



TRANSITIONAL HOUSING PROGRAM (THP+)

PERSONAL INFORMATION

Name _____ Date _____ Social Security # _____

Address _____

Birthdate (Month/Day/Year) _____ Age _____ Sex: ☐ Male ☐ Female Ethnicity _____

Home Phone (____) _____ Cell Phone (____) _____

Primary Language _____ Secondary Language _____

If selected, when would you be able to be placed? (Month/Day/Year) _____

MEDICAL

Health Provider ☐ MediCal ☐ No Health Coverage ☐ Private Insurance

Who is your current Doctor? Name _____ Phone Number _____

Are you currently taking any prescribed medications? ☐ Yes ☐ No

If yes, please list them and how often? _____

Do you have any current health issues? ☐ Yes ☐ No

If yes, please state _____

Are you seeing a therapist/counselor? ☐ Yes ☐ No

If yes, please state _____

CURRENT EDUCATION

*Please fill this section out with the help of a school counselor, social worker...etc.

☐ High School: 9th, 10th, 11th or 12th ☐ Adult Ed. (GED) ☐ Vocational Program ☐ Community College ☐ Not attending

***If attending high school, please attach or send separately a copy of your transcripts.**

Name of School or Program _____

Address _____

Phone Number (____) _____ Counselor's Name _____

High School Graduation Date (Month/Day/Year) _____

Vocational Program Completion Date (Month/Day/Year) _____

Number of units/credits completed _____ Are you credit deficient? ☐ Yes ☐ No If yes, how many credits? _____

Do you currently have an IEP in place? ☐ Yes ☐ No

What are your future educational/vocational goals? _____

Are you receiving financial aid? ☐ Yes ☐ No

If yes, please specify ☐ FASFA ☐ Pell Grant ☐ Scholarship ☐ Other _____

If an educational loan were available to you through this program, would you use it? If so, for what? _____

If not attending school during the summer, what are your plans? _____

EMPLOYMENT

What are your job/career goals? _____

Current Employment

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

High School Work Permit? ☐ Yes ☐ No Hourly Pay \$ _____

Work Schedule ☐ Daytime M - F ☐ Evenings M - F ☐ Weekends ☐ Other _____

How many hours per week? ☐ 5-10 ☐ 10-20 ☐ 20-30 ☐ 30-40

Previous Employment

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

Volunteer Work

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

MISCELLANEOUS

Do you smoke? ☐ Yes ☐ No

Do you have any children? ☐ Yes ☐ No

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Do you have any other source of income? ☐ Yes ☐ No Amount \$ _____

Do you currently have a savings or checking account? ☐ Yes ☐ No

Do you have a certified copy of your birth certificate/social security card? ☐ Yes ☐ No

Do you have a California Photo ID? ☐ Yes ☐ No

Do you have a driver's permit or driver's license? ☐ Yes ☐ No

If yes, do you currently own a vehicle? ☐ Yes ☐ No

If yes, do you currently have automobile insurance? ☐ Yes ☐ No

Are you currently receiving SSI? ☐ Yes ☐ No

Do you plan to receive SSI? ☐ Yes ☐ No

If accepted, who would you like to have as your support team?
(example: family members, foster parents, positive role models) _____

ESSAY QUESTIONS

What do you know about our program? Why do you want to be a part of it?

What steps have you taken to prepare yourself for participation in one of these programs?

What aspects of the Independent Living Program (ILP) have you participated in? Who is your ILP case worker?

In the coming year, how will you prepare yourself for life after placement?

REFERENCES

Please list the name, address and phone number for 3 references for us to contact.

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

I have voluntarily filled out this application and would like to be considered for participation in one of the above mentioned Transitional Age Youth Services programs. To the best of my knowledge, all of the above information is true and correct.

Signature of Applicant _____ Date _____

Please mail completed application to:
County of Ventura
Independent Living Program
1400 Vanguard Drive, Ste. C
Oxnard, CA 93030

Tel: (805) 240 2700 • Fax: (805) 654 3464