****

**STUDENT YOUTH APPLICATION**

Date of Application: \_ \_/ \_ \_/ \_ \_ \_ \_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Information:** | | | | | | | | | | | | | | | | | |
| First Name: | | | | Middle Initial: | | Last Name: | | | | | | | | | | | |
| Gender:  □ Male □ Female | | | | Date of Birth  \_ \_/ \_ \_/ \_ \_ \_ \_ | | Cell Phone:  (\_ \_ \_)\_ \_ \_-\_ \_ \_ \_ | | | | | | | | Alternative Phone:  (\_ \_ \_)\_ \_ \_-\_ \_ \_ \_ | | | |
| **Parent/ Guardian/ Emergency Contact:** | | | | | | | | | | | | | | | | | |
| First Name: | | | | Middle In: | Last Name: | | | | | | | | |  | |  | |
| Phone Number:  (\_ \_ \_)\_ \_ \_-\_ \_ \_ \_ | | | | Alternative Phone:  (\_ \_ \_)\_ \_ \_-\_ \_ \_ \_ | | | | | | | | | |  | | | |
| **Housing:** | | | | | | | | | | | | | | | | | |
| Current Housing - Street Address, if available: | | | | | | | City: | | | | | | | | County & Zip Code | | |
| **How has your housing situation affected your education? Please give as complete a response as possible e.g. homelessness, medical concerns or issues, addiction, lack of food, etc.** | | | | | | | | | | | | | | | | | |
| **Have you identified a supportive person in your life with whom you could live? If so, please include that person’s name and contact information:**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:**  **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Would you be interested in living with a HOST family from the community: Yes  No** | | | | | | | | | | | | | | | | | |
| **How long have you lived in Mason County?** | | | | | | | | | | | | | | | | | |
| Have you ever lived in a Group home?  □ yes □ no  If yes,  From\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Have you been in Foster Care:  □ yes □ no  If yes,  From\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Reason for Entering foster care: | | | | | | | | | | |
| **Education:** | | | | | | | | | | | | | | | | | |
| **Current School:** | | | | | | | | | | | | **Grade:** | | | | | |
| **Expected Graduation Date:** \_ \_/ \_ \_/ \_ \_ \_ \_ | | **Name of Guidance Counselor:** | | | | | | | | | | **How many high school credits have you earned:** | | | | | |
| **Do you have any learning disabilities or other educational needs (reading, math, I.E.P, etc.):**  □ yes □ no  **If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **What are your educational goals? (check all that apply)**  □ graduate high school □ graduate certificate/ trade program  □ graduate from college □ other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Employment/Income/ Financial Information:** | | | | | | | | | | | | | | | | | |
| **List monthly income amounts you may be receiving:** | | | | | | | | | | | | | | | | | |
| □ TANF $ \_\_\_\_\_\_\_\_\_ | □ Food Stamps $\_\_\_\_\_\_\_\_ | | | | | | | □ SSI $\_\_\_\_\_\_\_\_\_\_ | | | | □ Employment: $\_\_\_\_\_\_\_\_ | | | | | |
| □ Other: $\_\_\_\_\_\_\_\_ | □ None | | | | | | |  | | | |  | | | | | |
| Do you have **any** of the following? IF so please list amount: | | | | | | | | | | | | | | | | | |
| □ checking account: $\_\_\_\_\_\_\_ | | | □ Savings Account:  $\_\_\_\_\_\_\_\_\_\_\_ | | | | | □ Credit Card Debt:  $\_\_\_\_\_\_\_\_\_\_ | | | | | □ Medical/ Hospital Bills:  $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| □ Cell Phone Bills:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | □ Owed Rent/ Utilities:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | |  | | | | |
| **Please List Current/ previous employment:** | | | | | | | | | | | | | | | | | |
| Employer | | | Position | | Dates Employed | | | | | | Reason for Leaving | | | | | | Salary |
|  | | |  | |  | | | | | |  | | | | | |  |
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| **Personal Information:** | | | | | | | | | | | | | | | | | |
| Have you ever participated in counseling or therapy?  □ yes □ no **If yes, when:** \_ \_/ \_ \_/ \_ \_ \_ \_ | | | | | | | | | | Have you been/are you currently a victim of physical, sexual, or emotional abuse?  □ yes □ no | | | | | | | |
| Do you smoke cigarettes? □ yes □ no  If yes, how many cigarettes per day? \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Do you use alcohol? □ yes □ no  If yes, \_\_\_\_\_\_\_Times per\_\_\_\_\_\_\_\_(Day/week) | | | | | | | |
| Including prescribed medications, are yon currently using any prescribed or illegal drugs? If yes, please list type and frequency of use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Have you ever participated in an alcohol or treatment program?  □ yes □ no If yes, what kind: | | | | | | | | | When:  Started \_ \_/ \_ \_/ \_ \_ \_ \_ until \_ \_/ \_ \_/ \_ \_ \_ | | | | | | | | |
| **Legal Information:** | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a crime?  □ yes □ no | | | | | | | | | | If yes, when and how many times: | | | | | | | |
| If yes, have you ever been in: | | | | | | | | | | | | | | | | | |
| **□ juvenile detention**  Facility/ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | □ **jail/ prison**  Facility/ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| □ Are you or have you been on probation or parole?  When: \_ \_/ \_ \_/ \_ \_ \_ \_ till \_ \_/ \_ \_/ \_ \_ \_ \_ | | | | | | Probation/ Parole Officer: | | | | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | | | | | | | |
| What type of transportation do you rely on?  □ public transportation □ walking □ my own car □ another driver/borrowed car | | | | | | | | | | | | | | | | | |

I affirm that the answers I have provided on this application are true and correct, and that I have not knowingly withheld any information that if disclosed would affect my application unfavorably. I further understand that any false information submitted on this application and during the application process may result in my not being considered for the HOST Home Transitions Program or may result in my discharge from a residential placement.

Applicant Signature Date