

**Transitional Housing
Placement Program (THPP)
APPLICATION
3530 Wilshire Boulevard, Suite 400
Los Angeles, CA 90010**

Office: (213) 351-0100 FAX: (213) 637-0035

**(THPP candidates are 16-18 years old in high school)
(To be completed by Children Social Worker and Probation Officer)**

Submit Application and Required Documents to:	
Terence Rice, THPP Program Manager.....	(213) 351-0124
Elizabeth Leon, Program Assistant.....	(562) 903-5271/(213) 351-0194
Derrick Dedmon, Program Assistant.....	(213) 351-0198
John B. Thompson, Deputy Probation Officer.....	(213) 351-0156
Monique Chanaiwa, DPO Supervisor.....	(213) 351-0152

(Please TYPE or PRINT your application)

Youth's Name:		Case Number:
Home:	Cell:	Other:
Address:		
City:	State:	Zip Code:
Birthday:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Placement:	Foster Home	FFA Home
	Group Home	Relative Caregiver
Placement Rate \$ _____		

ATTENTION

1. All required documents must accompany the THPP Application to expedite the assessment process.
2. Applications for youth must be assessed for a THPP interview.
3. **WIC 827 - Please delete reference to siblings in report(s).**

THPP Required Documents

1. Original THPP Application (CSW or Probation Officer or ILP Transition Coordinator to submit) Personal Statement, Page 8. (youth to complete).
2. Current Quarterly Report and Needs and Services Plan (if not included in quarterly report) or letter from placement, relative caregiver or foster care provider. Letter includes adjustment to placement, chores, school, behavior and interaction with adult and peers. (CSW or Probation Officer to submit).
3. Current Psychological Evaluation and/or significant psychological information regarding the youth's mental health. (CSW or Probation Officer to submit).
4. Current Court-Ordered Psychotropic Medication Authorization Form. (CSW or Probation Officer to submit).
5. Current Status Review Court Report, Transitional Independent Living Plan and Case Plan/Case Plan Update. (CSW or Probation Officer to submit).
6. Current Individualized Education Plan (IEP) or significant information regarding the youth's education plan. (CSW or Probation Officer to submit).
7. Reference letter of approval for youth to be assessed for the THPP. (CSW or Probation Officer to submit).
8. Copy of Social Security Card, California ID, Birth Certificate and Independent Living Program (ILP) Certificate or current referral for ILP classes. (CSW/DPO of youth to submit).
9. Current (final) report card or transcript, please include results of California High School Exit Exams, General Education Degree (GED) letter of verification, copy of high school diploma or GED if available. WE DO NOT ACCEPT progress report cards. (youth to submit).
10. Reference letter from the school counselor (on letterhead) outlining the Youth's anticipated graduation date, how many credits earned, the number of credits, and name of courses needed to satisfy the graduation requirements. (youth to submit).

DCFS/PROBATION INFORMATION

CSW/Probation Officer: _____
(Circle One)

Office: _____ Cell: _____ FAX: _____

Regional Office/ Address: _____

City: _____ State: _____ Zip Code: _____

CAREGIVER

Name: _____ Relationship _____

Home: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OTHER EMERGENCY CONTACT

Name: _____ Relationship _____

Home: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

YOUTH IDENTIFICATION

California Driver's License (CDL): Yes No

If yes, CDL Number: _____ Expiration Date: _____

California Identification Card (Ca.ID): Yes No

If yes, CA. ID Number: _____ Expiration Date: _____

Permanent Resident Card or Receipt of Application for Special Immigrant Juvenile (SIJ) Status Pursuant to 8 C.F.R. Section 204.11

Social Security Card: Yes No

If yes, your Last Four SSN Number: _____

Birth Certificate: Yes No

EDUCATION

Check the box for grade completed: 10th 11th 12th

Name of School: _____ Major (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office: _____ FAX: _____

Have you taken college preparatory classes? Yes No

If yes, list the classes: _____

What are your colleges of choice?

1. _____ 2. _____ 3. _____

Do you have any career/vocational goals? _____

MEDICAL INFORMATION

Doctor(s) Name: _____

Office: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

* List any health problems: _____

* Reason for last Doctor's Appointment: _____

* Do you have any allergies? Yes No

If yes, please explain _____

Dentist Name: _____

Office: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Psychiatrist Name: _____

Office: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Therapist/Counselor Name: _____

Office: _____ FAX: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INFORMATION(Continue?)

Do you take any medication? Yes No

If yes,

Name of Medication _____ Dosage _____

How many time per day _____

Reason Prescribed _____

Name of Medication _____ Dosage _____

How many time per day _____

Reason Prescribed _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

How long have you been employed _____

If yes, name of company: _____ Work: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Position: _____

Work Schedule (hours/days) _____

Supervisor's name: _____ Telephone: _____

Earnings per week \$ _____ Earnings per month \$ _____

SAVINGS

Do you currently have a checking account? Yes No

Do you currently have a savings account? Yes No

If yes, name of Bank: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CSW/ Probation Officer to Complete Court-Ordered Visitation Plan

Court-ordered visitation plan: Please list all court-ordered, monitored or unmonitored, and weekly or overnight visits.

Name: _____ **Relationship** _____

Home: _____ **Work:** _____ **Cell:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of Visits per Week: _____ **Monitored** **Unmonitored**

Name: _____ **Relationship** _____

Home: _____ **Work:** _____ **Cell:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of Visits per Week: _____ **Monitored** **Unmonitored**

Name: _____ **Relationship** _____

Home: _____ **Work:** _____ **Cell:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of Visits per Week: _____ **Monitored** **Unmonitored**

Name: _____ **Relationship** _____

Home: _____ **Work:** _____ **Cell:** _____

Address: _____

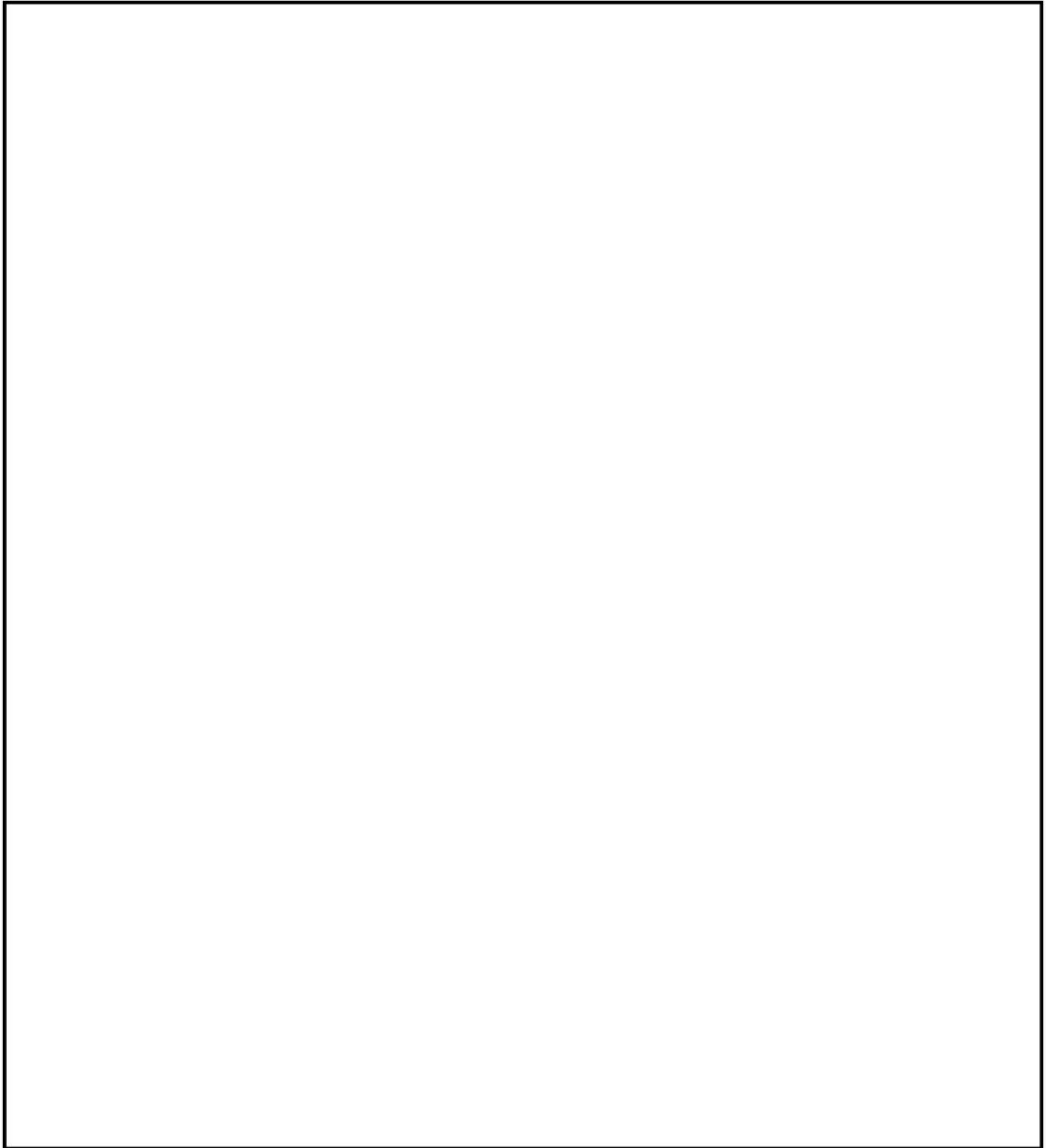
City: _____ **State:** _____ **Zip Code:** _____

Number of Visits per Week: _____ **Monitored** **Unmonitored**

YOUTH'S PERSONAL STATEMENT
(To be completed by Youth)

Tell us about yourself. For example, what do you enjoy doing in your free time? What are your plans for the future? Why do you want to participate in the Transitional Housing Placement Program? What are your employment goals? What are your educational goals or vocational (trade) goals?

(Additional pages maybe attached)

A large, empty rectangular box with a black border, intended for the youth to write their personal statement. The box is currently blank.