



# YADS Transitional Program Application

## General Information

Name: \_\_\_\_\_ Application Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Were you ever in Foster Care?  Yes  No

Date you aged out: \_\_\_\_\_ County/State: \_\_\_\_\_

Current Living Situation:  Homeless  Family  Shelter  Friends  Others \_\_\_\_\_

Do you have a mentor or other significant adult relationship?  Yes  No

Do you have children?  Yes  No if yes, how many children do you have? \_\_\_\_\_

Do you have a North Carolina Driver's License?  Yes  No ID/Driver's License # \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have any friends or relatives living in North Carolina or USA?

Yes  No

If yes, do you have an active relationship with them?

Describe in as much or as little detail you're comfortable sharing:

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### Referral/Agency Source

Name of person who referred you to YADS: \_\_\_\_\_

Relationship: \_\_\_\_\_ Agency: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Education

Check Highest Grade Completed:  6  7  8  9  10  11  12  Currently enrolled in higher education or vocational training

Last School Attended: \_\_\_\_\_

Do you have an Individual Education Plan?  Yes  No

Are you enrolled in a College or University?  Yes  No

If yes, Location? \_\_\_\_\_

Are you enrolled  full-time or  Part-time?

**Employment history/Financial Information**

Are you currently employed?  Yes  No  Full Time  Part Time

	Current Employment	Previous Employment
<b>Employed By</b>		
<b>Address</b>		
<b>Employer's Phone</b>		
<b>Occupation</b>		
<b>Name of Supervisor</b>		
<b>Dates of Employment</b>	From/To	From/To

If not employed, what is your primary source of income?

SSI/SSDI  Other (explain) \_\_\_\_\_  No Income

Do you have a savings account?  Yes  No      Checking account?  Yes  No

## Medical/Psychiatric History

Do you have medical insurance?  Yes  No

Do you have a Primary Care Physician?  Yes  No

Please list any medical conditions past or present that you are comfortable sharing:

Please list any mental health issues past or present that you are comfortable sharing:

Are you allergic to any animals?  Yes  No

If yes, please describe:

## Legal History

Have you ever been convicted of a crime?  Yes  No  Juvenile  Adult

Are you or have you ever been on probation?  Yes  No  Juvenile  Adult

Please provide the name and contact number of your probation/parole officer if currently on probation:

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Please explain the nature of the incident.

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## Life Skills Knowledge

Do you know how to cook?  Yes  No Give an example of a well-balanced meal you know how to cook?

Do you know how to clean?  Yes  No

Have you ever had a roommate?  Yes  No If yes, please explain your experience:

Do you have a monthly budget?

Yes  No

Do you pay bills on time?

Yes  No

Do you have a car?

Yes  No

Do you know how to use public transportation?

Yes  No

## Personal Goals

Please list your short term and long-term goals below.

Short term:

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Long term:

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What do you hope to gain by your participation in YADS?

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**Applicant Agreement & Signature**

I certify that the information contained in this application is true and correct to the best of my knowledge. I hereby authorize YADS staff to conduct a credit review and background check to verify the information that I provided, and communicate with any and all names listed on this application. I understand that any discrepancy or omission of information may result in the rejection of this application. I understand that this is an application for YADS Transitional Housing Program and does not constitute a rental/lease agreement or acceptance in the program. I understand that if I am accepted into the program, I will not become a tenant and therefore there will be no landlord-tenant relationship between me and the Host Family. I understand that if I am accepted into the program and then violate any rule or regulation, I may be asked to leave immediately.

**Applicant Name (print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_