

Imperial County Department of Social Services  
 Children and Family Services  
 Independent Living Program  
**PROGRAM APPLICATION**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Mess. Phone #: \_\_\_\_\_  
 Citizenship: \_\_\_ U.S. or other \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Are you attending any school, GED course, college or vocational training? YES NO  
 If so, what school are you currently attending? \_\_\_\_\_

**BACKGROUND INFORMATION**

Probation/Social Worker's Name \_\_\_\_\_ Probation/Social Worker's Phone # \_\_\_\_\_  
 (Current or Previous) \_\_\_\_\_  
 Type of placement: \_\_\_\_\_ (Current or most recent placement)  
 Address \_\_\_\_\_  
 Length of time in placement: \_\_\_\_\_ Emancipation Date (or expected): \_\_\_\_\_

**ASSISTANCE INFORMATION**

Have you ever received assistance from the Independent Living Program? YES NO  
 If so, briefly describe: \_\_\_\_\_  
 Are you currently receiving any other type of income? If yes, briefly describe: (welfare,  
 financial aid, social security, etc.) \_\_\_\_\_  
 Are you currently employed or enrolled in an employment program? YES NO  
 If so, please provide the following information:

Starting Date	Employer	Position	Hourly Wage

Please circle or state the type of assistance you are requesting:  
 HOUSING WORK CLOTHES FOOD TRAINING COSTS  
 OTHER: \_\_\_\_\_  
 Please estimate the amount of assistance you are requesting: \$ \_\_\_\_\_

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