



T A H O E
YOUTH & FAMILY
S E R V I C E S

A SAFETY NET OF SERVICES FOR YOUTH AND FAMILIES

Today's Date: ____ / ____ / ____

Client # Office Use Only: _____

HHAP Application

(Homeless Housing, Assistance and Prevention Program)

Rapid Re-Housing Program (RRH)

This application only needs to be filled out once in order to apply

What to do:

1. Fill out the application completely.
2. Submit application to Tahoe Youth & Family Services at 1021 Fremont Ave. South Lake Tahoe or scan to cchapman@tahoeyouth.org

Client Name: _____ **Date:** _____

Nickname: _____

Date of Birth: ____/____/____ **Age:** _____ **SSN:** _____

Gender: Female Male Transgender M to F Transgender F to M
 Gender Nonbinary

Marital Status: Single Married Domestic Partner Divorced Separated Widowed

How do we Get in Contact with You?

Phone: (____) _____ Other: (____) _____

Email Address: _____

Best Way to Contact You? _____

Who May We Contact to Get Ahold of You? (their name and number): _____

Where Are You Living Right Now? (Check one):

House/Apt. Friends Relatives Shelter Hotel Street Car Other: _____

Address: _____

Street City State Zip Code

How long have you been staying there? _____

Where do you sleep? (bed, couch, floor)? _____

How many people live there? _____

How long are you allowed to stay there? _____

Where did you live before that? And how long were you there? (Last 4 places)

Have you applied for HHAP funding before? Yes No When? _____

Where? _____ What Happened? _____

Have you ever been in an Independent Living Program? Yes No

Name of Program (RRH, TLP): _____

Where and When? _____

Why did you leave the program? _____

How did you hear about HHAP?

Do you know anyone who has been in the HHAP program? [] Yes [] No

Who? _____ Where? _____

How have the last 6 months been for you? Why are you seeking HHAP assistance?

Have you ever been in foster care? [] Yes [] No If so, for how long? _____

Education: (check all that apply)

- [] Some high school (Last grade completed _____) [] High school graduate [] GED
- [] Trade/Skill school [] Some College (area of study _____) [] Other _____

Names of School(s)

Year graduated/ Attended

High School/GED _____	_____
College/ Trade School _____	_____
Other _____	_____

Challenges you have had in school: (suspensions, detentions, etc.) _____

Did/ do you have an IEP? [] Yes [] No

Are you interested in going to college? [] Yes [] No What would you like to study _____

Family:

Parent Name _____ Phone _____

Address (city, state, zip) _____

Parent Name _____ Phone _____

Address (city, state, zip) _____

Your Children: Name and Age _____

If you have a dependent child who is the other parent? _____

Is the other parent of your child involved in your child's life [] Yes [] No

If yes, How? _____

List all who would be living with you while in HHAP: (please include yourself)

Name	Relationship	Age	Date of Birth	Type of Custody
	Self			

Describe your family and friends:

Who do you get along with? Why? _____

Who do you not get along with? Why? _____

Emergency Contacts:

List emergency contact names and phone numbers. If you have a child, list the child's other parent and/or a relative of the child as an emergency contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health:

Are you pregnant [] Yes [] No If yes, how far along are you? _____

If yes, are you getting parental care? [] Yes [] No If yes, Where? _____

Health concerns/ Diagnoses: _____

Medications: _____ Name of Physician _____

Do you have any allergies [] Yes [] No If yes, What? _____

Do you have health insurance [] Yes [] No If yes, What? _____

Substance Abuse:

Do you drink alcohol? [] Yes [] No How much per day? _____

Do you smoke Marijuana [] Yes [] No How much per day? _____

When was the last time you used drugs other than marijuana/ or alcohol? _____

What drug do you use most? _____ How frequently? _____

Legal:

Have you ever been arrested? [] Yes [] No If yes, Why: _____

Have you served time in jail? [] Yes [] No How long? _____

Do you have any pending tickets (speeding, etc.)? [] Yes [] No What for? _____

Do you have any warrants out? [] Yes [] No What for? _____

Are you currently on parole, probation or diversion? [] Yes [] No How much time left? _____

Parole/probation Officer: _____ Phone Number _____

Counseling:

Have you ever been/ are you in counseling? [] Yes [] No

Therapist/ program name: _____

What were you working on? _____

Have you ever been in a mental hospital? [] Yes [] No When? _____ Hospital: _____

What were you working on? _____

Pervious Diagnoses: _____

Previous medications you have been prescribed: _____

Did you take them as prescribed? [] Yes [] No if not, why? _____

Have you ever been in a drug or alcohol program? [] Yes [] No If yes, When? _____

Where? _____

AA Participant? [] Yes [] No

NA Participant? [] Yes [] No

Social Skills:

On a scale of 1-5 (1=poor to 5=Best) How would you rate yourself the following:

Wake up on your own: _____ Household Chores: _____ Hygiene: _____ Laundry: _____

Being on Time: _____ Getting along with others: _____

Independent Living Skills:

On a scale of 1 to 5 (1=poor, 5= best) rate your ability to:

Purchase food: _____ Budget money: _____ Prepare well balanced meals: _____

Purchase clothing: _____ Take care of others: _____ Use banks: _____ Find jobs: _____

Hold jobs: _____ Use public transportation: _____ Use hospital: _____ Use Library: _____

Knowledge of colleges: _____ Use computer: _____ Use telephone: _____

Job History: (include the last 3 years):

Dates	Company Name	Pay Rate	Duties	Reason for Leaving

Income: (Job, Child Support, DFS, DCF, SSI, etc. If child support is owed to you, please list monthly total amount)

Source	Amount (Weekly/ Monthly)

Do you have a case worker? Yes No

If yes Name? _____ Phone: (____) _____

Name of their office (DFS, DCF, City and State): _____

Transportation:

Do you have a driver's license? Yes No

Do you have a car? Yes No

Personal Objectives:

What are your plans for the future?

Why do you feel you would benefit from participating in HHAP?

References

By listing names and phone numbers below, you are indicating that you allow us to contact anyone listed as a reference to aid in our decision to accept you into the program. Please **DO NOT** list any family members or friends. List persons from other programs you have been in, counselors, school personal, employers, etc.

Name	Phone #
1. _____	(_____) _____
2. _____	(_____) _____
3. _____	(_____) _____

Please note, if you are accepted into the program, staff will ask them for forms of ID. If you have no forms of ID, let the staff know during your interview. Forms of ID include Birth Certificate, state ID, social security card, transcripts, medical records, etc...

By signing below, I agree to the application process; I agree that all of the information on this application is true; and I agree to allow my references to be checked.

Applicant Signature

Date

Shared Housing (If Applicable)—Finding the Right Match

Shared Housing: Interview Form (to be completed by prospective matched tenants)

How long do you want the arrangement to last? _____

What are your long-term plans?

Personal

Are you employed? _____ If yes, where? _____

What do you do for fun/recreation? _____

Do you smoke? _____ Are you okay living with a smoker? _____

Are you a social drinker? _____ Are you okay living with a social drinker? _____

How often do you expect guests? _____

Do you expect overnight guests and if so, how often? _____

What times do you go to bed/get up? _____

Are you an early person or night person? _____

Do you enjoy socializing or prefer to keep to yourself? _____

Do you have a boyfriend/girlfriend? _____

What is your tolerance for noise? _____

Do you have a vehicle? _____ If yes, add make, model, year: _____

Do you have your own furniture? _____ If yes, what will you bring/provide?

Are you willing to share (circle if yes): Bathroom Car Kitchen Utensils/Cookware

Other living space Internet Computer Laundry machines

What are your cleaning habits? _____

What are your pet peeves? _____

What are you looking for in a good roommate?

Do you have pets? _____ If yes, please describe: _____

Are you okay living with pets? _____

Do you have any food allergies? _____

Do you maintain a special diet? _____ If yes, please describe:

Would you be interested in sharing some groceries/meal preparation? _____

Cost

How much can you afford in rent a month: _____

How much can you afford for utilities: _____

How do you normally pay bills? _____

Do you have credit? _____

Anything else you would like to add?
