



## YOUTHWORKS TRANSITIONAL HOUSING APPLICATION

Youthworks provides short-term transitional housing to homeless young adults (18-21). Housing available is in the form of single room occupancy, efficiency units, two bedroom apartments, or tenant based rental assistance. Youthworks conforms to the non-discrimination and equal opportunity requirements contains in 24 CFR part 576.407(a). Youthworks does not offer emergency housing but can make referrals for emergency shelter.

Name: _____	DOB: _____	Age: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Gender Non-Conforming		
Race/Ethnicity: _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<b>Where are you currently staying?</b>		
Address: _____	How Long: _____	
City: _____	State: _____	Zip: _____
Email: _____	Phone: _____	

Are you attending school?  Yes  No Where: \_\_\_\_\_ Grade: \_\_\_\_\_

If you are attending, when will your graduate? \_\_\_\_\_

If you have graduated from High School, where? \_\_\_\_\_ and when? \_\_\_\_\_

If you are not attending school, do you have any plans to return? Explain: \_\_\_\_\_

Are you pregnant or parenting?  Yes  No If yes, how many children and what are their ages? \_\_\_\_\_

Are you currently employed?  Yes  No If yes, where? \_\_\_\_\_ Since: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Do you have your own transportation?  Yes  No If not, how do you "get around"?

How did you learn about Youthworks and the Transitional Living Program? \_\_\_\_\_

Please explain the circumstances which led to your being homeless or which may result in your not having a place to live:

What do you feel your most immediate problems are? \_\_\_\_\_

**Flip Over to Complete**

Have you been or are you currently involved with any other agency?  Yes  No. If yes, when, for how long and with whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or investigated for a sexual offense?  Yes  No. If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or ever been involved in any violent acts?  Yes  No. If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received psychiatric treatment?  Yes (inpatient)  Yes (outpatient)  No. If yes, by what doctor, when and where?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three goals you have for the next three months:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

List three long term goals:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

If there are no immediate openings in Youthworks apartments, what can you do while waiting for an opening?  
\_\_\_\_\_

If you have shelter, how long can you stay where you are? \_\_\_\_\_  
\_\_\_\_\_

Youthworks offers a series of Independent Living workshops to help you live on your own. Any homeless youth or low income youth may enroll. All of the apartment residents, unless they have completed a similar program must attend the workshops. The once a week evening workshops cover such topics as finding a job, budgeting, transportation, health, nutrition, and housing.

If you appear to be eligible, do you want to be contacted when there are workshop openings?  Yes  No

Would you be interested in participating in culturally relevant activities?  Yes  No, If yes, what?  
\_\_\_\_\_

During the screening process you will be asked to sign a release so that we can verify the information provided.

**I certify that the information provided is complete and accurate.**

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