



INTAKE APPLICATION
Transitional Housing Placement Program (THPP) for NMD
NMD 18-21 YEARS OLD

(To be submitted by County Social Worker or Probation Officer)

Submit application and required documents to: placement@lovefocusyouth.org
 OR Fax to (866) 301-8868
 OR send to: Love Focus Youth Outreach P.O. BOX 3704 Merced, CA 95340

(Please TYPE or PRINT your application)			DATE:			
Youth's Name:					Case Number #:	
Home #:		Cell #:		Other #:		
E-mail address:						
Home Address:						
City:		State:		Zip Code:		
Birthdate:		Age:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
EDUCATION						
Check the box for grade completed 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> HSD <input type="checkbox"/> GED <input type="checkbox"/>						
Name of School:			Major (if applicable):			
Office #:		Fax #:				
Have you taken college preparatory classes? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, list the classes:						
What are your colleges of choice?						
1.		2.				

What are your career/vocational goals?					
Date Rec'd By THPP:					
PLACEMENT AGENCY INFORMATION					
CSW/PO:				Email:	
Office #:		Cell #:		Fax #:	
Regional Office Name:					
CSW/PO:				Office #:	
CAREGIVER					
Name:				Relationship:	
Home #:		Work #:		Cell #:	
PERMANENT ADULT CONNECTION					
Name:				Relationship:	
Home #:		Work #:		Cell #:	
Address:					
City:			State:	Zip Code:	
OTHER EMERGENCY CONTACT					
Name:				Relationship:	
Home #:		Work #:		Cell #:	
Address:					
City:			State:	Zip Code:	
HEALTH INFORMATION					
Doctor:					
Name:					
Office #:		Fax #:		Cell #:	
List any Health Problems:					
Reason for last Doctor's Appointment:					
Date of last annual medical exam/physical:				Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:					
Medications: (Please list all over-the-counter and prescription medication, including psychotropic medication you are currently taking)					

Dentist:			
Name:			
Office #:		Fax #:	Cell #:
Date of last dental exam:			
Psychiatrist:			
Name:			
Office #:		Fax #:	Cell #:
Therapist/Counselor:			
Name:			
Office #:		Fax #:	Cell #:
EMPLOYMENT INFORMATION			
ARE YOU CURRENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete below			
How long have you been employed?		Name of company:	
Address:			
City:		State:	Zip Code:
Job Position:			
Work schedule (hours/Days)			
Supervisor's name:			
Earnings per week \$			
Previous work/volunteer experience Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Company:		Dates:	
Job/Volunteer Position:			

ATTENTION

1. All required documents must accompany the THPP Application to expedite the assessment process.
2. **Please delete reference to siblings in report(s), per WIC 827**

THPP Required Documents Prior to Interview

1. Original THPP Application (County Social Worker or Probation Officer. (To submit) Personal Statement, Page 4 (Youth to complete).
2. Current Psychological Evaluation and/or significant psychological information regarding the youth's mental health (County Social Worker or Probation Officer. (To submit).
3. Current Status Review Court Report, Transitional Independent Living Plan and Case Plan/Case Plan Update (County Social Worker or Probation Officer. (To submit).
4. Current Individualized Education Plan (IEP) or significant information regarding the youth's education plan (County Social Worker or Probation Officer. (To submit).
5. Current 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.(Youth to submit).

THPP Required Documents Prior to Final Acceptance

6. 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 (County Social Worker or Probation Officer. (To submit).
7. Current Court-Ordered Psychotropic Medication Authorization Form (County Social Worker or Probation Officer. (To submit, IF YOUTH IS TAKING MEDS).
8. Reference letter of approval for youth to be assessed for the THPP ((County Social Worker or Probation Officer. (To submit).
9. Copy of Social Security Card, California ID/DL, Birth Certificate and Independent Living Program (ILP) Certificate or current referral for ILP classes (County Social Worker or Probation Officer to submit).
10. School Status Report/Graduation Check from the school counselor (on letterhead) outlining the Youth's anticipated graduation date, how many credits earned, the number of credits required to graduate, and name of courses needed to satisfy the graduation requirements (Youth to submit).
11. Medical, Dental (CSW to submit).
12. Court Ordered visitation plan- Please list all court-ordered, monitored or unmonitored, weekly or overnight visits. Including name, relationship, number of visits per week, and contact information (County Social Worker or Probation Officer to submit).