

**ACCESSING CAREERS THROUGH EDUCATION
IMPERIAL COUNTY HOUSING PROGRAM – PLUS (THP-PLUS)
FOR FORMER FOSTER/PROBATION YOUTH
YOUTH APPLICATION**



***Imperial Valley Regional Occupational Program
Attention: Accessing Careers through Education
Mailing Address: 687 State Street, El Centro CA 92243
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(760) 337-3096 FAX: (760)337-5170***



YOUTH APPLICATION

This application is to be completed by the young adult who is applying for services. When completed, you must submit application to IVROP Project ACE or the referring social worker/probation officer.

Personal

Name: _____ Gender: Male Female

Date of Birth: _____ Social Security Number: _____-_____-_____

Mailing Address: _____

Your telephone number: (____) _____

Email address: _____

Name and phone number where we may leave a message if you cannot be reached:
(____) _____ (____) _____

Personal Relationships

Are you married? Yes No

Do you currently live with your boyfriend/girlfriend? Yes No

Do you have any children? Yes No

If yes, how many children do you have? _____

If you have children, do they live with you? Yes No

If your children do not live with you, do you have contact with them? Yes No

Which family members if any do you have contact with? (Check all that apply)

Father Mother Brother Sister Grandparent

Other Relative: _____

List the name of the Permanent Supportive Adult(s) in your life right now:

Relationship to you (friend, teacher, relative, social worker, etc.) _____

Mailing address of adult: _____

Telephone number: (____) _____ Cell Phone: (____) _____

Housing Information

Where have you lived since aging out of the foster care system?

1st Year after aging out? _____

2nd Year after aging out? _____

3rd Year after aging out? _____

4th Year after aging out? _____

What is your present living arrangement? _____

Have you ever rented your own apartment or with roommates? Yes No

Have you ever been evicted from an apartment? Yes No

If yes, what was the reason you were evicted? _____

If homeless, what is your reason for being homeless? _____

While living on your own, would you like to have help:

All the time Sometimes When needed

Education

Have you already graduated from high school or passed the GED exam? Yes No

Have you attended college or any training(s) in recent years? Yes No

If yes, what type of education or training did you participate?

Community College Employment Training Vocational Training

Other _____ None of the above

If yes, what type of classes or career did you study? _____

What is your long-term educational goal?

A.A./A.S.(IVC) B.A./B.S. (University) Vocational Training (Nursing, EMT, etc)

Do you plan to attend College? Yes No

If yes, name of college _____

If yes, when do you plan to start: _____ When will you graduate? _____

Have you registered for college? Yes No

Have you completed the financial aid process? Yes No

Have you completed the placement exam (Accuplacer) for IVC? Yes No

Have you spoken to a college or EOPS counselor? Yes No

As part of the THP Plus program, you are required to enroll in college or a vocational training. Are you fine with this requirement? Yes No

If no, please list reason: _____

Income/Employment

What is your current source of income? (Check all that apply)

Employed SSI GA CalWORKs SSDI Other: _____

If employed, where? _____ How many hours per week? _____

How much do you make per hour? _____ How long have you worked there? _____

If not currently working, have you been looking for work? Yes No

If so, where have you looked for work or turned in application(s)?

Worksite Name _____ Date of Application _____

Worksite Name _____ Date of Application _____

Worksite Name _____ Date of Application _____

Have you submitted any online job application(s)? Yes No

If yes, what worksites did you apply to online? _____

Did you get interviewed by any of these worksite(s)? Yes No

If yes, which sites? _____

Employment History:

From	To	Employer Name	Position	Did you like this job?	Reason for Leaving

Do you have any other work related experience? _____

As part of THP Plus program, you are required to work at least part-time. Are you fine with this requirement? Yes No

General

What type of bank accounts do you have? (Check all that apply)

Checking Savings None Other _____

What are account balances? \$_____ Checking \$_____ Savings \$_____ Other

Which documents do you have/submitting? (Check all that apply)

Birth Certificate Social Security Card Drivers Permit DOJ Criminal Background

Printout Drivers License California Identification Card Verif. of Legal Residence

Disability Verification Homeless Verification/Eviction notice Medi-Cal Card

Do you have your own car? Yes No Year, Make & Model _____

Have you ever used the bus to go to school or work? Yes No

If yes, how often (everyday, once or twice a week, etc.)? _____

For how long (for one school semester, summer, years, etc.)? _____

Counseling (Note: Having a substance abuse or disability issue will not necessarily preclude one from entering the program).

Have you ever received any counseling services? Yes No

If yes, with what program or agency did you receive services? _____

Are you currently taking any medication? Yes No

If yes, what? _____

How often _____

Do you have any current substance abuse issues? Yes No

Please list. _____

Have you ever had substance abuse issues (even when a minor)? Yes No

Have you ever received counseling services for substance abuse? Yes No

Are you fine with receiving counseling services as part of the THP Plus program? Yes No

Independent Living Program

Have you ever participated in ILP Services as a minor or adult? Yes No

What is the name of the program and county that you participated in ILP services?

What type of classes or activities did you attend?

Housing Life Skills Career Exploration Vocational Training (Computers, CNA, etc)

Fundraisers Drug & Alcohol College Other _____

For how long did you participate in ILP activities? Year(s) _____ Month(s) _____

Have you been active in the ILP program in the past 6 months? Yes No

If yes, what type of recent activities have you attended? _____

If no, is there a specific reason why you have not been active? _____

As part of the THP Plus program, you have to attend mandatory weekly workshops. Are you fine with attending weekly activities? Yes No

What type of classes would benefit you the most?

College Yes No Specifics: _____

Life Skills Yes No Specifics: _____

Housing Yes No Specifics: _____

Cooking Yes No Specifics: _____

Counseling Yes No Specifics: _____

Other _____ Yes No Specifics: _____

Other _____ Yes No Specifics: _____

QUESTIONNAIRE

Please answer the following questions and answer with complete sentences (use up all of the space given):

- 1. Tell us about something you have accomplished that you are really proud of and how you made it happen?

- 2. How would you describe yourself? Include your strengths and items you would like to work on?

- 3. What are your goals for the coming year and what have you already done in order to reach those goals?

- 4. What type of help do you need to meet your goals?

- 5. Where do you see yourself in five years and what will you be doing?

Applicant Signature

Date