



Application for Transitional Housing

This application is to be completed by the transitional housing applicant in consultation with the assigned Senior Social Worker (SSW) or Probation Officer (PO), as applicable. The SSW/PO will provide the prospective applicant the *Application for Transitional Housing Advisement (F063-25-763)* and review the document with the prospective applicant prior to completion and submission of this *Application for Transitional Housing (F063-25-623)*.

Note: Advise transitional housing applicant that he/she is **not** required to answer any question(s) about pregnancy/reproductive health. If the applicant chooses to disclose pregnancy/reproductive health information provide applicant with an *Authorization to Share Private Information (F063-25-759)* for signature, and submit along with the *Application for Transitional Housing (F063-25-623)*.

PROGRAM TYPE		
<i>(Indicate type of transitional housing for which you are applying) (check <u>only</u> one)</i>		
<input type="checkbox"/> Transitional Housing Placement Program (THPP) (For dependent minors age 16 up to 18, wishing to reside in community based apartments)	<input type="checkbox"/> Transitional Housing Program Plus (THP-Plus)/Single Site at Tustin Family Campus (For emancipated young adults age 18 up to 24, wishing to reside in dormitory-style housing)	
<input type="checkbox"/> Transitional Housing Program Plus (THP-Plus)/Remote Site (For emancipated young adults age 18 up to 24, wishing to reside in community based apartments)	<input type="checkbox"/> Transitional Housing Placement-Plus-Foster Care (THP+FC)/Remote Site (For Non-Minor Dependents [NMDs] age 18 up to 21, wishing to reside in community based apartments)	
APPLICANT IDENTIFICATION		
Applicant Name <i>(Last, First Middle)</i>		<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth	Social Security Number <i>(last four digits <u>only</u>)</i>	Do you have a valid Driver License or ID Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, provide state in which issued and number)</i> State: _____ Number: _____
Address <i>(Street, City, State, Zip code):</i>		
Type of Placement: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative <input type="checkbox"/> Other:		
Home Phone <i>(Include Area Code)</i>	Cell Phone <i>(Include Area Code)</i>	Email Address
PERSONAL INFORMATION		
<i>(You are not required to answer questions related to pregnancy/reproductive health, as indicated with an asterisk *)</i>		
Have you ever been in Transitional Housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which program?		
*Are you currently expecting a child? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, when is the expected date of delivery?		Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do they reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the ages of the children?
Are you receiving any public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type of assistance <i>(check all that apply)</i> <input type="checkbox"/> CalWORKs <input type="checkbox"/> Food Stamps <input type="checkbox"/> MediCal <input type="checkbox"/> SSI/SSP <input type="checkbox"/> Other:		
Do you have health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a checking account and/or savings account? <input type="checkbox"/> Checking (Balance \$ _____) <input type="checkbox"/> Savings (Balance \$ _____)
Are you currently attending high school <input type="checkbox"/> Yes <input type="checkbox"/> No <u>or</u> college <input type="checkbox"/> Yes <input type="checkbox"/> No?		
Name of high school or college:		
Date started:	Current Grade:	Do you have an Individualized Education Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving any of the following? <i>(check all that apply)</i> <input type="checkbox"/> Financial Aid <input type="checkbox"/> Scholarship <input type="checkbox"/> Grant <input type="checkbox"/> Other:		
Legal Right to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide name of employer and length of time employed)</i>	
Do you have?: A Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Valid Auto Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Current Registration <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are selected to participate in the THP-Plus or THP+ FC/REMOTE SITE Program, name the Orange County city in which you prefer to live:		

THIS FORM CONTAINS PERSONALLY IDENTIFIABLE INFORMATION (PII). DO NOT SAVE COMPLETED FORM TO ANY CFS COMPUTER UNLESS ON A CFS SECURE DRIVE ESTABLISHED FOR THE PURPOSE OF SAVING DOCUMENTS CONTAINING PII. IF SENDING THIS COMPLETED FORM VIA EMAIL OUTSIDE SSA, USE THE ESTABLISHED PROCEDURE FOR SECURE EMAILS.

CASE INFORMATION

Do you currently have an open CFS or Probation case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the County and expected date of emancipation:	If already emancipated, provide date of emancipation:
Senior Social Worker Name <i>(if applicable)</i>		Senior Social Worker Phone Number
Probation Officer Name <i>(if applicable)</i>		Probation Officer Phone Number

PERSONAL HISTORY
(The information you provide is confidential and will be used to assess how the Transitional Housing Program can best meet your needs)

List medical conditions, past or present	Prescribed medication(s):
List mental health conditions, past or present	Prescribed medication(s):
Have you ever been hospitalized for treatment for mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, are you still receiving mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what?	
Do you have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Are you currently using drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often:	
Do you smoke cigarettes?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

LEGAL HISTORY/GANG AFFILIATION

Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain nature of arrest and conviction history:	
Are you now or have you ever been affiliated with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any legal factors that would impact your ability to stay in Transitional Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

REFERENCES
(References provided may be contacted)

Name	Relationship <i>(friend, current placement, employer, etc.)</i>
Address <i>(Street, City, State, Zip Code)</i>	
Email address	Phone number <i>(include area code)</i> Home: _____ Cell: _____
Name	Relationship <i>(friend, current placement, employer, etc.)</i>
Address <i>(Street, City, State, Zip Code)</i>	
Email address	Phone number <i>(include area code)</i> Home: _____ Cell: _____

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SUPPLEMENTAL QUESTIONS

(Attach additional pages as needed)

1. Please describe the goals you plan to achieve while residing in the transitional housing program for which you are applying.

2. Please describe any challenges you think there may be to you achieving the goals you described in your response to Question 1.

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APPLICANT SIGNATURE

Certification: By entering or signing my name below, I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for not being selected for transitional housing or for dismissing me after I begin receiving services. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the County of Orange and will not be returned.

I have read the *Application for Transitional Housing Advisement (F063-25-763)* and acknowledge my understanding that the assessment of me as an applicant for transitional housing will be based on the guidelines in that document.

Further, I understand that I will not be considered as an applicant for transitional housing unless my assigned SSW/PO supports my application by signing below. (**Note:** This requirement does not apply to emancipated adults.)

Further, I understand that private reproductive health related information about me will not be disclosed to the housing provider without my authorization, as indicated on a signed *Authorization to Share Private Information (F063-25-759)*.

My signature authorizes Orange County Children and Family Services and/or Probation Department to share all relevant information regarding my personal history with the transitional housing provider. This includes providing the signed *Application for Transitional Housing (F063-25-623)* and all relevant court reports, which may include personal health information (e.g., medical, behavioral/mental, etc.), to the housing provider.

Applicant Signature

Date

SSW/PO SIGNATURE

I have read and reviewed the *Application for Transitional Housing Advisement (F063-25-763)* with the applicant. By signing below I:

- Affirm my support for the applicant for transitional housing. If the applicant is accepted into a transitional housing program, I will attend the meeting held upon the applicant moving into the program. If unable to attend, I will identify a designee to attend on my behalf.
- Do not affirm my support for the applicant for transitional housing.

Name of Assigned SSW/PO

Telephone

Signature of Assigned SSW/PO

Date

MAIL OR FAX YOUR COMPLETED APPLICATION TO:

By Mail: Transitional Planning Services Program/
Transitional Housing Mailbox

800 North Eckhoff Street/Building 135B
Orange, CA 92868
(714) 940-3985 or (714) 940-3986

By Fax: (714) 940-3993

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