

Transitional Youth

Resident Application

Name (First, Middle and Last)	Date of Birth (Month, Day and Year)	Age	Today's Date
Email Address		Phone Number	
Address		City	State Zip

General Information

	Yes	No
Do you have a Social Security Card?		
Do you have a State-issued ID OR Driver's License? <i>Please provide a copy of it with this application or send a picture of it to hello@transitionalyouth.org</i>		
Are you currently accepting SSI or SSD?		
Are you currently accepting food stamps?		
Are you currently employed?		
Do you have employment history?		
Are you receiving assistance from any agencies?		
Do you have health insurance?		

Employment

Fill this section out if you are currently employed

Company Name	
Address, City, State, Zip	
Type of Business	
Name of Supervisor/Phone Number	
Duties/Responsibilities	

Volunteer Experience

Company Name	
City and State	
Type of Business	
Duties/Responsibilities	
Company Name	
City and State	
Type of Business	
Duties/Responsibilities	

Youth Services

Please list all Youth Services you have or are currently using

Name of Youth Service	Services Receiving

Psychiatric/Psychological/Medical Conditions

	Yes	No
Have you witnessed drug abuse in your family?		
Is there a history of mental illness in your family?		
Have you been diagnosed with any psychiatric/psychological conditions?		

What is your diagnosis?

	Yes	No
Have you been prescribed any medications for your diagnosis or currently on any medications?		

Please list the current medications you are taking

Name of Medication	Purpose of Medication	How long have you been taking it?

Are you under the care of any of the following?

	Yes	No		Yes	No		Yes	No		Yes	No
Psychologist			Psychiatrist			Therapist			Doctor		

I give a representative of Transitional Youth permission to contact my doctors listed below based on a need for discussion.

Printed Name	Signature	Date

Name of Doctor?	Phone Number of Doctor?

Height	Current Weight	Last Physical (Year)

Describe your health history (Conditions, Hospitalizations, Accidents, Illness, Surgeries, Etc.)

	Yes	No
Do you have any allergies		

What allergies do you have?	
In the event of exposure what is the treatment for you?	

Put an "X" in the box that apply.

Yes		Yes		Yes	
<input type="checkbox"/>	Trouble Sleeping	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	Eye/Vision Problems
<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>	Depression/Anxiety	<input type="checkbox"/>	Dental Problems
<input type="checkbox"/>	Stomach aches	<input type="checkbox"/>	Contagious Conditions	<input type="checkbox"/>	PTSD
<input type="checkbox"/>	Suicide Attempts	<input type="checkbox"/>	Cutting	<input type="checkbox"/>	

Other physical or mental issues?

Alcohol History

What is your typical drinking pattern (Daily, occasionally or Binges)?	
What was your longest period of sobriety in the past year?	
How long has drinking been a problem for you?	

When was the last time you drank?	
Do you believe you are addicted to alcohol?	

Drug History

How long has it been since you have used drugs?	
How long has using drugs been a problem for you?	
Do you believe you are addicted to drugs?	
If you are unsure, please try to explain:	

Have you ever been involved in any recovery programs?

Year		Facility		City/State	
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Did you complete the program	Yes		No	
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Year		Facility		City/State	
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Did you complete the program	Yes		No	
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What do you think will make you successful in remaining clean and sober?

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Fill out this chart completely and accurately

Drugs Used	Age Started	Age Stopped	Amount	Administered
Marijuana				
Opiates/Heroin				
Cocaine				
Amphetamines				
TYPE:				
Barbiturates				
TYPE:				
Tranquilizers				
TYPE:				
Inhalants				
TYPE:				
Prescription				
TYPE:				
Methadone				
Nicotine				
Over the Counter				
TYPE:				

Legal Status/History

	Yes	No
Do you have a court appearance pending?		
Do you have any active warrants outstanding?		
Are you on Probation or Parole		
Are you currently involved in legal matters?		

If you are currently involved in legal matters, which ones? Put an "X" in the box to indicate a YES answer

Yes		Yes	
	Probation		Parole
	Divorce		Civil Proceedings

	Child Care Custody		DUII
	Assault Charges		Theft
	Other		

How much time have you spent? (Years, Months or Days)

Juvenile		Prison		Jail	
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Parole or Probation Officer Name	
Phone Number	
Email Address	

Casework's Name	
Phone Number	
Email Address	

I give a representative of Transitional Youth permission to contact my PO and/or Caseworker.

Printed Name	Signature	Date

List all prior convictions as accurately as possible:

Conviction	Year	Time Served

Educational History

	Yes	No
Have you completed your HS Diploma or GED?		

Last Grade Completed		Name of School	
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	Yes	No
Have you ever attended college or a trade school?		

Name of School and City		What year(s) did you attend	
Did you complete the course?			

Personal History/Questionnaire

What have you learned about yourself in the last year?

What kind of groups, clubs, or activities have you been involved with?

What kinds of problems are homeless youth facing?

What kinds of problems are you facing?

What kinds of things have you done to help yourself in the past month?

Are you ready to change your life? Why?

If you could, what would you change about yourself?

List 3 behaviors you would like to change

Is there anything else you need help with?

Are you willing to sacrifice some of your freedom in order to be successful in this program?

Spiritual Background

Did you attend church or participate in a religious activity as a child?

Do you currently affiliate yourself with a religion?

Do you think you can succeed with your life goals in a Christian, faith-based program?

What part does God play in your life?

Developmental History

Was your mother using drugs/alcohol during her pregnancy with you?

Who raised you as a child?

Was either of your parents missing during your childhood?

Describe the best relationship (family, friend, romantic) you have ever experienced.

Describe the best day of your life.

Describe what does an average day look like for you.

What area (City and State) did you grow up in?

Family/Relational Background

Do you have any siblings?	Yes		No	
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What are their names?

Did your parents experience divorce?	Yes		No	
Were you ever in foster care?	Yes		No	
Do you know the names of your birth mother and father	Yes		No	

What are the names of you parents?

Are you currently speaking to your parents(s) or guardian(s)	Yes		No	
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What family members do you look up to the most? Why?

Do you have any friends that you can count on? What are their names?

Are you currently involved in a romantic relationship? What is their name?

Do you have any children of your own? What are their names and ages? Where is your child currently living? As CPS ever been involved?

Goals

What do you hope to accomplish if you become a member of one of our houses?

How do you define success? What would your life look like if you were successful?

What was the most successful time in your life?

How do you typically handle conflict?

Situational Questions

If a resident confronts you about something, he owns that went missing, and they believe you stole it, how would you handle that conflict?

If a Resident Advocate (RA) asks you to redo a chore that they observed was not completed, but you believe it was completed, how would you handle that situation?

If you came home from a rough day at work and a fellow resident says something sarcastic to you that really get under your skin, how would you handle that conflict?

If the House Manager confronts you about a behavior you display that is negatively affecting the house, how would you handle that?

Transitional Youth

Statement of Faith

We Believe:

In the Bible, the Word of God – inspired and authoritative

In one God who exists eternally in three persons; Father, Son and Holy Spirit.

In the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His future personal return to rule in power and glory.

We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.

In the complete forgiveness and eternal salvation of the true believer.

In the empowering ministry of the Holy Spirit, who lives in Christians, thereby enabling each to live a godly life

In the bodily resurrection, judgement and eternal conscious existence of both the saved and the lost.

In the spiritual unity of believers in our Lord Jesus Christ.

I have read and understand that Transitional Youth is faith based/Christ centered.

Applicants Printed Name	Appicates Signature	Date

I certify that I have read and understand all of this Resident Application. It is agreed and understood that Transitional Youth or their agents may investigate my background to ascertain any and all information of concern to my application history. I also understand that if I become a resident of Transitional Youth, it may be conditioned on the results of a drug test and a formal background check.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal of being a resident of Transitional Youth.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Printed Name	Appicates Signature	Date

Consent of Release of Information

The information contained in this document will be treated with the utmost confidentiality and respect. Transitional Youth has strict criteria for the treatment and storage of confidential documents.

First Name	Middle Name	Last Name	Date of Birth	Social Security Number	Male/Female

Other names you have used	
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Address	City	State	Zip	Driver's License Number	Issuing State

Release to Do Reference Checks and Criminal Records Check

I authorized my references, present and past employers listed in this application, to give Transitional Youth any information, including opinions, they may have regarding my character and fitness to be employed or volunteer with Transitional Youth. This release and authorization acknowledge that Transitional Youth may now, at any time while employed or as a volunteer, obtain and use a "consumer report" about me, which may include verification of my education, previous employment/work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy or telephonic facsimile (FAX) of the Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment or volunteer eligibility. All results will be kept confidential. The information obtained will not be provided to any parties other than to Transitional Youth personnel, and their professional advisors and consultants if deemed appropriate in either's sole discretion.

I authorize the Oregon State Police Department, or any other company doing business with Transitional Youth that provides background information, to release any information that pertains to any record of convictions in its file or in any criminal file maintained on me, whether local, state, or national, and to disclose orally and in writing the results of this verification process to authorized representatives.

I do hereby agree to forever release and discharge Transitional Youth, its interviewers, to the full extent permitted by law, from any claims, damages, losses, liabilities, cost and expenses, or any other charges or complaints arising from the retrieving and reporting information.

In the event that information from the consumer reports is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, Transitional Youth will provide me with a copy of the report and a description in writing of my rights under the law.

I hereby authorize Transitional Youth to obtain a consumer report on me. I also certify that all the information that I provided in this application is true and complete. I understand that any false or misleading information may prevent me from volunteering with Transitional Youth/Braking Cycles.

Applicant's Signature			
Applicant's Printed Name		Date	