EDUCATIONAL & TREATMENT COUNCIL, INC.
TRANSITIONAL LIVING PROGRAM
P.O. Box 864 Lake Charles, LA 70602 Telephone (337) 433-8636

Save completed application and email as attachment to etcinc@etc-youth.org

Transitional Living Program Application

Date: _____

Name: _____ Age: _____ Date of Birth: _____

SS# ____-____-_____ City of Birth: _____

Do you best identify yourself as: ☐ Female ☐ Male ☐ Other _____

Current Address: _____
Street City Zip Code

Your Cell Phone # (if you have one): _____ Can you send/receive texts: ☐ Yes ☐ No

Your Email (if you have one): _____

How else can we contact you: _____ _____
(Work number, friend/family number, alternate email address, etc.)

Do you best identify yourself as:
- ☐ Heterosexual (straight)
- ☐ Gay
- ☐ Lesbian
- ☐ Bi-Sexual
- ☐ Prefer not to respond

Legal Status
- ☐ Adult
- ☐ Minor
- ☐ Emancipated (by a Judge)

Ethnicity (check all that apply)
- ☐ African American/ Black
- ☐ Caucasian / White
- ☐ Asian
- ☐ Asian American
- ☐ Native American
- ☐ Native Hawaiian
- ☐ Alaskan Native
- ☐ Other Pacific Islander
- ☐ Other _____

Check one:
Hispanic ____
Non-Hispanic ____

Who referred you to the Transitional Living Program or how did you hear about us?

_____

Please describe your current living situation: _____

_____

_____

_____

_____

Have you ever been in the custody of the Department of Children and Family Services (foster care) or the Office of Juvenile Justice (state juvenile justice system)? ☐ Yes ☐ No

Are you currently involved with the Criminal Justice System? ☐ Yes ☐ No

Do you have any outstanding warrants? ☐ Yes ☐ No

If you are a minor (17 years old or younger), who is your current Guardian? (Parent, relative, State of Louisiana, etc.) Please indicate below.

Name of Guardian: _____ Relation:_____

Contact Information for Guardian: _____
(phone, email, and/or address)

Do you have the following documents? (check all that apply)

☐ Birth Certificate ☐ Social Security Card ☐ ID Card ☐ Driver's License ☐ Immunization Record

Transportation

What is your current means of transportation?

☐ Bus ☐ Personal Vehicle ☐ Friend/Relative ☐ Walk ☐ Bike

If you checked personal vehicle, do you have a valid driver's license and current insurance? ☐ Yes ☐ No

Education

Are you currently enrolled in school? ☐ Yes ☐ No

If so, what school?_____ Grade _____

If not enrolled in school, what it the highest level of education completed? _____

Do you want to further your education? ☐ Yes ☐ No

Employment

Are you currently employed? ☐ Yes ☐ No

If so, where do you work? _____

How long have you worked there? _____to_____

How much do you make per hour? _____ How many hours a week do you work? _____

If not currently employed, please check the box if any of the following prevents you from finding work:

☐ Transportation
☐ Criminal History
☐ Child Care Issues
☐ No Resume
☐ Little work history
☐ Health/mental health issues
☐ History of drug/ alcohol abuse
☐ Other:_____

Resources

Please check the box if you receive financial assistance from the programs listed below; please identify the amount(s) you receive.

☐ Child Support $_____
☐ Food Stamps $_____
☐ WIC $_____
☐ Medicaid #_____
☐ SSI $_____
☐ Other Program _____ Amount $_____

Physical and Mental Health

Do you currently have any physical or medical health concerns? ☐ Yes ☐ No

If yes, please describe: _____

Have you ever had mental health counseling or diagnosis? ☐ Yes ☐ No

If yes, please describe: _____

Have you ever attempted suicide or been hospitalized? ☐ Yes ☐ No

If yes, please list the date of your last attempt and/or the date, place, & reason for your last hospitalization:

_____

_____

Are you taking any medication for physical and/or mental health reasons? ☐ Yes ☐ No

If yes, please list all current medications and what they are for:

Type of Medication	Purpose of Medication

Alcohol/Tobacco/Drug Use – Please be honest as it helps us to better serve you

If you took a drug test today, would you pass? "Pass" means that you would test negative for any prescription medications (unless you have a prescription), Alcohol, and/or Illegal Drugs (including synthetics).

☐ **Yes, I could pass a drug test**

☐ **No, I could not pass a drug test. I would test positive for** _____

Parenting

Are you a parent/parent-to-be? ☐ Yes ☐ No If yes, would your child(ren) be living with you at TLP? ☐ Yes ☐ No

What are the gender/ages of your child(ren): _____

Please explain the reasons we should choose you to participate in the program and what you hope to achieve?

_____

_____

_____

_____

_____

What questions/concerns do you have about the program?

_____

_____

_____

FOR OFFICE USE ONLY: Date application received:_____ Disposition _____

Notes/Follow Up/Referred To:

_____