



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: \_\_\_\_\_

# TLP Application

## Transitional Living Program

**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](mailto:cchapman@tahoeyouth.org)

**Personal Information:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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

**Sexual Orientation:**  Gay  Lesbian  Straight  Bisexual  Pansexual

**Ethnicity:** Are you Hispanic or Latino?  Yes  No

**What race do you identify with?**  American Indian/Alaskan Native  Asian  African/ African American  
 Native Hawaiian/Pacific Islander  White  Decline race/ethnicity

**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/PO Box 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 2 places)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been in foster care?**  Yes  No If so, for how long? \_\_\_\_\_

**Have you applied to TYFS' TLP before?**  Yes  No When? \_\_\_\_\_

Where? \_\_\_\_\_ What Happened? \_\_\_\_\_

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

Where and When? \_\_\_\_\_

Why did you leave the program? \_\_\_\_\_

**How did you hear about the TLP?**

\_\_\_\_\_

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

Who? \_\_\_\_\_ Where? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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? \_\_\_\_\_

How is your relationship with your parents or close family members?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

**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\_\_\_\_\_

What type of assistance would you like from TLP staff to meet your educational goals?

\_\_\_\_\_

\_\_\_\_\_

What are your long-term educational goals? (i.e., college, vocational training, technical school, etc.)

\_\_\_\_\_

**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?\_\_\_\_\_

**Mental Health:**

Do you feel sad or depressed often?  Yes  No If yes, how often? \_\_\_\_\_

Have you ever been so down you thought about hurting yourself?  Yes  No

If yes, when did you last feel this way? \_\_\_\_\_

What happened that made you want to hurt yourself?

\_\_\_\_\_

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Have you ever been so down that you thought about committing suicide? [ ] Yes [ ] No

If yes, when did you last feel this way? \_\_\_\_\_

What happened that made you want to commit suicide?

\_\_\_\_\_  
\_\_\_\_\_

**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 health treatment center, or have you ever been on an involuntary hold such as a 5150/5152? [ ] Yes [ ] No When? \_\_\_\_\_

What were you working on? \_\_\_\_\_

Previous Diagnoses: \_\_\_\_\_

Previous medications you have been prescribed: \_\_\_\_\_

\_\_\_\_\_

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

**Substance Abuse:**

Do you smoke cigarettes? [ ] Yes [ ] No How many per day? \_\_\_\_\_

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

Do you drink alcohol? [ ] 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? \_\_\_\_\_

If you do use why? \_\_\_\_\_

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

Where/how long? \_\_\_\_\_

AA Participant? [ ] Yes [ ] No

NA Participant? [ ] Yes [ ] No

**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 \_\_\_\_\_

**Job History:** (include the last 3 years):

Dates	Company Name	Pay Rate	Duties	Reason For Leaving

If you don't have a job, how do you support yourself? \_\_\_\_\_

What kinds of jobs are you interested in finding? \_\_\_\_\_

Have you ever participated in employment training classes?  Yes  No

**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: (\_\_\_\_\_) \_\_\_\_\_

**Transportation:**

Do you have a driver's license? [ ] Yes [ ] No

Do you have a car? [ ] Yes [ ] No

If yes, \_\_\_\_\_

MAKE

MODEL

COLOR

Plate #: \_\_\_\_\_ Insurance Co Name: \_\_\_\_\_

Would you be willing to use the City Bus? [ ] 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: \_\_\_\_\_ Library: \_\_\_\_\_

Knowledge of colleges: \_\_\_\_\_ Use computer: \_\_\_\_\_ Use telephone: \_\_\_\_\_

**Personal Objectives:**

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

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What are your plans for the future?

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What do you do on your free time? Your hobbies?

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What accomplishments are you most proud of?

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List three things you like about yourself \_\_\_\_\_

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List three things about yourself you feel need improvement/attention \_\_\_\_\_

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If you have a roommate, and they stole a piece of clothing from you, how would you react? If it made you angry, what would you do?

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There are rules in everyday life that we are asked to follow. When a rule gets broken, often a person in authority has to address the broken rule. How do you react in those types of situations? How does it make you feel? What is your first instinct when you have to interact with an authority figure?

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## 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.**

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**Applicant Signature**

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**Date**