



*Northern California Southern California*  
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## THP-NMD APPLICATION

### GENERAL INFORMATION

**(Please Print)**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Last Four Social Security Number: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Living situation: ☐ Homeless ☐ Family ☐ Shelter ☐ Friends ☐ Other: \_\_\_\_\_

Do you have a mentor or other significant adult relationship? ☐ Yes ☐ No

Do you have children? ☐ Yes ☐ No if yes, how many children do you have? \_\_\_\_\_

Do you have a California ID/Driver's License? ☐ Yes ☐ No, ID/Driver's License No. \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SOCIAL WORKER OR PROBATION OFFICER INFORMATION

Name: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## EDUCATION

Check Highest Grade Completed:

High School: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Last School Attended: \_\_\_\_\_

Do you have an Individual Education Plan (IEP)? ☐ Yes ☐ No

Do you possess one of the following? ☐ High School Diploma ☐ GED ☐ Other: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_ Date Passed GED: \_\_\_\_\_

Last College/  
Trade School Attended: \_\_\_\_\_ Credits Completed: \_\_\_\_\_

## EMPLOYMENT & FINANCIAL INFORMATION

Are you currently employed? ☐ Yes ☐ No ☐ Full Time ☐ Part Time

How many hours per week do you work? \_\_\_\_\_

Name of  
Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Hourly Salary: \$ \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

Title and Description of Duties:

If not employed, what is your primary source of income?

☐ General Relief ☐ Social Security Insurance ☐ No Income ☐ Other (explain):

Do you have a savings account? ☐ Yes ☐ No Balance: \_\_\_\_\_

Do you have a checking account? ☐ Yes ☐ No Balance: \_\_\_\_\_



## MEDICAL/PSYCHIATRIC/SUBSTANCE ABUSE HISTORY

Do you have Medi-Cal? ☐ Yes ☐ No

Do you have private insurance? ☐ Yes ☐ No

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions past or present, including allergies or contagious diseases:

Please list any mental health issues past or present:

Please list any prescribed medications that you are currently taking:

Have you ever been hospitalized or had suicidal thoughts? If so, please explain:

Do you drink alcohol? ☐ Yes ☐ No, how often? \_\_\_\_\_

Do you currently use drugs? ☐ Yes ☐ No, what types and how often do you use them?

Do you smoke cigarettes? ☐ Yes ☐ No

## PROBATION HISTORY

Are you or have you ever been on Probation? ☐ Yes ☐ No ☐ Juvenile ☐ Adult

Please provide the name and contact number of your Probation/Parole Officer:

Please explain the nature of the incident?

Are you now or were you ever affiliated with a gang? ☐ Yes ☐ No

What gang? \_\_\_\_\_ Current status: \_\_\_\_\_



## LIFE SKILLS KNOWLEDGE

Do you know how to cook?

☐ Yes ☐ No

Please give an example of a well-balanced meal you know how to cook?

Do you know how to clean?

☐ Yes ☐ No

Please describe how would you clean a kitchen?

Have you ever had a roommate?

☐ Yes ☐ No

Was the experience positive or negative? (Explain):

Can you make a monthly budget? ☐ Yes ☐ No

Do you owe money on school loans? ☐ Yes ☐ No

Do you pay bills on time? ☐ Yes ☐ No

Do you know how to use public transportation? ☐ Yes ☐ No

Do you own credit cards? ☐ Yes ☐ No

Do you have any pets? ☐ Yes ☐ No

## PERSONAL GOALS

Please list your educational and/or employment goals and barriers, if any:

**I certify that the information I have completed is true and correct to the best of my knowledge**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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