



# NWHS HOST Program Transitional Living Program Application

Date: \_\_\_\_\_

## IDENTIFYING INFORMATION:

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

Preferred Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/ ST/ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Voicemail Number: \_\_\_\_\_

Text Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best way to reach you with application status: \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

The information requested below is *optional*:

### Gender at Birth

- Male
- Female

### Gender Identity:

- Male
- Female
- Male to Female
- Female to Male
- Other
- Gender Queer
- Declined

### Preferred Pronoun:

(She/her, he/him, they etc )

\_\_\_\_\_

## SUPPORT SYSTEM *Examples: siblings, friends, counselor, teacher, boyfriend/girlfriend, partner, spouse*

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

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

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

## TYPES OF IDENTIFICATION: *Check each box of I.D. that you currently possess.*

Driver's License (not expired)       State issued I.D. (not expired)       Social Security Card

Birth Certificate (official copy)       Passport (not expired)       Other: \_\_\_\_\_

## EMPLOYMENT: *Check each box that applies*

Currently Employed      Where? \_\_\_\_\_      How long? \_\_\_\_\_

Number of hours worked weekly (average or range): \_\_\_\_\_

Not Currently Employed

Job Searching

Not seeking employment at this time. Why?: \_\_\_\_\_



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### EMPLOYMENT HISTORY:

Job Title	Employer	Dates/Length of Employment	Ending Wage	Why Left?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

### LEGAL: Check each box that applies

- Arrested, charged with a crime, or been to jail in the last 90 days       Crime(s) *involved* a minor
- Crime(s) involved Arson       Sexual Offense Crime(s)       Active warrant       Owe money on fines
- Payments are actively being made on fines       Have PO       Regularly meet with PO
- HOST has received written approval (ROI) to speak with PO

List all juvenile AND adult criminal convictions or recent charges still pending judgment:

\_\_\_\_\_

### EDUCATION: Check each box that applies

- Currently in school  
Name of School: \_\_\_\_\_
- Want to be in school
- Obtained high school GED or diploma
- Want to get GED/diploma
- Was on IEP in high school and/or graduated with modified diploma
- Homeschooled



**SUBSTANCE ABUSE & ADDICTION** *Check all that apply*

Active substance/drug use (use within last 30 days), including alcohol and cannabis

Preferred choice of substance/drug(s): \_\_\_\_\_

How frequent/often? \_\_\_\_\_

Substances/drug(s) used in the last two weeks: \_\_\_\_\_

History of substance/drug use

List substances/drugs: \_\_\_\_\_

What substance/drug(s) used most: \_\_\_\_\_

How long ago? \_\_\_\_\_ How frequent/often? \_\_\_\_\_

At least 60 days clean off alcohol, non-prescribed and/or federally illegal drugs, including cannabis.

Currently receiving recovery support for substance abuse (i.e. outpatient, groups/meetings, etc.)

From who? \_\_\_\_\_ How long? \_\_\_\_\_ How often? \_\_\_\_\_

Interested in receiving recovery support for substance abuse

**MEDICAL:** *Check all that apply*

Active health insurance (i.e. OHP)

Current patient at a health clinic

Name of Clinic: \_\_\_\_\_

Date of Last Medical Visit: \_\_\_\_\_

Diagnosed with chronic health condition(s) (examples: diabetes, asthma, heart or kidney disease)

List all known chronic health condition & age of each diagnosis (best guess):

\_\_\_\_\_

Other medical concerns present

Explain: \_\_\_\_\_



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### **MENTAL HEALTH:** *Check all that apply*

- Mental health issues makes daily functioning hard more days than not
- Received mental health diagnoses from a qualified professional before

List all known mental health diagnoses & age of each diagnosis (best guess):

\_\_\_\_\_

- Interested in being assessed for mental health disorder by qualified professional
- Currently taking prescribed medication for mental health issues

List medications: \_\_\_\_\_

- Interested in taking medication for mental health issues
- Regularly meet with mental health counselor/professional

Name of Mental Health Clinic or Counselor/Professional: \_\_\_\_\_

- Interested in meeting with mental health counselor/professional

### **MISCELLANEOUS:** *Check each box that applies*

- Interested in getting identification card
- Interested in getting driver's license
- Interested in getting bank account set up
- Currently own my own vehicle

Is the vehicle:  Operable  Insured  Registered in your name

- Currently use/rely on public transportation
- Interested in learning more about how to use public transportation
- Interested in obtaining cellular phone that can receive phone calls
- Currently or previously in DHS custody?

Name of Case Worker: \_\_\_\_\_ County: \_\_\_\_\_



# NWHS HOST Program Transitional Living Program Application

## WHY I AM HERE AND WHAT I THINK I NEED:

Why are you applying to the **HOST Transitional Living Program (TLP)**? How will a program like this help you?

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What do you want your life to look like one year from today and how will you make it happen?

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What can the program and/or staff help you with specifically?

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### Rate yourself on the following skills (1=poor/need help; 5=awesome/no help needed)

<input type="checkbox"/> Waking up on your own	<input type="checkbox"/> Clothes shopping
<input type="checkbox"/> Doing household chores	<input type="checkbox"/> Finding jobs
<input type="checkbox"/> Keeping personal space clean	<input type="checkbox"/> Holding jobs
<input type="checkbox"/> Taking care of personal hygiene	<input type="checkbox"/> Following a schedule
<input type="checkbox"/> Taking medication as prescribed	<input type="checkbox"/> Using a planner
<input type="checkbox"/> Washing & drying clothes	<input type="checkbox"/> Budgeting money
<input type="checkbox"/> Folding and putting clothes away	<input type="checkbox"/> Spending money wisely
<input type="checkbox"/> Being on time	<input type="checkbox"/> Using a computer to find jobs, housing, and other important information
<input type="checkbox"/> Grocery shopping	
<input type="checkbox"/> Preparing a balanced meal	

### Using the same scale, rate how you get along with people listed below:

Peers: _____	Counselors: _____	Teachers: _____	Bosses: _____
Coworkers: _____	Roommates: _____		

I, the undersigned, do understand that the above information is being considered for my acceptance into the HOST Transitional Living Program. I understand that TLP is a multiphase program that requires active participation to remain in the program. I also understand that this is only ONE part of the application process. Final acceptance into the Program is based solely on the decisions of the STAFFING TEAM of the HOST TLP Program.

Applicant Signature

Date

*Please return completed form to program staff*



**AUTHORIZATION TO OBTAIN CONSUMER REPORT**

**PURSUANT TO 15 U.S.C. 1681b(b)(2)(B).**

I authorize Northwest Human Services to obtain a consumer report for employment and or tenant purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, address verification, civil court records, personal or professional references, social security verification, education verification and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process as well as at any time during the course of employment with the company. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

*Please complete the following information.*

**Current Name (As it appears on your ID/SS Card or other official identification)**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Maiden or other name(s) used in any and all other records of birth or records of residence:**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

*Please list all addresses for the past 7 years, if additional space is needed list on back of form.*

Address	City	State	Zip Code

This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B). Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes. By signing below you authorize NWHS to run a consumer report.

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

The purpose of listing the date of birth and the social security number is limited to a means of identification purposes only in conducting a background screening. Northwest Human Services recognizes and abides by the Age Discrimination in Employment Act (ADEA) as well as state and local Equal Opportunity Commission (EEOC) laws. "The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are over 40 years of age."