

Aunt Martha's Youth Service Center, Inc.
Homeless Youth Program Application

Date: _____

Program of Interest:

- TH (Scattered Site Apts.) RRH (South Cook County) RRH (Will County)
- Emergency Shelter Care (South Cook County) Emergency Shelter Care (Will County)

1.) PLEASE CHECK ONE BOX TO REPORT YOUR CURRENT TYPE OF HOMELESSNESS:

- Person sleeping in a place not meant for human habitation: in a car, park, on the sidewalks or in an abandoned building.
- Person sleeping in a nightly emergency shelter.
- Person moving back and forth from a relative or friends home with no ability to reside in the home permanently. (i.e. couch surfing)
- Person living in interim housing for homeless persons but whom originally came from the streets or emergency shelters.
- Person was released from a hospital or other institution after being there for 30 consecutive days or less and being returned to one of the above sleeping/living conditions.
- Person being discharged within 7 days from an institution in which they have been a resident for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing.
- Abused/battered individual is fleeing a domestic violence housing situation, and no subsequent residence has been identified and person lacks the resources and support network needed to obtain housing.

2.) VERIFICATION OF HOMELESSNESS (include documentation in the client's file)

- Letters of Eviction – formal eviction proceedings or statement from family evicting participant
- Affidavit of Homelessness
- Verification of Shelter Stay
- Community Resources Exhausted (CEDA, PADS, Townships, Housing Authority, etc.) _____

Other: _____

Copy of ID-age verification

3.) PERSONAL INFORMATION

Name: _____

DOB: ____ Age: ____ Sex: Male Female Ethnicity/Race: _____

Current Address: _____

Cell Phone: _____ Home Phone: _____

Can a message be left at either number? Yes No Best time(s) to call: _____

Are you pregnant? Yes No If so, due date: _____

Do you have other children? Yes No

a) Child's Name: _____ DOB: _____ Age: _____ Gender: Male Female

Other Parents Name: _____ Are you receiving help from the parent? Yes No

If so, what type of assistance? _____

b) Child's Name: _____ DOB: _____ Age: _____ Gender: Male Female

Other Parents Name: _____ Are you receiving help from the parent? Yes No

If so, what type of assistance? _____

c) Child's Name: _____ DOB: _____ Age: _____ Gender: Male Female

Other Parents Name: _____ Are you receiving help from the parent? Yes No

If so, what type of assistance? _____

d) Child's Name: _____ DOB: _____ Age: _____ Gender: Male Female

Other Parents Name: _____ Are you receiving help from the parent? Yes No

If so, what type of assistance? _____

Current relationship

Are you currently in a relationship? Yes No

Partner's Name: _____ Phone: _____ Age: _____

Address: _____

PEOPLE TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Relationship: _____ Relationship: _____

4.) HOUSING AND FAMILY HISTORY

Mother: _____
Name Address/Phone Occupation

Stepfather: _____
Name Address/Phone Occupation

How would you describe your relationship with the above named individuals? _____

Father: _____
Name Address/Phone Occupation

Stepmother: _____
Name Address/Phone Occupation

How would you describe your relationship with the above named individuals? _____

Siblings Name Age Relationship (step, half, adoptive) Living Situation

Who is the most recent person you have lived with? (Name, Relationship) _____

How long have you lived there? _____

How long are you able to live with that person? _____

Until what age did you live there? _____

If you were forced, or chose to leave home, please explain: _____

What memories do you have of the home and those you lived with? _____

Did you live anywhere else throughout your life? Yes No

If so please explain: _____

Have you or anyone in your family ever had involvement with the Department of Children and Family Services (DCFS)? Yes No

If so, please explain: _____

Have you ever lived in an emergency housing program, shelter or another group home? Yes No

Name of Agency: _____

Reason: _____

Duration of stay: _____ Your Age at That Time: _____

Name of Agency: _____

Reason: _____

Duration of stay: _____ Your Age at That Time: _____

5.) FINANCIAL RESOURCES

Financial Situation/Income – What resources do you currently have as of today's date?

| <u>Source</u> | <u>Monthly Amount</u> | <u>Source</u> | <u>Monthly Amount</u> |
|----------------------|-----------------------|-----------------|-----------------------|
| Child Support | \$ _____ | SSA | \$ _____ |
| Family/Friends | \$ _____ | SS-Disability | \$ _____ |
| Employment Full Time | \$ _____ | SS-Income | \$ _____ |
| Employment Part Time | \$ _____ | TANF | \$ _____ |
| LINK/Food Stamps | \$ _____ | Unemployment | \$ _____ |
| Township | \$ _____ | VA Compensation | \$ _____ |
| Social Security | \$ _____ | ODC | \$ _____ |
| Other | \$ _____ | | |

6.) EMPLOYMENT HISTORY

Are you currently working? Yes No

If so, where do you work, how many hours, and what is your position? _____

a. What previous employment have you had? _____
Position? _____
Dates worked? _____
Reason for leaving? _____

b. What previous employment have you had? _____
Position? _____
Dates worked? _____
Reason for leaving? _____

c. What previous employment have you had? _____
Position? _____
Dates worked? _____
Reason for leaving? _____

What type of work would you enjoy doing? _____

7.) EDUCATION HISTORY

Have you received your high school diploma? Yes No GED? Yes No

If so, what school did you graduate from and in what year? _____

If not, are you attending high school, GED classes or other schooling to obtain a HS diploma or GED?
 Yes No

Are you attending post high school education program? Yes No

If so, where are you attending and what subject are you studying? _____

Do you have any goals related to education? Yes No

If so, what are they? _____

Educational Assessment History:

When in school, did you have any of the following: IEP (Learning Disability, Emotional Disorder, Behavioral Disorder)
 Screenings for other types of Disabilities

If so, please explain: _____

8.) PHYSICAL HEALTH HISTORY

Primary Physician: _____ Phone #: _____

Hospital/Clinic Name: _____

Last exam date: _____

Pediatrician: _____ Phone #: _____

Hospital/Clinic Name: _____

Last exam date: _____

OBYGYN/Midwife Name: _____ Phone #: _____

Hospital/Clinic Name: _____

Last exam date: _____

Do you have any significant medical problems? _____

Allergies: _____

Have you had a HIV test? Yes No

Have you had a STD test? Yes No

Are you on birth control? Yes No

Are you currently taking any medication? Yes No

| Current Medications | Reason for Medication | Do you take them regularly? |
|---------------------|-----------------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9.) Mental Health History

Are you currently seeing a counselor? Yes No

If you are not currently seeing a counselor, have you in the past? Yes No

If answered yes to either question above, please complete the following information:

| Agency Name | Counselor Name | Address/Phone | Dates | Reason/Diagnosis |
|-------------|----------------|---------------|-------|------------------|
| a. _____ | _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ | _____ |

Have you ever tried to hurt yourself/take your own life? Yes No

Please describe the circumstances as best you can: _____

Have you ever been hospitalized for mental health issues? Yes No

If yes, where were you admitted: _____ When? _____

For how long? _____ Diagnosis: _____

Were you prescribed medications? Yes No

If so, name and what for? _____

How would you describe your mood/how you generally feel? _____

How would you describe your coping skills? (How you handle tough situations) _____

Who do you consider to be your support system? (Name/Organization and Relationship) _____

10.) SUBSTANCE ABUSE HISTORY

Which of the following drugs are you currently using or have used in the past?

| | | | | | |
|----------------------------|------------------------------|-----------------------------|-----------------------|------------------|-----------------|
| Alcohol: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Marijuana: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Crack/Cocaine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Ecstasy: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Heroin: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Crystal Meth: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| LSD: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Mushrooms: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Pain Pills: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Inhalants: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Over the Counter: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last time used? _____ | How often? _____ | How much? _____ |
| Other: (Please List) _____ | | | Last time used? _____ | How often? _____ | How much? _____ |

Have you ever been involved in a drug treatment program? Yes No

| <u>Agency Name</u> | <u>Type of Program</u> | <u>Address/Phone</u> | <u>Dates</u> | <u>Reason</u> |
|--------------------|------------------------|----------------------|--------------|---------------|
|--------------------|------------------------|----------------------|--------------|---------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Did you relapse after treatment ended? Yes No

If so, please describe the circumstances: _____

Do you have a desire to get clean/sober? Yes No

11.) DOMESTIC VIOLENCE SCREENING

Does your partner call you names, yell, put you down, or criticize you? Yes No

Does your partner behave in an overprotective or jealous way? Yes No

Does your partner make it difficult for you to see you friends or family? Yes No

Does your partner embarrass or humiliate you in front of other people? Yes No

Does your partner hit, slap, punch, kick, choke, or bite you? Yes No

Do you ever feel obligated or coerced into having sex with your partner? Yes No

Does your partner threaten to harm or kidnap your children? Yes No

If client answered "yes" to any of the above questions, please ask the following:

Have you ever told anyone about this, if so, who? _____

Have you ever contacted the police due to his/her behavior? _____

What are your feelings about the relationship? _____

Would you like help finding support? Yes No

How would you describe your history of intimate relationships? _____

How would you describe your friendships? _____

12.) LEGAL ISSUES

Are you currently pending court, on court supervision or probation? Yes No

Name, Address and Phone number of your Probation/Parole Officer _____

Have you ever served time in jail or prison? Yes No

If yes, reason for incarceration: _____

Probation/Parole ends on what date? _____

13.) OTHER PROFESSIONAL INVOLVEMENT (Public Aid/DHS, WIC, Housing, Probation, etc.)

Name: _____ Agency: _____

Phone: _____ Fax: _____

Address: _____

Release of information signed? Yes No

Name: _____ Agency: _____

Phone: _____ Fax: _____

Address: _____

Release of information signed? Yes No

Name: _____ Agency: _____

Phone: _____ Fax: _____

Address: _____

Release of information signed? Yes No

Name: _____ Agency: _____

Phone: _____ Fax: _____

Address: _____

Release of information signed? Yes No

13. Client Statement

A. Please briefly state why you would like to be in the transitional living program.

B. Please briefly state 3 goals you have for yourself if you were to participate in the transitional living program.

1. _____

2. _____

3. _____

C. Please list 3 or more things that you like about yourself. (Ex: money management, employment, college, relationship with others, food, healthcare, etc.)

1. _____

2. _____

3. _____

D. Please list 3 things about yourself that you feel need improvement and tell why. (Ex: money management, employment, college, relationship with others, food, healthcare, etc.)

1. _____

2. _____

3. _____

E. How did you hear about the Transitional Living Program? (If referred by an individual, please give their name and relationship.) _____

PLEASE READ BEFORE SIGNING:

By signing this application I am certifying that all of the information is true to the best of my knowledge. I understand that falsifying information may result in my application being denied or dismissal from the program.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Participant Contract

As a participant in the Homeless Youth Program, I agree to follow the guidelines outlined in this contract. I understand that my housing can be terminated immediately and I may be discharged from the Homeless Youth Program for failure to comply.

1. I will follow all program rules, which were explained to me during my intake interview.
2. I will make myself available for all necessary paperwork, including but not limited to: Safety Assessment, RHYMIS and Ansell Casey .
3. I agree to follow through with recommendations by staff or other qualified professionals regarding my services. If I choose to refuse, I have the right to be informed of any consequences and file a grievance with the review board.
4. I will contact my caseworker at least once a day. I will make myself available to meet with my assigned caseworker at least once per week.
5. I will attend and participate in all mandatory meetings, treatment, community services, staffings and classes that my caseworker or other staff has recommended that I attend including, but not limited to, Life Skills Group. I will contact my worker if I am going to be absent from the above before the scheduled event. I will make up any excused absences before the start of the following week's group.
6. I will maintain daily attendance at work, school, or a vocational program. I will not resign from any job or discontinue any program without prior discussion with my caseworker. I will contact my worker if I am going to be absent from school or work prior to the end of the school or work day.
7. I agree to actively search for employment until I obtain it.
8. I will open and maintain a savings account and save at least a percentage (determined with final budget) of my income. I must provide check stubs and deposit slips to my case manager every pay period. If I have to make any withdrawals from my savings account I must first discuss it with my caseworker. In addition, I agree to review my monthly bank account statements with my caseworker.
9. I will not have more than one (1) guest visit at a time. My guest will leave my apartment/room by 10PM on weekdays and 10PM on the weekends (this is subject to change via written behavior contract). I will not have any overnight guests unless they are pre-approved by my caseworker.
10. If I require in-home childcare by a relative or friend, then I will discuss with my caseworker and develop a written childcare plan.
11. I will maintain a noise level that will not disturb my neighbors. This includes my radio, television, guests, phone conversations, and children.
12. I will not have pets in my apartment/room at any time.
13. I will not have alcohol or drugs in my apartment/room at any time. (Excluding prescription medications prescribed to me or my children.)
14. I will not leave my apartment/room for a period of more than 72 hours without contacting my caseworker. If I fail to do so, I have abandoned my apartment/room and my belongings will be removed and stored at Aunt Martha's for no more than 30 days. Failure to retrieve belongings within 30 days will result in the items being thrown away or donated to the program.
15. I will not give anyone the key/code to my apartment/room for any reason, not even a family member. If I am locked out, I will not climb through the window. I will contact my caseworker or another worker at Aunt Martha's.
16. I agree to allow Aunt Martha's to keep a spare key to my apartment/room and to enter the premises in case of an emergency.
17. My caseworker and supportive Aunt Martha's staff reserve the right to perform unannounced visits to inspect my apartment/room or behavior in my apartment.
18. I agree to return all items given to me by Aunt Martha's should I choose to leave the program for any reason. These items will be returned in good condition.
19. I have the right to be respected and will respect program staff at all times.
20. I understand that I have the right to contact my caseworker's supervisor should I feel my rights have been denied in any way. I also understand that I have the right to a hearing by the Senior Leadership Staff in the event that I feel unfair action has been taken against me.
21. The Homeless Youth Program is not a substance abuse rehabilitation program. In collaboration with Aunt Martha's ADAPT Program, we will be providing you with a screening interview to determine whether or not a further assessment is required. This screening will also include a urine drop. Youth who test positive will be required to go on for a further assessment but will not necessarily be denied admission into the program. If youth or staff identifies substance abuse issues after entrance into the program, the youth will be referred for appropriate services. These services may include, but are not limited to, inpatient/outpatient treatment, attendance at AA/NA/CA meetings and random drug testing. Youth who do not comply with the recommendations will be asked to leave the program.
Only limited over the counter (OTC) medication and medication prescribed by a physician or psychiatrist will be allowed, with caseworker consent. All prescribed medication must remain in its original bottle with youth's name printed on the label. Youth shall provide a list and discuss the use of all OTC and prescription medication to caseworker upon acceptance into the program. Staff reserves the right to dispose of any illegal substance.

I have read (or had read to me) and understand the Homeless Youth participant contract. I also realize that by signing this agreement, I am committing myself to following these guidelines to better serve my success in this program. Failure to follow any of these guidelines may result in disciplinary action up to and including immediate eviction from my apartment/room or discharge from the program. By signing this agreement, I am giving permission to Aunt Martha's and their supporting staff to perform random drug testing. I understand that if I refuse a drug evaluation or screen that I may be asked to leave the program.

Client Signature _____

Date _____

Staff Signature _____

Dat _____

Checklist for Acceptance into Homeless Youth Program

"Staff Use Only"

Program of Interest:

TH (Scattered Site Apts.)

RRH (South Cook County)

RRH (Will County)

Emergency Shelter Care (South Cook County)

Emergency Shelter Care (Will County)

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Race: _____

1. Is the client between the ages of 17 - 24? Yes No

2. Is the client currently homeless? Yes No

Homeless is defined as living in unstable or non-traditional living arrangements. Some examples include living in-between friend's houses, living in a homeless shelter, living on the street/or vacant buildings, or offering some type of service in exchange for housing.

3. Has the client read the current overview/guidelines and acknowledged willingness to participate in the program? Yes No

4. Is the client willing to do one of the following? Yes No

a. Work full time **OR**

b. Work part time **and** attend school or a vocational/job training program?

5. Is the client willing to save up to 50 percent of their income while participating in the program? Yes No

6. Is the client a resident of Cook, Will or Kankakee County? Yes No

Residency is defined as both:

a. Residing in Cook, Will or Kankakee Counties for a minimum of 60 days and providing an ID reflecting a Cook, Will or Kankakee County address

b. Maintaining and providing verification of employment for a minimum of 30 days.

7. Have you verified the client is **NOT** a current ward of DCFS by calling 1-800-25-ABUSE? Yes No

8. Did obtain a copy of the client's driver's license, state ID or birth certificate? Yes No

9. Does the client have a history of suicidal or homicidal ideations/attempts? Yes No

If so, complete the Suicide Risk Screening and/or the Violent Behavior Screening form as well as a Safety Plan if needed.

10. How would you rate the urgency of the client's housing need? (check) Not Urgent Somewhat Urgent Very Urgent Extremely Urgent

11. Accepted to Program: Yes No

If not accepted, reason for ineligibility: _____

If not accepted, where was the client referred for housing services? _____

12. Wait Listed: Yes No
Reason for wait list: _____

13. If the client was wait-listed, did they ever enter a program? Yes No

If yes, which program? TH (Scattered Site Apts.) RRH (South Cook County) RRH (Will County) Emergency Shelter Care (South Cook County) Emergency Shelter Care (Will County)

If no, where was the client referred for housing services? _____

Staff Signature: _____ Date: _____