

EDUCATION INFORMATION

School Status:

- High School
- Vocational School
- College
- Not Attending School
- Other:

Last grade completed: _____

Do you have a diploma? Yes No

Do you have a GED? Yes No

Do you have a copy of your diploma or GED? Yes No

Do you have a learning disability? Yes No

Individualized Educational Plan (IEP)? Yes No

Do you have any school debt/loans that will prevent you from receiving financial aid? Yes No

Name of current school: _____

When will you graduate? _____

EMPLOYMENT INFORMATION

- Employment Status: I am currently employed I quit my job I was fired
 Not currently employed I was laid-off I never held a job

Employment History

Company Name	Date Hired	Date Left Job

LIVING SITUATION

Where do you currently live? _____

Have you ever been homeless? Yes No

Have you ever participated in a THP+NMD or other housing program? Yes No

If yes, explain why you left the program and specify which county you participated:

FOSTER CARE PLACEMENT INFORMATION

I have been placed in: Foster Home(s) Group Home Juvenile Hall Relatives
 Other _____

How old were you? _____ **How many placements?** _____

What county? _____

Do you have a social worker / probation worker?

SW/PO name: _____

SW/PO phone number: _____

Placement History			
County	Placement Type	Dates	Why Did You Leave

SUBSTANCE ABUSE HISTORY

<p>No history of substance abuse</p>	<p>I have a history of substance abuse</p> <p>I have completed a treatment program</p> <p>I am currently in a treatment program</p> <p>Never received treatment & stopped using drugs</p>	<p>I currently have a substance abuse problem</p> <p>I am not participating in a treatment program but I am willing</p> <p>I am not willing to participate in a treatment program</p>
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Drugs I've Tried	Last Time Used	For How Long	How Often
Alcohol			
Marijuana			
Cocaine			
Other			

HISTORY OF ARREST

Have you ever been arrested? Yes No

Arrest History				
Date	Age	Charge	County	Time In Custody

Current or former gang affiliation? Yes No

Domestic violence history? Yes No

Current or former probation / parole involvement? Yes No

HEALTH INFORMATION

Do you have your Medi-Cal Card? Yes No

Are you currently taking any medications? Yes No

Please list all of the medications you are currently taking

Medication Name	Frequency	Doctor	Diagnosis / Reason	Date Started

Do you have any allergies? Yes No

If yes please list _____

Any major illness / surgeries? Yes No

If yes please list _____

MENTAL HEALTH HISTORY

Are you currently seeing a counselor? Yes No

If yes, please provide name and phone number:

Current or past mental health diagnosis?

Have you ever been hospitalized for suicidal / homicidal ideations? Yes No

If yes, please explain:

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YOUTH STATEMENT

Please explain your short and long term personal, academic, or work related goals.

Youth Signature

Date

County Authorized Representative Signature

Date

Please send completed application to:

thp-intakes@creative-alternatives.org