**Next Steps Collaborative**

Common Application

To be completed by or with client:

**Today’s Date:** //**Walk-in:**  **Phone:**

**Intake Staff:**      **Intake Agency:** BE First Place AbodeSide by Side Fred Finch

**General Information**

**Name:**       **DOB:      Age:       Pronouns (ex. She/he/they)**

**Street Address**:  **City**:  **State:**  **Zip**:

**Last four of SSN**:  **Phone:       Email Address:**

**Do you have children?** Yes  No  **If yes, how many are living with you?**

**Are you currently pregnant OR soon to be fathering a new child that you will have custody of?** Yes  No  Unknown

**Are you currently in foster care or in an out-of-home placement?** Yes  No

**If yes, what is your current placement?** Group Home  THP+  Foster Home  SILP  Other

**Please Specify:**  **If no, what was your emancipation date:      /     /**

**Are you currently on probation?** Yes  No­­  **Were you previously on probation?** Yes  No

**Name of current/last social worker:       Phone:       County:**

**Name of current/last probation officer:       Phone:       County:**

**Location & Housing**

**What Bay Area city or neighborhood best describes the location of the following people or things?**

Your job:

Your school:

Your kinship/family:

Your social network:

Where in Alameda County do you want to live:

**Do you feel you have safe and stable in housing?** Yes  No  **If no, do you need emergency shelter?** Yes  No

**What best describes your current living situation?**

Foster care or out of home placement >> Specify:    
 Renting own or shared housing (paying rent)  
 Living with relative or other person in stable housing (rent free)   
 College dorm  
 THP-Plus program >>Specify:   
 Other supportive transitional housing program >> Specify:   
 Motel or hotel   
 Other unstable housing situation (couch surfing with relatives, friends, or other people)   
 Emergency shelter, homeless or other unstable housing (street, car, etc.)  
 Institutionalized (just exited hospital, jail, mental health facility with no place to go) >> Specify:

Current foster care placement

**Do you require reasonable housing accommodation due to a disability**? Yes  No

If yes, please complete a reasonable accommodation request form.

**If you were to be placed into one of our housing programs, what type of housing do you think you would prefer? Please rank from first choice to last choice:**

Individual or shared apartment at scattered sites

Host home with a permanent adult

Community/single-site housing *(also known as staffed housing)*

**If interested in host housing, do you have a permanent adult that you can live with?** Yes  No Unknown  N/A

Name

Address

Phone

**Education & Employment**

**Have you obtained any of the following?** Certificate of Completion  GED  High School Diploma

**What best describes your current education status?**

Never attended high school

Dropped out of high school and not currently attending school

Attending high school or GED program

Received certificate of completion and not currently attending school

Received high school diploma/GED and not currently attending school

Attending vocational training school

Attending community college

Attending four year university

Obtained associates degree (AA) or technical degree and not currently attending school

Obtained bachelor’s degree

Other – Specify

**If not enrolled in school, are you interested in enrolling in school?** Yes  No

**Do you currently or did you previously have an IEP?** Yes  No

**If enrolled in school, what school?**

**What best describes your current employment status?**  
 Employed Part-Time  
 Employed Full-Time

Current Employer:Position:

Not employed but actively seeking employment

Not employed and not actively seeking employment

**If employed, what is your total income from employment in the last month?** $

**What is your primary source of income?** **Total monthly income from all sources:** $

**Wellness**

**Which of the following describes your general emotional state? (More than one is OK)**

Calm\_\_\_ Happy\_\_\_ Sad\_\_\_ Confused\_\_\_ A little depressed\_\_\_ Very depressed\_\_\_ Stressed\_\_ Anxious\_\_ Scared\_\_\_

None of them\_\_\_

**Have you ever had a mental health diagnosis?** Yes  No Unknown

**If yes, please specify**

**Do you currently have a therapist?** yes\_\_\_ no\_\_\_ If yes, Name:Phone:

*We will not contact your therapist without your permission.*

**Do you currently have a psychiatrist?** yes\_\_\_ no\_\_\_ If yes, Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*We will not contact your psychiatrist without your permission.*

**Do you receive SSI/SSDI:** yes\_\_\_ no\_\_\_ **If yes, what do you receive SSI/SSDI for?**

**Please list all prescription medication that you take.**

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Reason/ Purpose** | **Length** |
|  | * Physical Health * Mental Health * Other | * 30 days * 1-3 months * 1-2 years * On-going |
|  | * Physical Health * Mental Health * Other | * 30 days * 1-3 months * 1-2 years * On-going |
|  | * Physical Health * Mental Health * Other | * 30 days * 1-3 months * 1-2 years * On-going |

**Have you been hospitalized in the last two (2) years for one night or more?** Yes  No

Please explain why

**Have you ever been in a treatment program for substance abuse?** Yes  No

**If yes, name of program and length of stay**

**Is your kinship/family network…:** Very supportive  Supportive  Not supportive  No contact

**Is your social network…:** Very supportive  Supportive  Not supportive  No contact

**Have you been convicted of a violent felony as an adult?** yes\_\_\_ no\_\_\_

**Do you have health insurance?** No Yes, MediCal  Yes, other health insurance >> Specify insurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If insured** >> MediCal #  MediCal Issue Date:  Other Insurance ID #

**Support**

**What can we help you with?** Housing\_\_\_ Employment\_\_\_ Education\_\_\_ Other\_\_\_ >> Specify:

**What are your educational goals and how do you think our program could help you achieve them?**

**What are your employment goals and how do you think our program could help you achieve them?**

**How would you describe yourself?**

**What are your greatest strengths that would help you be successful in our program?**

**What are some things that are getting in the way of your goals and/or challenges?**

**Have you ever been housed by a THP+ program or transitional housing program, such as First Place for Youth, Beyond Emancipation, Project Independence/Abode Services (TRI City Homeless Coalition), or Bay Area Youth Centers (RAF A)?**  Yes  No  **If yes, which one(s) and for how long?** Agency(ies):  # of Months:

**Have you applied to other housing programs** Yes  No   **If yes, which program(s)?**

***APPLICANT SIGNAUTRE:*       *DATE:***