



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:		Gender:				
Current Address:		Contact/phone (how can we best reach you):				
		E-mail:				
Referral source and phone number:						
If You Are a Parent						
Child's name:	Date of birth	Age	Are you the legal guardian?	Does the child live with you?	Is child's other parent involved with your child?	
			Yes / No	Yes / No	Yes / No	
			Yes / No	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?				
Culture						
Do you identify with any specific 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 connecting more to your culture or to 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
Psychological and Emotional Information						
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						
If yes, please describe:						
Do you have any documented mental health diagnoses? Yes / No						
If yes, 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

Family and Support System

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 of support do they give?

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

Strengths and Goals

What are your 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 this program be a good fit for you?

How do you feel about talking to a case manager about your finances, relationships, employment, school, health issues, and other personal matters?

When you have problems with: Friends/family	What do you do?
Coworkers	
People you are dating	
Others	

Are you: Single Dating one or more people 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

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.

Your Signature: _____

Date: _____

Please send application and credit report to:

**Boys & Girls Aid
Transitional Living Program**

8196 SW Hall Blvd #102
Beaverton OR 97008

Or Fax: 503-224-2350

Or email:

tlp@boysandgirlsaid.org