



THP Participant Program Application

106-THPP

In order to help TLC's THP get to know and understand you better, please fill out this form as completely and honestly as possible. All information you provide us with is strictly confidential and private; no one outside this agency will be allowed to see any information that you give us except when you say it's okay!

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Cell#: _____ E-Mail: _____

Gender: Male Female Transgender Pronoun: _____

Do you identify within the LGBTQI community? Yes No Decline to state

Race/Ethnicity:

African American White Mexican American Asian American Latino

Native American Other: _____

Do you have children: Yes No How many: _____ Ages: _____

Religious Preference: _____

Referred by:

Social Worker ILSP Probation Officer Other: _____

Are you enrolled in ILSP? Yes No What day and time do you attend? _____

Current Placement:

Residential treatment center: _____

THPP: _____ Foster Home: _____

SILP: _____ Other: _____

Social Worker / Probation Officer Information:

Name: _____ Phone# _____

County:

Sonoma Marin Mendocino Alameda Humboldt Other: _____

Education:

1. Are you enrolled in a High School diploma or GED program? Yes No
 If yes, what school? _____
 How many credits do you need to graduate? _____
- If no, have you graduated with a high school diploma or GED? Yes No
 Graduated from: _____ Graduation date: _____
2. Are you enrolled or currently attending college? Yes No
 If yes, what college? _____
 How many completed units? _____
3. Do you have a learning disability? Yes No
 If yes, please explain: _____
4. Do you have an IEP? Yes No
5. I am interested in the following: (*check all that apply*)
 Beauty College Technology Vocational Military Childcare
 Automotive Junior College State/University Other: _____

Employment:

Are you currently working? Yes No

Please list your employment history, including your current job:

Employer	Hourly Wage (\$)	Number of hours (per week)	How long employed? (wk/mo/yr)

Do you have an updated resume? Yes No

Emancipating Planning:

Do you have a bank account? Yes No

If yes, what bank? _____

Do you currently have?

California Identification Card	Yes	No
Birth Certificate (not a copy)	Yes	No
Social Security Card	Yes	No
Passport	Yes	No
CA Driving Permit	Yes	No
CA Drivers License	Yes	No
Immunization Record	Yes	No
School Photo Identification	Yes	No

Do you have any reason to suspect that you might have bad credit? Yes No

Please explain:

Has anyone ever put bills (phone, PG&E, water, or cable) in your name? Yes No

Wellness/Health:

Do you have Medi-Cal? Yes No

Number: _____

Do you have any other insurance? Yes No

Name: _____ Number: _____

Are you experiencing any physical pain? Yes No

Are you under a Physicians Care? Yes No

When was your last Medical/Doctor's Visit: _____

When was your last Dental Visit: _____

Are you pregnant right now? Yes No Possibly

Are you currently using any form of birth control? Yes No

Have you ever seen a Counselor/Therapist? Yes No

How often do you see him/her? Daily Weekly Monthly

Name: _____ Phone: _____

Please list all medications (prescriptions) you may have ever taken?

Medication Name:	Reason/Purpose:	Length Taken:
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going
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Have you been hospitalized in the last 2 years? Yes No

Please explain:

Please answer the following questions: Often Sometimes Rarely Never

- 1.) I am doing great
- 2.) I feel helpless
- 3.) It feel angry
- 4.) I feel good
- 5.) I feel sad
- 6.) It feels like things don't go my way
- 7.) I struggle with depression/anxiety
- 8.) Medication helps me feel better
- 9.) I have wanted to hurt myself
- 10.) I cut myself, to make myself feel better
- 11.) I have felt suicidal
- 12.) I have thought of hurting others
- 13.) I get aggressive when people push me to far

Please fill in the following chart:

Substance	On the average, how often have you used this substance in the last 6 months?			
	Never	Once	Daily	Weekly
Alcohol				
Marijuana				
Downers				
Uppers				
Cocaine				
Inhalants				
Psychedelics				
Heroin				
Crystal Meth				
Crack				
Ecstasy				
Cigarettes				
Vape/E-Cig				

Have you ever been in a treatment program for substance abuse? Yes No

Name of program and length of stay? _____

Have you ever been a survivor of domestic violence? Yes No

Please explain:

Do you have people in your life that you can rely on? Yes No

Please explain who:

Have you ever been arrested? Yes No

If yes, what was the reason?

Drinking alcohol

Possession or use of illegal drugs Theft

Driving violation

Violence (fighting or battery)

Truancy (skipping school)

Running away from placement or home

Vandalism

Curfew violations

Other: _____

Are you currently on probation? Yes No

Are you enrolled in any court-mandated programs? Yes No

If yes, please list them:

Do you have any outstanding traffic tickets/violations? Yes No

Do you have any unpaid fines and restitutions due to the court? Yes No

Please explain why:

Personal Effectiveness:

List your top 3 goals:

1.) _____

2.) _____

3.) _____

Tell us 2 things about yourself, that you are most proud of:

1.) _____

2.) _____

Why do you want to participant in the THP program?

What areas do you feel you need the most support in?

Education Counseling Job Training/Skills Time Management
Employment Cooking Money Management Emancipation Planning

What skills/strengths do you already have that will make you successful in the THP program?

I have answered the questions to the best of my knowledge and understand that any false or misleading information can hinder my acceptance into the THP program.

Applicant Signature:

Date:

Below are the basic THP program expectations:

- 1.) Attend a school program regularly
- 2.) Meet at least once a week with a THP Social Worker; Transitions Advocate
- 3.) Work or volunteer at least 10 hours per week
- 4.) Comfortable riding the bus

I understand that if I am accepted into the THP Program, I will be required to meet the above expectations.

Applicant Signature:

Date: