



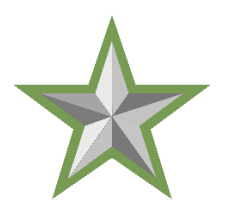
Admission Application



YOUTH SHELTERS & FAMILY SERVICES

STAR Program

Supportive Transitions to Adulthood through Rehousing



Today's Date: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Cell Phone Number: _____ Email Address: _____

Preferred Method of Contact: _____

Social Security Number (if applicable): _____ State Identification / Driver's License Number: _____

Age: _____ Birth Date: _____ Place of Birth (City, State): _____

Race: African American American Indian or Alaskan Native Asian
 Native Hawaiian or other Pacific Islander White Refused
Tribal Affiliation: _____

Ethnicity: Non-Hispanic/Latino Hispanic/Latino Selection not provided

Sexual Orientation: Bisexual Gay Heterosexual Other

Gender Identity: Female Male Transgender Other

Preferred Pronoun (i.e. he, she, they): _____

Do you have children: No Yes
If so, names and ages of children: _____

Primary Language: _____ Other Languages: _____

Do you require any special accommodations? No Yes
If yes, please specify: _____



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You must be homeless to qualify for housing with the STAR program and be able to provide third party verification to prove where you have stayed. Which of the following best describes the last place that you have been sleeping:

- Emergency Shelter, including Hotel or Motel Paid for with an Emergency Shelter Voucher
- Staying or Living in a **FRIEND's** Room, Apartment, or House
- Foster Care Home or Foster Care Group Home
- Substance Abuse Treatment Facility or Detox Center
- Hospital or Other Residential Non-Psychiatric Medical Facility
- Transitional Housing for Homeless Persons (incl. Homeless Youth)
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- RENTAL** by Client, **No** Housing Subsidy
- Jail, Prison, or Juvenile Detention Facility
- RENTAL** by Client with **VASH** Housing Subsidy
- Long-Term Care Facility or Nursing Home
- RENTAL** by Client with **GDP TIP** Subsidy
- Permanent Housing for Formerly Homeless Persons (e.g., CoC project, HUD legacy programs, HOPWA PH)
- RENTAL** by Client with **Other** Ongoing Housing Subsidy
- Place Not Meant for Habitation (e.g., Vehicle, Abandoned Building, Bus/Train/Subway Station/Airport, Outside Anywhere)
- HOME OWNED** by Client, **No** Ongoing Housing Subsidy
- Psychiatric Hospital or Other Psychiatric Facility
- HOME OWNED** by Client, **With** Ongoing Housing Subsidy
- Residential Project or Halfway House with No Homeless Criteria
- Client Doesn't Know
- Safe Haven
- Other _____
- Staying or Living in a **FAMILY MEMBER's** Room, Apartment or House
- If Other, specify: _____

Current Relationship Status: ___ Single ___ Married ___ Divorced ___ Separated

Are you currently in a relationship with anyone? ___ Yes ___ No

If yes, how long? _____

Are you currently on probation or have you ever been in trouble with the law? ___ Yes ___ No

If yes, please explain: _____

Contact Person in Case of Emergency:

Name: _____ Relationship to you: _____

Address: _____ Phone Number: _____



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Social Assessment Information

Please answer all questions, leaving no question blank. You may not have definite answers now, but write what you believe to be true.

1. Who referred you to Rapid Rehousing?

- | | | |
|--|---|--|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Temporary Shelter |
| <input type="checkbox"/> Residential Program | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other Community Agency _____ | |

2. Describe what the last three months have been like for yourself and/or your child?
Please describe: living arrangement, employment, health, and relationships/family support, transportation, etc.

3. Why have you decided to apply for the program? What do you hope to gain?

Medical Information

1. Do you have physical or mental disabilities or limitations? Yes No
- Have you ever had a traumatic brain injury? Yes No
- Been knocked unconscious? Yes No

If yes to any of the above, please describe:

2. Are you currently taking any medication? Yes No
- If yes, please list:



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Counseling

1. Have you been in another residence, hospital, or treatment center in the past? Yes No
If yes, when, where, and for what purpose?

2. Have you ever visited with a psychologist, counselor, or therapist in the past? Yes No
If yes, when, with whom, and for what purpose:

3. Do you have a history of suicide attempts or self-harming behavior? Yes No
If yes, Please give additional information (i.e. when, how, and why):

Please check all that apply to you now or have applied to you in the past:

- | | |
|---|--|
| <input type="checkbox"/> Cannot talk openly w/parent(s) | <input type="checkbox"/> Confused about what to do in life |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Drug abuse/ Alcohol abuse | <input type="checkbox"/> Emotionally abused |
| <input type="checkbox"/> Feeling Suicidal | <input type="checkbox"/> Physically abused |
| <input type="checkbox"/> Problems in school | <input type="checkbox"/> Problems living independently |
| <input type="checkbox"/> Sexually abused | <input type="checkbox"/> Under a lot of stress |
| <input type="checkbox"/> No family support | <input type="checkbox"/> No friend support |



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Behavioral Information

1. What does it look like when you are angry?

2. What does it look like when you are sad?

3. How would you prefer the staff to respond when you are angry or sad?

4. How will you manage your anger so that you do not become out of control or involve the other residents in your feelings?

5. What would someone who has lived with you in the last 3 years say is your best roommate quality?

6. What would someone who has lived with you in the last 3 years say is your most difficult roommate quality?



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Educational Information

School Status: currently in school

graduated

in a GED program

dropped out

Special Education: Yes

No

Completed formal education: _____ Grade Level completed

_____ High School Diploma

_____ GED

_____ Years of college

_____ College diploma

_____ Other: _____

High School or College attended: _____

Average grades attained: _____

Favorite Subjects: _____

Least Favorite Subjects: _____

Vocational Training: _____

Employment

Do you currently have a job? Yes No

If no, are you looking for work? Yes No

If yes, how long have you worked at your current job? _____

What is your job? _____ How many hours do you work per week? _____

Personal Income: \$ _____ per: Hour Week Month

If you have worked in the past, please describe the employment history (this would include what kind of jobs, where you worked?)

If you are currently employed please list your work schedule:

What kinds of employment are you interested in finding?



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Family Information

Is your **biological or Adoptive mother** alive today? ___ Yes ___ No

Name: _____

City/State: _____ Phone Number: _____

HOW is your relationship with your mother? _____

Is your **biological or Adoptive father** alive today? ___ Yes ___ No

Name: _____

City/State: _____ Phone Number: _____

HOW is your relationship with your father? _____

Please list any other significant **family members or friends or Community members** who may be a source of support to you:

Name: _____ Relationship to you: _____

City/State: _____ Phone number: _____

Name: _____ Relationship to you: _____

City/State: _____ Phone number: _____

Name: _____ Relationship to you: _____

City/State: _____ Phone number: _____

Name: _____ Relationship to you: _____

City/State: _____ Phone number: _____

Name: _____ Relationship to you: _____

City/State: _____ Phone number: _____



Admission Application

Goals

What are your educational goals?

What are your employment goals?

What are your interests or hobbies?

Are there any classes or programs that you want to start, or activities that you would like to do more of? (i.e. a fitness class, read more books, join soccer team)

Needs Inventory

I would like help with the following: (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Addiction counseling | <input type="checkbox"/> Doing Laundry | <input type="checkbox"/> Finding a counselor | <input type="checkbox"/> Getting furniture |
| <input type="checkbox"/> Getting a bank account | <input type="checkbox"/> Getting an appointment with a Dentist | <input type="checkbox"/> Getting an appointment with a Doctor | <input type="checkbox"/> Getting clothes for work |
| <input type="checkbox"/> Getting household supplies | <input type="checkbox"/> Help writing a resume | <input type="checkbox"/> Help finding legal counsel | <input type="checkbox"/> Help getting my GED |
| <input type="checkbox"/> Help finding services for my kids | <input type="checkbox"/> Help organizing your belongings | <input type="checkbox"/> Help filling out applications | <input type="checkbox"/> Help with Immigration issues |
| <input type="checkbox"/> Help with taking the Bus | <input type="checkbox"/> Help job searching | <input type="checkbox"/> Help finding childcare | <input type="checkbox"/> Help finding transportation |
| <input type="checkbox"/> Help getting prescriptions filled/meds up to date | <input type="checkbox"/> Help managing food in the fridge | <input type="checkbox"/> Help getting enrolled in school | <input type="checkbox"/> Help getting sober |
| <input type="checkbox"/> Help making a monthly budget | <input type="checkbox"/> Keeping my house picked up daily | <input type="checkbox"/> Learning how to manage my time | <input type="checkbox"/> Learning how to deep clean my house |
| <input type="checkbox"/> Something else (please specify) | | | |

What do you feel is your greatest challenge in life?
