



# TRANSITIONAL HOUSING PROGRAM (THP+)

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
Birthdate (Month/Day/Year) \_\_\_\_\_ Age \_\_\_\_\_ Sex: ☐ Male ☐ Female Ethnicity \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_  
If selected, when would you be able to be placed? (Month/Day/Year) \_\_\_\_\_

## MEDICAL

Health Provider ☐ MediCal ☐ No Health Coverage ☐ Private Insurance  
Who is your current Doctor? Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Are you currently taking any prescribed medications? ☐ Yes ☐ No  
If yes, please list them and how often? \_\_\_\_\_  
\_\_\_\_\_  
Do you have any current health issues? ☐ Yes ☐ No  
If yes, please state \_\_\_\_\_  
Are you seeing a therapist/counselor? ☐ Yes ☐ No  
If yes, please state \_\_\_\_\_

## CURRENT EDUCATION

\*Please fill this section out with the help of a school counselor, social worker...etc.

☐ High School: 9th, 10th, 11th or 12th ☐ Adult Ed. (GED) ☐ Vocational Program ☐ Community College ☐ Not attending

**\*If attending high school, please attach or send separately a copy of your transcripts.**

Name of School or Program \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ Counselor's Name \_\_\_\_\_  
High School Graduation Date (Month/Day/Year) \_\_\_\_\_  
Vocational Program Completion Date (Month/Day/Year) \_\_\_\_\_  
Number of units/credits completed \_\_\_\_\_ Are you credit deficient? ☐ Yes ☐ No If yes, how many credits? \_\_\_\_\_  
Do you currently have an IEP in place? ☐ Yes ☐ No

What are your future educational/vocational goals? \_\_\_\_\_

Are you receiving financial aid? ☐ Yes ☐ No

If yes, please specify ☐ FASFA ☐ Pell Grant ☐ Scholarship ☐ Other \_\_\_\_\_

If an educational loan were available to you through this program, would you use it? If so, for what? \_\_\_\_\_

If not attending school during the summer, what are your plans? \_\_\_\_\_

## EMPLOYMENT

What are your job/career goals? \_\_\_\_\_

### Current Employment

From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Employer Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

High School Work Permit? ☐ Yes ☐ No Hourly Pay \$ \_\_\_\_\_

Work Schedule ☐ Daytime M - F ☐ Evenings M - F ☐ Weekends ☐ Other \_\_\_\_\_

How many hours per week? ☐ 5-10 ☐ 10-20 ☐ 20-30 ☐ 30-40

### Previous Employment

From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Employer Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

### Volunteer Work

From \_\_\_\_\_ To \_\_\_\_\_ (Month/Day/Year) Employer Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

## MISCELLANEOUS

Do you smoke? ☐ Yes ☐ No

Do you have any children? ☐ Yes ☐ No

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have any other source of income? ☐ Yes ☐ No Amount \$ \_\_\_\_\_

Do you currently have a savings or checking account? ☐ Yes ☐ No

Do you have a certified copy of your birth certificate/social security card? ☐ Yes ☐ No

Do you have a California Photo ID? ☐ Yes ☐ No

Do you have a driver's permit or driver's license? ☐ Yes ☐ No

If yes, do you currently own a vehicle? ☐ Yes ☐ No

If yes, do you currently have automobile insurance? ☐ Yes ☐ No

Are you currently receiving SSI? ☐ Yes ☐ No

Do you plan to receive SSI? ☐ Yes ☐ No

If accepted, who would you like to have as your support team?  
(example: family members, foster parents, positive role models) \_\_\_\_\_

## ESSAY QUESTIONS

What do you know about our program? Why do you want to be a part of it?

---

---

---

What steps have you taken to prepare yourself for participation in one of these programs?

---

---

---

What aspects of the Independent Living Program (ILP) have you participated in? Who is your ILP case worker?

---

---

---

In the coming year, how will you prepare yourself for life after placement?

---

---

---

## REFERENCES

---

Please list the name, address and phone number for 3 references for us to contact.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

I have voluntarily filled out this application and would like to be considered for participation in one of the above mentioned Transitional Age Youth Services programs. To the best of my knowledge, all of the above information is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed application to:**  
**County of Ventura**  
**Independent Living Program**  
**1400 Vanguard Drive, Ste. C**  
**Oxnard, CA 93030**

**Tel: (805) 240 2700 • Fax: (805) 654 3464**