## **B.W.I.T Luxurious Fostering Transitional Housing Program Application**

P.O. Box 4792, Stockton, CA 95204 **(Phone: 510-563-9785)**

## *PERSONAL INFORMATION (Please Print Legibly)*

**Name (required)**

**Application Date (required)**

**Primary Address**

**City**

**State**

**Zip Code**

**Gender**

**Home Phone**

**Cell**

**Work Phone**

**E-Mail**

**Date Of Birth**

**Age**

**Social Security Number: xxx-xx-(last four digits)**

**Referral Resource**

## **Ethnic identity: Circle the proper code for your ethnic group, circle all that apply (OPTIONAL)**

American Indian or Alaskan Native

Cuban

Laotian

Black, non-Hispanic, including African

Puerto Rican

Vietnamese

Mexican American, Mexican, Chicano

Other Latino

Filipino

Central American

Chinese

White

South American

Japanese

Pacific Islander

Korean

**Do you have children? If yes how old are they and are they living with you?**

**Are you currently on probation or have you ever been on probation?**

**Name of current/last social worker**

Phone

County

Phone

County

**Name of current/ last probation officer**

Phone

County

Email

## **EMERGENCY CONTACT INFORMATION**

Name

Relationship

Address

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

#### **REFERRAL/AGENCY SOURCE**

**Name of person who referred you to transitional housing**

Relationship

Agency

Work Phone

E-Mail

#### **EDUCATION AND EMPLOYMENT**

**Have you obtained any of the following? (CIRCLE ONE if applicable)**

GED

High School Diploma

Certificate of Completion

##### **What best describes your current education status?**

Enrolled in High School

Enrolled in Community College or 4-year university

Enrolled in GED program

Enrolled in Adult Education Program (completing High school diploma)

**If not enrolled in school, are you interested in enrolling in school? (Circle One)**

Yes No

**Do you currently or did you previously have an IEP? (Circle One)**

Yes No

**If enrolled in school, what school?**

**What best describes your employment status? (Circle One)**

Employed Part-time

Employed Full-time

Not currently employed

Current Employer

**Position**

**If not employed, what is your primary source of income?**

##### WELLNESS

**Which of the following describes your general emotional state? (Check All That Apply)**

 Stable  Unstable  A little depressed  Very depressed  Unstable  None of them

**History of any of the following? (Check All that Apply)**

 Suicidal thoughts  Intentional suicide attempts  Uncontrollable fits of rage  Homicidal

**Have you ever had a mental health diagnosis?**

Yes No

**If yes, please specify**

**Do you currently have a therapist?**

Yes No

##### If yes,

**Name**

**Phone**

 We will not contact your therapist without your permission

**Do you have a psychiatrist?**

Yes No

##### If yes,

**Name**

**Phone**

 We will not contact your psychiatrist without your permission

**Do you receive SSI/SSDI**

Yes No

**If yes, what do you receive SSI/SSDI for?**

**Please list any medical conditions past or present**

**Please list any mental health issues past or present**

**Please list all prescription medication that you have been prescribed**

**Have you ever been hospitalized? If so, please explain**

**Do you drink alcohol?**

Yes No

**If yes, how often?**

**Do you currently use drugs?**

Yes No

**If yes, which drugs and how often?**

**Do you smoke cigarettes?**

Yes No

**If yes, how many per day?**

**Have you ever been in a treatment program for substance abuse?**

Yes No

**If yes, name of the program and dates of treatment?**

**Is your family network (circle one)**

Very supportive

supportive

not supportive

no contact

**Is your social network (circle one)**

Very supportive

supportive

not supportive

no contact

**Have you ever been arrested?**

Yes No

**A. If yes, for what?**

**B. What was the result?**

#### **LOCATION AND HOUSING**

##### What neighborhood/city best describes the location of the following people or things?

Your Job

Your School

Your Social Network

Where do you want to live

**Do you feel you have safe and stable housing?**

Yes No

**If no, do you need emergency shelter?**

Yes No

##### What best describes your current living situation?

**Renting own or shared housing (paying rent)**

**Living with relative or other person in stable housing (rent free)**

**THP-Plus program Specify**

**Unstable housing situation (couch surfing with relatives, friends or other people)**

**Emergency shelter, homeless or other unstable housing (street, car, etc.)**

##### Institutionalized (just exited hospital, jail, mental health facility with no place to go)

**Specify**

**Other**

**Do you require reasonable housing accommodation due to a disability?**

Yes No

**Do you know how to cook?**

**Do you know how to clean?**

**Have you ever had a roommate?**

Yes No

**Was the experience positive or negative? (Explain)**

**Do you have experience with making and keeping a monthly budget?**

Yes No

**Are you able to pay bills on time?**

Yes No

**Do you own a credit card?**

Yes No

**Do you have a bank account?**

Yes No

**If yes what type?**

Checking or Savings

**Do you owe money on school loans?**

Yes No

**Do you know how to use public transportation?**

Yes No

**Do you have any pets?**

Yes No

**If yes, what kind and how many?**

##### PERSONAL GOALS

**Please briefly state your short term and long-term goals and describe how getting into a Transitional Housing program will help meet your short- or long-term goals?**

**Applicant’s Signature**

**Date**

\*To be considered for the Transitional Housing Program, you must admit all parts of the application. Answer all question(s) on the form or indicate N/A if not applicable. All information will be kept confidential and used only in determining your eligibility for the program. Remember, you must complete all sections and parts of the application in order to receive an interview. Don’t forget to get all your recommendations sent of immediately

\*By signing above, you consent to release your court record/report