

The Settlement Home Transitional Living Program



Application Form

The Settlement Home Transitional Living Program is designed to help young women move toward self-sufficiency while residing in a positive, safe and supportive living environment. Assistance to complete education, prepare for meaningful employment, and learn effective life skills is provided through a plan specific to each young woman's personal goals.

APPLICATION PROCESS

Eligibility requirements:

- Be at least age 18 and female
- Enrolled in academic program or employed or engaged in work related activities
- Able to pay a reduced rent through work income or other benefit
- Show success with basic independent living skills

Residents are expected to maintain enrollment and good standing in an academic program full time **or** be employed or engaging in work related activities such as work preparation, volunteer work, or searching for employment for at least 30 hours a week. Residents will work with TLP staff to develop a plan for mastering independent living skills. Prior to admission, prospective applicants agree to go through a life skills inventory with TLP staff to assess current level of independence.

Application Instructions

Using a black or blue ink pen, please print your answers clearly. If you need assistance in completing the form, our staff will be glad to assist you. Please answer all questions as honestly and as accurately as you can. If you have any questions please call us at (512) 836-2150.

Completed applications can be returned in one of the following ways:

Fax: (512) 836-2159 / Attention: TLP Admissions

E-mail a scanned copy to TLPSTAFF@SETTLEMENTHOME.ORG

Mail it to or drop it off at: The Settlement Home – TLP Admissions; 1600 Payton Gin, Austin Texas 78758



APPLICATION FORM

Full Name: _____

Please list any other last names you have had: _____

Date of Birth ___ / ___ / _____ Age _____ Gender _____

Social Security # _____ - _____ - _____

Current Phone/Cell # _____ - _____ - _____ Back-up Phone # _____ - _____ - _____

E-mail address _____

Current Mailing Address _____

Street / (Apt. #) City State Zip

PART I: REFERRAL SOURCE

If you were referred to TSH by someone in an organization, please provide the following information:

Name of organization and name of contact person Phone number/email

_____ (____) _____ - _____

If you were referred to TSH by someone you know personally, please provide the following:

Name of person and their relation to you Phone number/email:

_____ (____) _____ - _____

If no agency or person referred you, then how did you learn about The Settlement Home?

PART II: LIVING SITUATION

Where do you currently reside? _____

How long have you lived at your current residence? _____

With whom do you currently live? (i.e. alone, parents, boyfriend, friend, other)

Where did you live before your current place of residence? _____

Over the past year, where have you lived the longest? _____

Have you been evicted from a living situation within the past 5 years? _____

PART III: EDUCATION

Highest grade you have completed in school: _____

Do you have a high school diploma? _____

Did you complete the GED? _____

Have you taken college courses? _____

Are you currently attending school? _____

If you are currently attending school, please complete the information below:

Name of school and hours attended per week: _____

What is the name of the last school that you attended? _____

Did you attend full-time or part-time? _____

PART IV: WORK, FINANCIAL STATUS & TRANSPORTATION

Are you currently employed? (Circle One) YES/ NO

If YES, please list the name of your current employer(s) and indicate the number of hours you work per week at each job:

If you are NOT working, please check the statement below that best describes your current situation:

I am not employed and I am actively looking for employment.

I am not employed because I am in school.

I am unable to work due to a physical disability, a developmental disability, or an illness.

I am not employed and am not currently looking for work.

What are your other sources of income or public assistance (Check All that Apply)

SSI Food Stamps Medicaid ETV

Scholarships Financial Aid for college Housing Voucher

Personal savings or checking account Money from friends / family

Other sources of income/assistance: _____

Are you currently in debt? (Circle One) YES/NO

If "YES" please explain what type of debt & the amount owed: _____

Please indicate your current means of transportation: (Check All that Apply)

I own my own car/ truck/ motorcycle* My friends/family take me places

I use the public transportation system I walk or ride a bike

I ride with a co-worker or fellow student to get to and from work and/or school

Transportation is provided by either the place I live or the place I go to school

- If you own your vehicle, please provide the license plate # _____

Please list any other means of transportation that you use: _____

PART V: SOCIAL HISTORY

Have you ever been in trouble with the law? (Circle One) YES/NO If "yes", please explain:

Have you ever been arrested? (Circle One) YES/NO If "yes", please explain:

Are you currently on probation or parole? (Circle One) YES/NO If "yes", please explain:

Do you have a protective order against you or is there a protective order in place for someone you have been involved with? (Circle One) YES/NO If "yes", please explain:

PART VI: MEDICAL/MENTAL HEALTH HISTORY

Have you had any serious illnesses during the past 5 years? (Circle One) YES/NO

If yes, please describe: _____

Do you have any current physical health concerns that need attention?

Please list any physical problems or conditions that you may have:

Please list any medications you are currently taking and the reason for the medication (including birth control.)

Do you struggle with any behavioral problems or mental health challenges? If so please describe:

Have you ever had trouble with drugs or alcohol? (Circle One) YES/NO If, "yes", please

explain: _____

Have you ever received counseling? (Circle One) YES/NO

What part of counseling was helpful for you?

PART VII: RELATIONSHIPS AND FAMILY

What is your current status? (Circle One): Single Married Divorced Separated

Do you have a significant other who will be visiting you here? (Circle One) YES/ NO

Do you have other close family or friends who are currently involved in your life?

Are there conflicts or stressors in these relationships?

Are you expecting a child? (Circle One) YES/ NO

If you answered "YES", when is the due date: _____

Are you under a doctor's care? YES/NO

Doctor's name and address: _____

Do you have children? (Circle One) YES/No **How many children do you have?** _____

Please provide the following information about your children:

Name: _____ DOB: __ / __ / _____ Gender: _____

Name: _____ DOB: __ / __ / _____ Gender: _____

Where do your children live and how often do you see them?

Do you have any pets? If so what kind and how many?

PART VIII: PERSONAL STATEMENT

Please tell us why you would like to enter The Settlement Home TLP apartment program:

What are your personal goals and how can this program help you achieve these goals? (If more room is needed, continue on the back of this page.)

Applicant's Signature: _____ Date: _____



RELEASE OF INFORMATION FORM

By signing this form, I, _____, am giving my permission and informed consent to hereby authorize the release of my information and approve two-way communication between The Settlement Home and the persons and/or organizations listed below:

Organization/Person to contact: _____

Phone: _____

Email: _____

Name of any other person/organization (if needed): _____

Phone: _____

Email: _____

These individuals/entities may disclose records and information concerning:

Applicant Name: _____

DOB: _____

Information disclosed may include but is not limited to educational records, treatment records, medical information, assessments and any other information relevant to a transitional living program. If there is any specific information the applicant wishes not to be disclosed, please indicate here: _____

This informed consent may be revoked by the person giving authorization by signing and dating a revocation statement or through written notice of revocation. This consent is valid for the length of stay in the TLP unless revoked by the person giving authorization.

Applicant's Signature: _____ Date: _____

Staff or Witness Signature: _____ Date: _____