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	SHAVON RAHMING	561.689.0806	SRAHMING@VITANOVAINC.ORG
	Villages of Hope	THERESA PEAK	561.557.8949	THERESAP@VILLAGESOFHOPE.NET
	Pond Place	KEHAN RAHMING	561.383.9820	KEHANRAHMING@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
- ( ) PESS
- ( ) AFTERCARE
- ( ) EXTENDED FOSTERCARE
- ( ) SOCIAL SECURITY
- ( ) 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
- ☐ Court/Agency Documents
- ☐ Family System Evaluation
- ☐ Nursing Notes
- ☐ Discharge Summary
- ☐ Mental Status
- ☐ Consultation Reports
- ☐ Psychiatric Evaluation
- ☐ Treatment Plans
- ☐ School Records
- ☐ Psychological Evaluation
- ☐ Progress Notes
- ☐ Educational -Tests & Reports
- ☐ Chemical Recovery History
- ☐ Therapist Orders
- ☐ School Attendance
- ☐ Dates of Hospitalization
- ☐ Diagnoses
- ☐ Psychosocial Report
- ☐ Crisis Intervention Reports
- ☐ Medical Records
- ☐ Lab Results
- ☐ Treatment Team reports

Verbal Exchange

Other (specify):_____

APPLICANT NAME: _____

SIGNATURE:_____

DATE:_____