

**TRANSITIONAL LIVING PROGRAM
APPLICATION FOR ADMISSION**

PERSONAL DATA

Name: _____ S.S. Number: _____

Current Location or Address: _____

Email: _____ Phone: _____

Race: _____ Gender: _____ Religious Preference: _____

Home County: _____ DOB: _____

Contact Person: _____ Phone: _____

FAMILY INFORMATION

Natural Mother's Name: _____ Phone: _____

Address: _____

Present marital status: _____ Present Spouse: _____

Describe mother's present relationship with the youth: _____

Natural Father's Name: _____ Phone: _____

Address: _____

Present marital status: _____ Present Spouse: _____

Describe father's present relationship with the youth: _____

Sibling's Name: _____ Phone: _____

Address: _____

Present relationship with youth: _____

Sibling's Name: _____ Phone: _____

Address: _____

Present relationship with youth: _____

Sibling's Name: _____ Phone: _____

Address: _____

Present relationship with youth: _____

Specific Reason Youth cannot Return Home: _____

EDUCATIONAL HISTORY

Name and location of last school attended: _____

Last grade completed: _____ Graduated/GED: ___ Date Received: _____

Brief description of conduct at school (including incidents, attitude & overall grades):

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LEGAL HISTORY

Past charges (please include charges, outcome, and dates): _____

Pending charges (please include dates & court appearances): _____

EMPLOYMENT HISTORY

Are you presently employed? _____ Where? _____

Length of present employment: _____ Average monthly salary: _____

Contact person: _____ Phone: _____

Title/Responsibilities: _____

Briefly explain previous employment (include dates, type of work, contact person and reason for leaving): _____

HOBBIES/SPECIAL INTERESTS

SPECIAL NEEDS (Learning difficulties, smoking, drug use, abuse history, etc.)

MEDICAL/DENTAL/MENTAL HEALTH NEEDS (Brief listing of current conditions of significance, including allergies): _____

Are you on prescribed medication at this time? If so, please list the medication, its purpose, the dosage and frequency taken.

Which currently applies or has applied to you in the past?

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Anger Outbursts | <input type="checkbox"/> Violent Behavior | <input type="checkbox"/> Drop Out |
| <input type="checkbox"/> Difficulty Keeping a Job | <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Run Away |
| <input type="checkbox"/> Difficulty With Peers | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Truant |
| <input type="checkbox"/> Extreme Sadness | <input type="checkbox"/> Difficulty Obeying Parents | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stealing/Other Law Violations | <input type="checkbox"/> Locked Out/Homeless | |

Explain: _____

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Do you currently have thoughts of suicide? Yes No

Are you currently considering/threatening to harm anyone else? Yes No

If either question above is answered "yes" or is questionable, please contact your local crisis line, in the Panama City Area 850-769-9481

Do you have a history of suicidal or dangerous thoughts or behavior? Yes No

Explain: _____

SIGNIFICANT RELATIONSHIPS (List key relationships including family, friends, teachers, etc., currently involved in your life)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

FINANCIAL STATUS (Please fill in the amount you receive from/have in the sources in the blanks provided)

Social Security/SSI Benefits: \$ _____ monthly VA Benefits: \$ _____ monthly

Child Support: \$ _____ monthly Life Insurance/Trust Benefits: \$ _____ monthly

Other Income or Assets: \$ _____ total amount

REFERENCES (List two individuals who can give information about your current situation and need for admission to the Transitional Living Program)

Name: _____ Phone: _____

Address: _____

Relationship to youth: _____

Name: _____ Phone: _____

Address: _____

Relationship to youth: _____

LIFE SKILLS SELF ASSESSMENT (Please rate yourself on a scale from 1=don't know it/can't do it at all – 5=could teach it to anyone in my sleep)

_____ Interpersonal Skills

_____ Health and Hygiene

_____ Educational Planning

_____ Getting and Keeping a Job

_____ Money Management

_____ Legal Skills

_____ Meal Planning and Cooking

_____ Emergency and Safety Skills

_____ Personal Appearance

_____ Community Resources

_____ Housekeeping & Housing

_____ Transportation

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TLP ESSAY

Please complete a handwritten essay containing the following information:

1. General background information
2. Relationship with your family members, past and present
3. Positive and negative aspects of your performance in school and/or work
4. Personal strengths and weaknesses
5. Goals for the next 3 - 5 years in each of the following areas:
 - a) Work
 - b) Education/Training
 - c) Family
 - d) Friendships/Peers
 - e) Possessions
 - f) Residence

NOTE: ESSAY MUST BE RETURNED WITH APPLICATION