



Transitional Living Program Application

If you need help filling this out, please call (503) 542-2350.

Applicant Information						
Name:			Date of Birth:		Age:	
Today's Date:						
Current Address:			Contact/phone (how can we best reach you):			
			E-mail:			
Referral source & Phone number:						
If you are a parent						
Child's name:	Date of birth	Age	Sex	Are you the legal guardian?	Does the child live with you?	Is child's other parent involved with your child?
			M / F	Yes / No	Yes / No	Yes / No
			M / F	Yes / No	Yes / No	Yes / No
Living situation: where are you currently sleeping?						
County:		Type of housing:			Length of time there:	
Are you on the rental contract? Yes / No		Reason for leaving:				
Do you currently consider yourself to be homeless at risk of becoming homeless? Yes / No Please explain:						
Have you experienced: <input type="checkbox"/> Eviction (self or family) <input type="checkbox"/> Owing landlord money <input type="checkbox"/> Credit problems <input type="checkbox"/> Other Please explain:						
List your last two places of residence or living arrangements, beginning with the most recent:						
Type of housing	County	Length of time	Were you on the rental contract?		Reason for leaving	
			Yes / No			
			Yes / No			
Education						
Level of Education High School: <input type="checkbox"/> Some <input type="checkbox"/> Graduated GED: <input type="checkbox"/> Some <input type="checkbox"/> Obtained Certificate Diploma Program: <input type="checkbox"/> Some <input type="checkbox"/> Completed <input type="checkbox"/> Some College <input type="checkbox"/> Other Program			Are you interested in further education/training? Yes / No <input type="checkbox"/> High School Diploma <input type="checkbox"/> Tutoring <input type="checkbox"/> GED <input type="checkbox"/> Computer Training <input type="checkbox"/> College <input type="checkbox"/> Other: What are your educational goals?			
Have you ever had an Individual Education Plan? Yes / No / Don't know what this is If yes, please explain:						
Have you ever been suspended or expelled from school? Yes / No If yes, please explain:						
Culture						
Do you identify with any particular culture(s)? Culture may include, but is not limited to: family heritage, race, sexual orientation, religion, gender identification, economic status, and place of residence.						
Are you interested in participating in activities that relate to your culture or other cultures?						

Employment						
Are you currently employed? Yes / No		Are you Interested in finding a job? Yes / No		List your skills:		
Work history: If applicable, list your last two jobs beginning with most recent.						
Name of Employer	Location	Position	Hrs per week	Pay Rate	Dates	Left on good terms
						Yes / No
						Yes / No

Finances	
Do you or have you ever had: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Credit card debt <input type="checkbox"/> Debt to friends or family <input type="checkbox"/> Outstanding utility or phone bills Total amount due for all: \$	
How do you organize your bills, receipts, and income statements?	
Financial Assistance: Check all that apply.	
<input type="checkbox"/> Food Stamps Amount \$ _____	<input type="checkbox"/> Money from family or friends Amount \$ _____
<input type="checkbox"/> Child Care Amount \$ _____	<input type="checkbox"/> TANF Amount \$ _____
<input type="checkbox"/> WIC Amount \$ _____	<input type="checkbox"/> Child support Amount \$ _____
	<input type="checkbox"/> Educational loans or awards Amount \$ _____

Medical Information			
Current medical coverage: <input type="checkbox"/> OHP <input type="checkbox"/> None <input type="checkbox"/> Private (Name of Carrier)			
Present state of health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If fair or poor, please explain:			
Do you have any chronic health conditions? Yes / No If yes, please explain:			
Last visited doctor (approximately): <input type="checkbox"/> 6 mos. ago <input type="checkbox"/> 1yr ago <input type="checkbox"/> 2yrs ago <input type="checkbox"/> 5yrs ago <input type="checkbox"/> More than 5 yrs ago			
Medications: List prescription and non-prescription medications you should be taking, including birth control.			
Name of Medication	Reason	Dosage	Currently taking? (If no-please explain)
			Yes / No
			Yes / No
Are you interested in receiving information about: <input type="checkbox"/> Safe sex practices <input type="checkbox"/> Birth control <input type="checkbox"/> Adoption <input type="checkbox"/> Abortion			
Do you and your sexual partner(s) use protection? Yes / No What type:			
Have you been exposed to: <input type="checkbox"/> Bed bugs in last 3 mo <input type="checkbox"/> Scabies <input type="checkbox"/> Bites, rash or blisters:			

Psychological and Emotional Information (please do not repeat answers from previous section)			
Have you ever experienced: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trauma <input type="checkbox"/> Difficulty with anger <input type="checkbox"/> Difficulty with stress <input type="checkbox"/> Eating disorder <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Hospitalization for emotional difficulties			
Please describe:			
Have you ever had counseling? Yes / No If yes, please describe:			
Where	Age	How long	Topics discussed
Are you interested in seeing a counselor now? Yes / No			

Legal

Have you ever been involved with:
 The juvenile justice system? Yes No
 The adult justice system? Yes No
 A gang? Yes No

Have you ever been convicted of a crime? Yes No

Do you currently have:
 Pending criminal charges or arrests? Yes No
 A probation officer? Yes No

PO Name _____

Location _____

Phone _____

If you answered yes to any, please give details. Include dates, location and current status.

Drug & Alcohol History

When did you last use alcohol?
 When did you last use drugs?
 List all drugs you've ever tried. Include recreational use of prescription meds:

Have alcohol or drugs ever caused problems for you with:

Relationships Yes No Physical Health Yes No
 Friendships Yes No School Yes No
 Money Yes No Decision Making Yes No
 Work Yes No Parenting Yes No

After using alcohol or drugs, have you experienced:
 Hangovers Vomiting Slurred speech
 DUI's Hospitalization Blackouts
 Passing out Victimization Prolonged sleeplessness
 Positive UA Positive breathalyzer test

Have you ever experienced:
 • Withdrawals from alcohol Yes No
 • People suggesting you have a problem with drugs or alcohol Yes No
 • Being in a treatment program Yes No
 • Considering yourself an alcoholic or addict Yes No

Do you consider yourself to be an alcoholic or addict?
 Are you currently in a recovery program?

Family & Support System

Please check all that apply to your family history and describe:

- Drug/alcohol dependence
- Physical/sexual/emotional abuse
- Neglect
- Divorce
- Death/other loss

Describe family's living situation, include who resides in home:

Describe relationship with parents and/or step parents:

Who gives you emotional support and what type?

If you do not live with your family, how often are you in contact?

Strengths & Goals	
What are our strengths?:	
What things would you like to improve about yourself?	
What do you want to learn from the TLP?	
If not accepted into program, what are your plans for housing?	
On an average day, how do you spend your time?	
List supportive and non-supportive people in your life, other than family:	
What are your goals?	
Why would you be a good fit for this program?	
How do you feel about talking to a case manager about your finances, relationships, employment, school, criminal history, substance use health issues, and other personal matters?	
When you have problems with:	What do you do?
Friends/family	
Coworkers	
People you are dating	
Others	
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Dating one or more people <input type="checkbox"/> In a relationship	

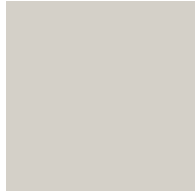
References: Two professionals, mentors or staff from an agency who can discuss your qualifications for this program (no friends, family, or program participants).		
Name	Relationship	Phone Number

Signature	
<p>By signing below, you authorize Boys & Girls Aid to contact these references in order to obtain information that is pertinent to your acceptance into the Transitional Living Program.</p> <p>Your Signature: _____</p> <p>Date: _____</p>	<p>Please send application and credit report to:</p> <p>Boys & Girls Aid Transitional Living Program 8196 SW Hall Blvd #102 Beaverton Or 97008</p> <p>Or Fax: 503-224-5960 Or email: tcressy@boysandgirlsaid.org jmcvey@boysandgirlsaid.org</p>
<p>Please include a recent credit report: <i>A negative credit report will not disqualify you from the program. It is intended to aid in financial planning.</i></p>	
<p>A negative drug test is required for program eligibility. Are you willing to take a test administered by our staff? Yes / No Comments:</p>	

REQUEST YOUR FREE ANNUAL CREDIT REPORT ONLINE, BY PHONE OR BY MAIL.

Request your Credit Report Online

You Can SEE and PRINT Your Report Online NOW! It's Quick, Easy and Secure.
Begin by selecting your state:

To Request your Credit Report by Phone:

- Call 1-877-322-8228
- You will go through a simple verification process over the phone.

Your reports will be mailed to you within 15 days. Please, allow 2-3 weeks for delivery.

To Request your Credit Report by Mail:

1. Download the [request form](#) (You need an Adobe viewer to view the requested form. Download the [free Adobe viewer](#))
2. Print and complete the form
3. Mail the completed form to:

**Annual Credit Report Request Service
P.O. Box 105281
Atlanta, GA 30348-5281**

Your reports will be mailed to you within 15 days. Please, allow 2-3 weeks for delivery.

Security:

Please use the request form authorized by the Central Source only.

Only the Central Source, and its members - Equifax (www.equifax.com), Experian (www.experian.com) and TransUnion (www.transunion.com), have been authorized by law and the government (www.FTC.gov) to provide free credit reports as described on this site. We cannot ensure your personal information will be kept secure and used for proper purposes if you use forms or provide information to persons, addresses, numbers, etc. not authorized by this site or the entities listed above.

If you are under 13 years of age or you are requesting a credit report for you child under 13 years of age, please refer to [mail request for a child under 13](#) in the FAQs section.