

**Children's Services Division**  
**Transitional Housing Program Plus (THP+) Application - CSD 3951**

**INDEPENDENT LIVING PROGRAM**  
10281 Kidd Street, 2<sup>nd</sup> Floor  
Riverside, CA 92503  
Telephone: (951) 358-6748  
Fax: (951) 358-5155  
Email: [ILP@rivco.org](mailto:ILP@rivco.org)

**Transitional Housing Program Plus (THP+) Application**

*Applicant's dependency must have terminated at age 18+ (excludes NRLG, KIN-GAP or detention facility)*

Referred to Probation Department

General Information				
Applicant Name:				
Ethnicity:		Date of Birth:		
SSN:		Gender:		
Anticipated Dependency Termination Date:		Dependency Termination Date:		
Street Address:				
City/State:		Zip Code:		
Primary Telephone:		Secondary Telephone:		
Email Address:				
ILP Social Services Practitioner (SSP):			Telephone:	
Probation Officer (if applicable):			Telephone:	
Former SSP:		Independent Living Coach:		
Have you ever participated in THP+ before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and County				
If not, have you ever applied? Yes No If yes, list date(s) and County				
Do you have any children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pregnant? How many months?
Will they be living with you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
If you have children that will be living with you, please list their ages:				
Is there someone in your life who mentors you and/or gives you long-term support?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	





Educational Status (after emancipation or currently if emancipated)		Employment Status (after emancipation or currently if emancipated)	
<input type="checkbox"/> Not currently enrolled in HS		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Plan to enroll in HS/GED course		<input type="checkbox"/> Unemployed-Seeking	
<input type="checkbox"/> GED/HS credits in progress		<input type="checkbox"/> Employed Part-time	Wage per hour:
<input type="checkbox"/> HS/GED obtained		<input type="checkbox"/> Employed Full-time	Wage per hour:
<input type="checkbox"/> Plan to enroll in post-secondary		If employed, place of employment:	
<input type="checkbox"/> Enrolled in post-secondary			
Are you handicapped, disabled, or have any serious health needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If disabled, are you currently receiving Supplemental Security Income (SSI)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any mental health needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any mental or health issues related to substance abuse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you agree to identify and/or modify any behaviors that could hinder success in the program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving: <input type="checkbox"/> CalFresh (Food Stamps) <input type="checkbox"/> Medi-Cal		If not, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At age 18 or older, have you ever been convicted for an offense other than a minor traffic violation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of conviction:		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Not Applicable
Location of the conviction (city and state):			
Nature of the offense:		<input type="checkbox"/> Sexual	<input type="checkbox"/> Drug <input type="checkbox"/> Violence <input type="checkbox"/> Other:

FOR SSP/AFTERCARE STAFF ONLY:				Completed by (initial):	
Nature of mental health needs(s):		Complying with psychotropic medication?		Date:	
Daily living or functioning skills?		<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<b>Need Score:</b>
Level of motivation/enthusiasm?		<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	
Interest in THP+ has been stable and continuous?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Merit Score:</b>	
Does youth have a history of failed placements as a dependent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Dependency terminated from an open FC placement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Housing Information</b>		
<b>Applicant's Living Situation (planned or current if dependency has been terminated):</b>		
<input type="checkbox"/> Resource Family Home	<input type="checkbox"/> THP+ FC	
<input type="checkbox"/> College Dorm	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Own Apartment/Home	<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Another Person's Home	<input type="checkbox"/> Streets	
<input type="checkbox"/> STRTP	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Another Transitional Housing Program	<input type="checkbox"/> Other:	
Are you willing to relocate to a different city in Riverside County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to leave another transitional program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from your housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Where in Riverside County do you want to live?:</b>		
<input type="checkbox"/> Palm Springs/Desert Area	<input type="checkbox"/> Hemet/San Jacinto Area	
<input type="checkbox"/> Riverside/Corona Area	<input type="checkbox"/> Open to other areas as well	
Explain:		

<b>References</b>			
Name:		Reference Type:	
Street Address:			
City/State:		Zip Code:	
Primary Telephone:		Secondary Telephone:	
Name:		Reference Type:	
Street Address:			
City/State:		Zip Code:	
Primary Telephone:		Secondary Telephone:	
Name:		Reference Type:	
Street Address:			
City/State:		Zip Code:	
Primary Telephone:		Secondary Telephone:	

<b>Signature</b>
<p>By entering or signing my name below:</p> <ul style="list-style-type: none"> <li>• I certify that every statement I have made in this application is true and correct to the best of my knowledge.</li> <li>• I understand that any false or incomplete information may be grounds for not being selected for THP+ services or for dismissing me after I begin receiving services.</li> <li>• I understand that I may be required to verify any and all information provided on this application.</li> <li>• I understand that this completed application is the property of the County of Riverside and will not be returned.</li> <li>• I have the right to receive a copy of this application.</li> <li>• I understand that my references may be contacted to verify information provided on this application.</li> <li>• I authorize Riverside County, Department of Public Social Services (DPSS) to verify the information provided in this form.</li> <li>• This authorization becomes effective as of my dated signature below. I may revoke this authorization at any time, except to the extent that action has already been taken, by providing signed written notice to the County of Riverside, Independent Living Program (ILP), at the address provided below. The authorization will cease on the date the written revocation request is received. If not revoked, this authorization will terminate two (2) years from the date of authorization.</li> </ul>


<p><b>SIGNATURE (Applicant)</b> <span style="margin-left: 200px;"><b>DATE</b></span></p>

<b>Application Submission</b>
<p>Send your completed application to the THP+ Coordinator by mail: ATTN: ILP, 10281 Kidd Street, 2<sup>nd</sup> Floor Riverside, CA, 92503, by fax (951) 358-5155, or as an email attachment to <a href="mailto:ILP@rivco.org">ILP@rivco.org</a>. Probation clients submit the completed application as an e-mail attachment to <a href="mailto:Probation-ILP@rivco.org">Probation-ILP@rivco.org</a>.</p>