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****You Belong Transitional Services: Aging Out Program Intake Form****

Welcome to You Belong Transitional Services! Please fill out this intake form to help us understand your needs and interests as you transition out of foster care. All information provided is confidential and will be used to create a personalized support plan.

Participant Information

Full Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____

Current Age: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say ☐ Other: _____

Phone Number: (____) ____ - _____

Email Address: _____

Current Address: _____

Emergency Contact: _____

Emergency Contact Phone Number: (____) ____ - _____

Relationship to Emergency Contact: _____

Background Information

1. Are you currently employed?

☐ Yes ☐ No

If yes, where? _____

Hours per week: _____

2. Highest level of education completed:

☐ Some High School ☐ High School Diploma ☐ GED ☐ Some College ☐ College Degree ☐ Trade Certification

3. Are you currently enrolled in any educational or vocational program ?

☐ Yes ☐ No

If yes, where? _____

4. Do you have any disabilities or special needs we should be aware of ?

☐ Yes ☐ No

If yes, please specify: _____

5. Do you have a support network (e.g., friends, family, mentors)?

☐ Yes ☐ No

If yes, please describe: _____

6. Do you have any current medical or mental health conditions you would like us to know about?

☐ Yes ☐ No

If yes, please specify: _____

Services Interest Checklist

Please check all the services you are interested in receiving through the You Belong Transitional Services Aging Out Program:

1. Housing Support

☐ Transitional housing assistance

☐ Permanent housing placement

☐ Assistance with rental applications and understanding leases

☐ Help with housing vouchers and financial assistance for rent

2. Education and Vocational Training**

- ☐ GED preparation and academic tutoring
- ☐ High school diploma support
- ☐ College application assistance and financial aid guidance
- ☐ Vocational training and certifications
- ☐ Scholarship information and access to educational grants

3. Employment and Career Development**

- ☐ Job readiness workshops (resume building, interview skills)
- ☐ Job placement assistance
- ☐ Internships and apprenticeships
- ☐ Career counseling and mentorship
- ☐ Soft skills training (e.g., communication, teamwork)

4. Life Skills Training**

- ☐ Financial literacy (budgeting, saving, credit management)
- ☐ Cooking and meal planning
- ☐ Basic household management (cleaning, maintenance)
- ☐ Time management and organizational skills
- ☐ Social skills and relationship building

5. Health and Wellness Support**

- ☐ Mental health counseling and support groups
- ☐ Substance abuse prevention and recovery resources
- ☐ Physical fitness programs (yoga, sports, self-defense)
- ☐ Nutrition and wellness education
- ☐ Personal hygiene and self-care guidance

6. Legal Assistance**

- ☐ Help obtaining personal documents (e.g., ID, Social Security)
- ☐ Legal aid for juvenile record sealing
- ☐ Assistance understanding rights and responsibilities as an adult

☐ Help navigating any ongoing legal cases or issues

7. Community Building and Peer Support**

☐ Peer mentoring and support groups

☐ Social outings and community events

☐ Leadership development workshops

☐ Volunteer opportunities and community service involvement

☐ Art, music, and creative expression workshops

Additional Information

1. What are your primary goals for participating in this program?(Select all that apply)

☐ Finding stable housing

☐ Completing my education

☐ Gaining job skills or employment

☐ Building personal confidence and independence

☐ Improving mental and physical health

☐ Other (please specify): _____

2. Is there anything else you would like us to know about your needs or circumstances?**

3. How did you hear about You Belong Transitional Services?

☐ Caseworker ☐ Friend ☐ Online ☐ Former Participant ☐ Other: _____

Signature and Consent

By signing below, I confirm that the information provided is accurate to the best of my knowledge, and I consent to be contacted by You Belong Transitional Services to discuss my application and program participation.

Signature: _____

****Date:**** ____ / ____ / ____

Witness: _____

Date: ____ / ____ / ____

Thank you for completing the intake form. We look forward to supporting you on your journey to independence and success. A team member will contact you shortly to discuss next steps.