

[illegible]

## 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

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  
recieving 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


# FOSTER CARE PLACEMENT INFORMATION

I have been placed in:      Foster Family Home      STRTP Home

How old were you? \_\_\_\_\_ How many placements? \_\_\_\_\_

What county? \_\_\_\_\_

Social Worker / Probation Officer name: \_\_\_\_\_

SW/PO phone number: \_\_\_\_\_

Placement History			
County	Placement Type	Dates	Why Did You Leave

## SUBSTANCE ABUSE HISTORY

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

HEALTH INFORMATION	
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**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**