

## THP-NMD APPLICATION FORM

CLIENT INFORMATION										
Date of Referral:	E-Mail:									
First Name: Last Name:										
Ethnicity:	Height:_	Weight:								
Gender: D	Date of Birth: Phone Number:									
Which program are you i	nterested in?   Merce	ed County Program 🔲 Stanislaus County Program								
Do you have original Birt	h Certificate?   Yes	□ No								
Do you have original Soci	al Security Card? $\Box$	Yes  No								
Do you have a California	ID? ☐ Yes ☐ No									
TRAN	ISPORTATION I	INFORMATION								
Vehicle Status: I own a car	Do you have a Califo Driver License?									
I do not own a car I use public transportation	☐ Yes ☐ No	☐ Yes ☐ No								
	FAMILY INFOR	MATION								
Children:										
☐ I have children. How many? _	I do not have chi	nildren.								
List clos	e members of your fam	mily (Including children)								
Name	Relationship	ip Where do they live?								

	CURRENT LIVING SITUATION								
Where do you currently live?									
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:									
	EDUCATION INFORMATION								
	Last grade completed:								
School Status:	<b>Do you have a diploma?</b> ☐ Yes ☐ No								
High School	Do you have a GED? ☐ Yes ☐ No								
Vocational School	Do you have a copy of your diploma or GED? $\square$ Yes $\square$ No								
College	Do you have a learning disability? $\square$ Yes $\square$ No								
Not Attending School	Individualized Educational Plan (IEP) ? $\square$ Yes $\square$ No								
Other	Do you have any school debt/loans that will prevent you from								
	recieving financial aid? $\square$ Yes $\square$ No								
Name of current school:									
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									
Compan	y Name Date Hired Date Left Job								

## FOSTER CARE PLACEMENT INFORMATION

I have been pla	<b>ced in:</b> Foster Fan	nily Home STRTP	Home								
How old were y	e you? How many placements?										
What county? _											
Social Worker /	Probation Officer	name:		<u>*</u>							
SW/PO phone n	umber:										
oun o phone n											
		Placement History									
County	Placement Type	Dates	WI	ny Did You Leave							
			**								
D		NCE ABUSE F									
Drugs I've tried Alcohol	Last time Use	d For Ho	ow long?	How Often?							
		1	-								
Marijuana											
Cocaine	-		3								
Other											

		HIST	ORY OF A	RREST							
Have you	ever been a	arrested? $\Box$ Ye	s 🗆 No								
Arrest History											
Date	Age	Cł	narge	County	Time In Custody						
	1 1	ΗΕΔΙΤ	H INFORM	IATION							
Do you hay	ve vour Me	edi-Cal Card?		Allon							
_	_		cations?	□ No							
Are you or				ப் பார் u are currently taking							
Medication		Frequency	Doctor	Diagnosis / Reason	Date Started						
Do you ba	ve anv alla	ergies? 🗆 Yes	П No	1							
_	_		LI NO								
ii yes piease					=======================================						
Any majo	r illness / s	surgeries? $\Box$	∕es □ No								
If yes please	list										

MENTAL HEALTH HISTORY								
Are you currently seeing a counselor?								
If yes, please provide name and phone number:								
Current or Past Mental Health Diagnosis:								
Have you ever been hospitalized for suicidal / homicidal ideations? $\Box$ Yes	□ No							
If yes, please explain:								

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## **YOUTH STATEMENT**

Please	explain	your	short	and	long	term	pers	onal,	aca	demi	c, or	work	related	d goals.
	Y	outh	Signa	ture				_		_		C	ate	
County	/ Author	rized	Repre	sent	ative	Sign	ature	- <b>e</b>		_			Date	