

**Kamali’i Foster Family Agency’s Mission Statement:** “*Kamali’i Foster Family Agency’s mission is to provide foster youth and young adults with quality trained resource families while empowering youth to be positive participants in their community.”*

THP Application & Assessment

Please review the following application and assessment. This is to be completed to the best of your ability and will allow for us to begin the formulation of your Transitional Independent Living Plan (TILP)

Please submit to [ilp@rivco.org](mailto:ilp@rivco.org)

Application and Assessment Release of Information

I,       agree to allow The County of Riverside DPSS to provide Kamali’i Foster Family Agency, Inc. with my THP Application and Assessment Form for consideration into their THP program. By signing this release of information it is understood that Kamali’i Foster Family Agency will maintain my confidentiality at all times by taking the appropriate measures to ensure that only those authorized to view the information within the program will be allowed to do so.

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Signature Date

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| **I. Client Information** | | | | | |
| **Today’s Date:** |  | | | | |
| **First Name:** | **Middle Name:** | | | **Last Name:** | |
| **Street Address:** | | **City:** | | **State:** | **Zip:** |
| **Home Phone:** | | | **Cell Phone:** | | |
| **Email Address:** | | |  | | |
| **Birth Date:** | | **Do you have your original Birth Certificate?**  **Yes**  **No** | | | |
| **Do you have a Driver’s License?**  **Yes**  No | | **Do you have your original Social Security Card?**  Yes  **No** | | | |
| **Is your Driver’s License valid?**  **Yes**  **No** | | **Do you have a California Identification Card?**  **Yes**  **No** | | | |

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| **II. Demographic Information** | | | |
| **Gender:**  Female  Male  Other  Transgender (F to M)  Transgender (M to F)  Unknown | **Sexual Orientation:**  Heterosexual  Bisexual  Gay  Lesbian  Questioning/Unsure  Decline to state | | **Marital Status:**  Single, living with partner  Single, never married  Married  Divorced  Separated  Widowed |
| **Race: Check all that apply**  American Indian  Alaska Native  African American/Black  Asian  Pacific Islander | | Hawaiian  Caucasian/White  Hispanic/Latino  Unknown (adopted, etc.)  Other | |
| **Primary Language:**  English  Spanish  American Sign Language  Other: | **Special Needs:**  Developmental Disability  Domestic Violence  (Restraining Order)  Yes  No  Individualized Educational Plan (IEP)  Learning Disability  Mental Illness  Physical Disability  Other:  None | | |
| **Are you a US citizen?**  **Yes**  **No** | **If no, what is your immigration status?** | | |
| **Religious Affiliations:** | | | |

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| **III. Family Information** | | |
| **Children:**  None  I have Children  How Many?  I am pregnant  A female is pregnant with my baby | **Custody Order:**  I have a child custody order | **Emergency Contact Information:**  Name:  Address:    Phone Number:  Relationship: |
| **List the members of your family with whom you maintain contact (including children)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Age** | **Birth Date** | **Relationship** | **Where do they live?** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |

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| **IV. Financial Information** | | |
| **Accounts:**  I have a savings account:  Name of Bank:  Current Balance: $  I have a checking account:  Name of Bank:  Current Balance: $  I have a credit card:  Name on Card:  Current Balance: $ | | **Outstanding Debt and Bills:**  Monthly Cell phone charges:  Monthly Car Payments:  Monthly Car Insurance:  Other Loans:  Health Insurance:  Unpaid Taxes:  Other:  None |
| **Income Sources:**  Child Support  Employment Income  Food Stamps  General Public Assistance  No Financial Resources  Social Security | Social Security Disability Insurance (SSDI)  Supplemental Social Security Income (SSI)  Temporary Aid-Needy Families (TANF)  Unemployment Benefits  Veterans Benefits  Veterans Healthcare  Other: | |

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| **V. Employment Information** | | |
| **Employment Status:**  I am currently employed  I am currently not employed  I have never held a job  I am currently looking for work | **Current or Last Employer:**  Name:  Start Date:  End Date:  Hourly Pay: | **Pay Stubs:**  I can provide pay stubs from the past six months.  Weekly Gross Income:  $  Do you have a resume?  Yes  No |
| **Work History, if any (Start with your most recent position, list all past experience):**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Dates employed / to / Hourly Rate: $ Hours per week | | | Employer: | Supervisor: | | Address: | Phone: | | Position/Title: |  | | Duties/Skills: | | | Reason for Leaving: | | | | |  |  | | --- | --- | | Dates employed / to / Hourly Rate: $ Hours per week | | | Employer: | Supervisor: | | Address: | Phone: | | Position/Title: |  | | Duties/Skills: | | | Reason for Leaving: | | | | |  |  | | --- | --- | | Dates employed / to / Hourly Rate: $ Hours per week | | | Employer: | Supervisor: | | Address: | Phone: | | Position/Title: |  | | Duties/Skills: | | | Reason for Leaving: | | | | | |

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| **VI. Education Information** | | |
| **School Status:**  High School  Vocational School  College  Not Attending School | **Education:**  Last Grade Completed:  Do you have a copy of your transcripts?  Yes  No  Do you have a diploma?  Yes  No  Do you have a GED?  Yes  No  Do you have a copy of your diploma or GED?  Yes  No | **School:**  Name of School:    When will you graduate? |

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| **VII. Transportation Information** | | |
| **Vehicle Status:**  I own a car  I do not own a car  I use public transportation | **Vehicle Information:**  My car needs repair  My car is in good running order  My car is registered in my name | **Insurance:**  I have car insurance  Name of Insurance: |

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| **VIII. Living Status** | |
| **Living Situation:**  Homeless Shelter  Living Independently  On the Street  Parent/Legal Guardian’s Home  Other Parent’s Home  Relative’s Home  Domestic Violence Shelter  Educational Institution  Mental Hospital  Correctional/Detention Center | Rental Housing  Friend’s House  Other Adult’s Home  Foster Home  Group Home  Other Transitional Living Program  Job Corps  Drug Treatment Center  Other Temporary Shelter  Military  Other: |
| **Have you ever been homeless?**  Yes  No  **If so, please explain:** | |

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| **IX. Foster Care/ Group Home Information** | | |
| **Foster Care Status:**  I have been placed in:  Foster Care  Group Home  Juvenile Hall  How old were you?  How many placements? | **Why were you placed there?** | **What County:**    **Social Worker Name:**    **County Worker Number:** |
| **Please list all of your placements:** | | |
| |  |  |  | | --- | --- | --- | | **Location (foster home, group home, relative)** | **How Long? (in months)** | **Why did you leave?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |

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| **X. Legal Information** |
| **Have you ever been arrested?**  Yes  No  **If yes, please complete below.** |
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| **Please list your arrest history:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date** | **Age** | **Charge** | **What Happened?** | **Probation Officer** | **Commitment Length** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| **XI. Alcohol and Other Drugs** | | | | |
| **Drugs I have tried:**  Alcohol  Ambien  Cocaine  Codeine  Crack  Crank  Creatine | Diet Pills  Ecstasy  GHB  Hallucinogens  Heroin  Inhalants  LSD | Marijuana  Methamphetamine  Mushrooms  Nicotine  Opiates  Oxycontin  Ritalin | | Steroids  Vicodin  Xanax  Other:    None/N/A |
| **Age I first began using       How often?**  **Current frequency of use:** | | | | |
| **Substance Abuse History:**  No History  **Have a history of substance abuse and:**  have completed a treatment program  am currently participating in a treatment program  never received treatment  **Currently have substance abuse issues and:**  am not participating in treatment but am willing  am not willing to participate in a treatment program | | | **Family Substance Use:**  There is a history of substance abuse in my family.  Who? | |

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| **XII. Health Insurance Information** | |
| **Medi-Cal Status:**  I have Medi-Cal  What County?  Do you have your card?  Yes  No | **Health Insurance:**  Do you have health insurance?  Yes  No  Company:  ID#: |

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| **XIII. Health Information** | | | |
| **Do you have any specific health problems?**  Yes  No  Please describe: | | **Do you have any allergies?**  Yes  No  **Please describe:**  **Environmental:**  **Medications:**  **Food:** | |
| **Do you have a medical marijuana card?**  Yes  No  **If yes, please explain:** | | | |
| **Please list your Mental Health Diagnosis:**  ADHD  Bipolar Disorder  Depression | | PTSD  Schizophrenia  Other: | |
| **Please list all of the medications you are currently taking:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Medication Name** | **Frequency** | **Doctor** | **Diagnosis** | **Date Started** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | |
| **Primary Health Care Physician:**  **Name:**  **Address:** | | **Phone:**  **When was your last visit?** | |
| **Date of last exam:**  **Physical:** | **Dental:** | | **Eye:** |

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| **XIV. Counseling History** | |
| **Counseling:**  I am currently seeing a counselor  Counselor Information:  Name:  Agency:  Location:  Date Started:  Phone: | **Past Counseling:**  I have seen a counselor in the past  Counselor Information:  Name:  Agency:  Location:  Date Started:  Date Ended:  Phone: |

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| **XV. Previous Services** |
| **I have previously participated in a THP Plus Program:**  Yes/ Name of program  County Program located in:  No  If yes, how many months:  Explain why you left the program: |

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| **XVI. Critical Issues** |
| **Have you ever been the victim of the following abuses? If yes, please explain**   |  |  | | --- | --- | | Emotional Abuse |  | | Neglect |  | | Physical Abuse |  | | Sexual Abuse |  | |

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| **XVII. Personal Belongings** |
| **What items will you bring with you when moving into your apartment? (Please list each item)**   |  |  | | --- | --- | | Furniture |  | | Decorations |  | | Stereo Equipment |  | | Appliances |  | | Vehicles (must have current Driver’s License, registration, and insurance) |  | | Other |  | |

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| **XVIII. Support System/Permanent Connections** | | | |
| **Please list adults who are a part of your support system or permanent connection.** | | | |
| **Name** | **Address** | **Phone** | **Relationship** |
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| **Tell us a little more about you** |
| **What are some of your personal strengths?** |
| **Have you participated in any Independent Living Program (ILP)? If so, how?** |
| **What are your personal goals over the next 12 months? (list three)** |
| **How do you plan to achieve these goals?** |
| **How do you deal with anger? Describe what happens when you get mad.** |
| **Have you been ordered to take anger management classes or seek counseling for anger?**  Yes  No  **If so, please explain:** |
| **How do you deal with stress and frustration? Describe what types of behaviors you have when you are stressed or frustrated.** |
| **How do you deal with authority figures? (Example: teachers, law enforcement, bosses, staff, etc.** |
| **How do you deal with peer pressure?** |
| **How well do you get along with others?** |