



TRANSITIONAL HOUSING PROGRAM (THP+)

PERSONAL INFORMATION

Name _____ Date _____ Social Security # _____
Address _____
Birthdate (Month/Day/Year) _____ Age _____ Sex: Male Female Ethnicity _____
Home Phone (_____) _____ Cell Phone (_____) _____
Primary Language _____ Secondary Language _____
If selected, when would you be able to be placed? (Month/Day/Year) _____

MEDICAL

Health Provider MediCal No Health Coverage Private Insurance
Who is your current Doctor? Name _____ Phone Number _____
Are you currently taking any prescribed medications? Yes No
If yes, please list them and how often? _____
Do you have any current health issues? Yes No
If yes, please state _____
Are you seeing a therapist/counselor? Yes No
If yes, please state _____

CURRENT EDUCATION

*Please fill this section out with the help of a school counselor, social worker...etc.
 High School: 9th, 10th, 11th or 12th Adult Ed. (GED) Vocational Program Community College Not attending
***If attending high school, please attach or send separately a copy of your transcripts.**
Name of School or Program _____
Address _____
Phone Number (_____) _____ Counselor's Name _____
High School Graduation Date (Month/Day/Year) _____
Vocational Program Completion Date (Month/Day/Year) _____
Number of units/credits completed _____ Are you credit deficient? Yes No If yes, how many credits? _____
Do you currently have an IEP in place? Yes No

What are your future educational/vocational goals? _____

Are you receiving financial aid? Yes No

If yes, please specify FASFA Pell Grant Scholarship Other _____

If an educational loan were available to you through this program, would you use it? If so, for what? _____

If not attending school during the summer, what are your plans? _____

EMPLOYMENT

What are your job/career goals? _____

Current Employment

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

High School Work Permit? Yes No Hourly Pay \$ _____

Work Schedule Daytime M - F Evenings M - F Weekends Other _____

How many hours per week? 5-10 10-20 20-30 30-40

Previous Employment

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

Volunteer Work

From _____ To _____ (Month/Day/Year) Employer Name _____

Phone Number _____ Supervisor _____

Address _____

Position/Responsibilities _____

MISCELLANEOUS

Do you smoke? Yes No

Do you have any children? Yes No

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Do you have any other source of income? Yes No Amount \$ _____

Do you currently have a savings or checking account? Yes No

Do you have a certified copy of your birth certificate/social security card? Yes No

Do you have a California Photo ID? Yes No

Do you have a driver's permit or driver's license? Yes No

If yes, do you currently own a vehicle? Yes No

If yes, do you currently have automobile insurance? Yes No

Are you currently receiving SSI? Yes No

Do you plan to receive SSI? Yes No

If accepted, who would you like to have as your support team?
(example: family members, foster parents, positive role models) _____

ESSAY QUESTIONS

What do you know about our program? Why do you want to be a part of it?

What steps have you taken to prepare yourself for participation in one of these programs?

What aspects of the Independent Living Program (ILP) have you participated in? Who is your ILP case worker?

In the coming year, how will you prepare yourself for life after placement?

REFERENCES

Please list the name, address and phone number for 3 references for us to contact.

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

Name _____ Phone _____

Address (Street, City, State, Zip) _____

I have voluntarily filled out this application and would like to be considered for participation in one of the above mentioned Transitional Age Youth Services programs. To the best of my knowledge, all of the above information is true and correct.

Signature of Applicant _____

_____ Date

Please mail completed application to:
County of Ventura
Independent Living Program
1400 Vanguard Drive, Ste. C
Oxnard, CA 93030

Tel: (805) 240 2700 • Fax: (805) 654 3464