				
Medication Name	Frequency	Doctor	Diagnosis	Date Started

**Current Doctor:**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ When was your last visit? \_\_\_\_\_

**XIV. Counseling History**

<b>Counseling:</b> <input type="radio"/> I am currently seeing a counselor.  <b>Counselor Information:</b> Name: _____ Agency: _____ Location: _____ Date Started: _____ Phone: _____	<b>Past Counseling:</b> <input type="radio"/> I have seen a counselor in the past.  <b>Counselor Information:</b> Name: _____ Agency: _____ Location: _____ Date Started: _____ Date Ended: _____ Phone: _____
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**XV. Previous Services**

I have previously participated in 3R's THP Plus Program: ☐ Yes ☐ No  
 If yes, explain why you left the program: \_\_\_\_\_

**XVI. Critical Issues**

**Have you ever been the victim of the following abuses? If yes, please describe who abused you, when they abused you, were the police or CPS involved, and what was the outcome.**

<input type="radio"/> Emotional Abuse	
<input type="radio"/> Neglect	
<input type="radio"/> Physical Abuse	
<input type="radio"/> Sexual Abuse	
<input type="radio"/> Sexual Assault	

### **XVII. Personal Belongings**

What items do you anticipate moving into your apartment? (Please list each item)

<b>D Furniture</b>	
<b>D Decorations</b>	
<b>D Stereo Equipment</b>	
<b>D Appliances</b> <input type="checkbox"/> <b>Vehicles</b>	
(Must have current Driver's License, registration, and insurance)	
<b>D Other</b>	

### **XVIII. Character References**

Please list three adult references. Please also include a letter of reference from each person listed.

Name	Address	Phone	Relationship
1.			
2.			
3.			

### **XIX. Volunteer History**

Please give a brief description of all community service and volunteer work performed:



## XX. Essay Questions

What do you know about this program and what interest you about it?

What steps have you taken to prepare yourself to participate in the transitional housing program?

In what aspects of the independent living **skills** program have you participated?

In the coming year, how will you prepare yourself for life after placement?

What are your personal goals in the next 12 months? (list three)

How do you plan to achieve these goals?

How do you deal with anger? Describe what happens when you get mad.

Have you ever been ordered to take anger management classes or seek counseling for anger?

☐ Yes ☐ No

If so, please explain:

How do you deal with stress? Describe what types of behaviors you have when you are stressed.

Have you ever been fired from a job? ☐ Yes ☐ No

If so, explain why you were fired.

How do you deal with authority figures? (Example: teachers, law enforcement, bosses, staff, etc.)

How do you deal with peer pressure?

How well do you get along with others?

Write a 100-word essay below describing yourself.

Applicants

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

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3RS Reviewer \_\_\_\_\_: \_\_\_\_\_ Date \_\_\_\_\_

Approved for Placement: Yes ☐ NO ☐

Notified NMD on: \_\_\_\_\_ Via: phone ☐ Email ☐

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