



## Transitional Living Program

### Application for Admission

*Please answer all the questions thoroughly as this will help us in addressing your needs.*

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of individual completing the application: \_\_\_\_\_

What is your relationship with the individual seeking admission to the Transitional Living Program?

Self

Relative, if so how are you related \_\_\_\_\_

Friend, please write your name here. \_\_\_\_\_

Permanent Address of applicant: \_\_\_\_\_

Cell Phone Number or number where applicant can be reached: \_\_\_\_\_

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

**How did you hear about the Transitional Living Program (TL)?**

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**Personal Information:**

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Marital Status:     Married   Separated   Divorced   Single

Are you a US Citizen?  Yes   or    No

**Describe your current living arrangement: (Where are you staying, how long you can stay, and other important information?)**

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**Name of family members or other individuals who might be important to your success in this program?**

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**Children's Information:**

Do you have children (if yes, please enter their information below):      Yes    No

Child's full name	DOB	Father's Full Name and Address	Where does this child live?	Who has legal custody of the child?

**Please describe the circumstances that led you to seek services from PCHAS:**

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**Imagine that you have been in the PCHAS program for a period of time and you know that you have accomplished everything you wanted to accomplish. What would be different? List 3-5 things that would be different in your life and the life of your family?**

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**What plans or efforts have you already made to improve your situation? (job, education, alternative housing, etc.)**

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**Are you coping with any health issues at this time?** (Check any of the following that apply to you.)

Heart Trouble

Epilepsy

Diabetes

Tuberculosis

Chronic Illness

Cigarette Smoker

Addictions or Substance Abuse

Disabilities

Mental Health Issues or Psychotropic Medication

Psychiatric hospitalizations

Other

**If you marked any of the above, please explain:**

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**Is there any physical or mental health reason you cannot attend school and/or work?**  Yes  No

**If yes, please explain:**

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**Education:**

Have you completed High School?     Traditional Diploma     GED

Have you attended a college or trade school     Yes     No

Name and location of school:

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Hours completed or certificate received: \_\_\_\_\_

**Employment/Financial Resources:**

Are you currently working?     Yes     No    If yes, type of position?     Permanent     Temporary

Where do you work? \_\_\_\_\_

How many hours a week? \_\_\_\_\_    How long have you worked there? \_\_\_\_\_

Monthly salary or hourly wage: \_\_\_\_\_

You may be asked to provide your financial status pay stubs, last year's tax return, bank statements, and/or other verifications of above listed monetary awards to prove eligibility for services.

**Criminal History:** (Please check any of the following that apply.)

- |                                                     |                                                      |
|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Arrested                   | <input type="checkbox"/> Sentenced to Jail or prison |
| <input type="checkbox"/> Convicted of a misdemeanor | <input type="checkbox"/> On probation                |
| <input type="checkbox"/> Convicted of a felony      | <input type="checkbox"/> On parole                   |

**If you checked any of the above please explain in detail:**

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**Are there past history issues that would pose a challenge such as: Recent suicide attempt, police involvement, drug use, past hospitalizations, violence, counseling, medication, family issues?**

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**If accepted into the TL program, my goals while living there would include:** (As much as possible, please describe specifically what you want to do in each of the areas you mark.)

Complete an educational program or trade school.

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Get a job and maintain employment to save money for my own place.

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Learn how to budget my money.

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Obtain safe transitional housing for myself.

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Gain new skills that will increase my ability to support myself and my family.

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Other goal, not listed above.

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**How long do you expect it to take you to complete your goals?** \_\_\_\_\_

**When do you expect to move out into your own apartment?** \_\_\_\_\_

**Other information you would like to tell us?** \_\_\_\_\_

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The information I (applicant) have provided in this application is correct to the best of my knowledge. I understand that falsifying information or withholding information would be reason for termination of services.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent of PCHAS

\_\_\_\_\_  
Date