INDEPENDENT LIVING HOME APPLICATION

For Men Ages 18+ (Aged Out of Foster Care or Displaced)

PERSONAL INFORMATION

Full Name: _____

Date of Birth: ___ / ___ / _____ Age: _____ SSN (Last 4): XXX-XX-____

Phone Number: _____ Email Address: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

BACKGROUND INFORMATION

Have you ever been in foster care? [ ] Yes [ ] No

If yes, list the agency and dates: _____

Are you currently homeless or displaced? [ ] Yes [ ] No

If yes, explain briefly: _____

Are you currently on probation or parole? [ ] Yes [ ] No

If yes, list officer's name and contact: _____

Do you have any pending criminal charges? [ ] Yes [ ] No

If yes, please explain: _____

HEALTH & WELLNESS

Do you have any physical or mental health diagnoses? [ ] Yes [ ] No

If yes, please specify: _____

Are you currently taking any medications? [ ] Yes [ ] No

If yes, list medications: _____

Do you have a history of substance use or addiction? [ ] Yes [ ] No

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If yes, describe recovery status: _____

EMPLOYMENT & EDUCATION

Current Employment Status: [ ] Full-time [ ] Part-time [ ] Unemployed [ ] Student

Current Employer (if applicable): _____

Supervisor Name & Contact: _____

Highest Level of Education Completed:

[ ] High School Diploma [ ] GED [ ] Some College [ ] Vocational Training [ ] Other: _____

Are you currently enrolled in school or a training program? [ ] Yes [ ] No

If yes, specify: _____

GOALS & SUPPORT NEEDS

What are your short-term goals (next 6 months)? _____

What are your long-term goals (next 1-2 years)? _____

What kind of support do you feel you need most at this time?

[ ] Housing [ ] Job Readiness [ ] Life Skills [ ] Counseling

[ ] Education Support [ ] Financial Literacy [ ] Other: _____

REFERENCES

Please provide at least one reference (caseworker, mentor, counselor, teacher, etc.):

Name: _____ Organization/Relationship: _____

Phone/Email: _____

CONSENT & SIGNATURE

By signing below, I affirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that this is an application for transitional housing and completing it does not guarantee acceptance. I authorize the Independent Living Home staff to

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contact the references listed above and to perform necessary background checks.

Applicant Signature: _____ Date: ___ / ___ / _____