

EDUCATIONAL & TREATMENT COUNCIL, INC.

TRANSITIONAL LIVING PROGRAM

P.O. Box 864
Lake Charles, LA 70602-0864

Fax (337) 433-8638
Telephone (337) 433-8636

Transitional Living Program Application

Date: _____

Name: _____ Age: _____ Date of Birth: _____

SS# ____-____-____ City of Birth: _____

Do you best identify yourself as: Female Male Other _____

Current Address: _____
Street City Zip Code

Your Cell Phone # (if you have one): _____ Can you send/receive texts: Yes No

Your Email (if you have one): _____

How else can we contact you: _____
(Work number, friend/family number, alternate email address, etc.)

Do you best identify yourself as:

- Heterosexual (straight)
- Gay
- Lesbian
- Bi-Sexual
- Prefer not to respond

Legal Status

- Adult
- Minor
- Emancipated (by a Judge)

Ethnicity (check all that apply)

- African American/ Black
- Caucasian / White
- Asian
- Asian American
- Native American
- Native Hawaiian
- Alaskan Native
- Other Pacific Islander
- Other _____

<p>Check one: Hispanic ____ Non-Hispanic ____</p>
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Who referred you to the Transitional Living Program or how did you hear about us?

Please describe your current living situation: _____

Have you ever been in the custody of the Department of Children and Family Services (foster care) or the Office of Juvenile Justice (state juvenile justice system)? Yes No

Are you currently involved with the Criminal Justice System? Yes No

Do you have any outstanding warrants? Yes No

If you are a minor (17 years old or younger), who is your current Guardian? (Parent, relative, State of Louisiana, etc.) Please indicate below.

Name of Guardian: _____ Relation: _____

Contact Information for Guardian: _____
(phone, email, and/or address)

Do you have the following documents? (check all that apply)

Birth Certificate Social Security Card ID Card Driver's License Immunization Record

Transportation

What is your current means of transportation?

Bus Personal Vehicle Friend/Relative Walk Bike

If you checked personal vehicle, do you have a valid driver's license and current insurance? Yes No

Education

Are you currently enrolled in school? Yes No

If so, what school? _____ Grade _____

If not enrolled in school, what is the highest level of education completed? _____

Do you want to further your education? Yes No

Employment

Are you currently employed? Yes No

If so, where do you work? _____

How long have you worked there? _____ to _____

How much do you make per hour? _____ How many hours a week do you work? _____

If not currently employed, please check the box if any of the following prevents you from finding work:

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Little work history |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Health/mental health issues |
| <input type="checkbox"/> Child Care Issues | <input type="checkbox"/> History of drug/ alcohol abuse |
| <input type="checkbox"/> No Resume | <input type="checkbox"/> Other: _____ |

Resources

Please check the box if you receive financial assistance from the programs listed below; please identify the amount(s) you receive.

- | | |
|---|--|
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Medicaid # _____ |
| <input type="checkbox"/> Food Stamps \$ _____ | <input type="checkbox"/> SSI \$ _____ |
| <input type="checkbox"/> WIC \$ _____ | <input type="checkbox"/> Other Program _____ Amount \$ _____ |

Physical and Mental Health

Do you currently have any physical or medical health concerns? Yes No

If yes, please describe: _____

Have you ever had mental health counseling or diagnosis? Yes No

If yes, please describe: _____

Have you ever attempted suicide or been hospitalized? Yes No

If yes, please list the date of your last attempt and/or the date, place, & reason for your last hospitalization:

Are you taking any medication for physical and/or mental health reasons? Yes No

If yes, please list all current medications and what they are for:

Type of Medication	Purpose of Medication

Alcohol/Tobacco/Drug Use – Please be honest as it helps us to better serve you

If you took a drug test today, would you pass? “Pass” means that you would test negative for any prescription medications (unless you have a prescription), Alcohol, and/or Illegal Drugs (including synthetics).

Yes, I could pass a drug test

No, I could not pass a drug test. I would test positive for _____

Parenting

Are you a parent? Yes No If yes, would your child(ren) be living with you at TLP? Yes No

What are the gender/ages of your child(ren): _____

Please explain the reasons we should choose you to participate in the program and what you hope to achieve?

What questions/concerns do you have about the program?

<p>FOR OFFICE USE ONLY: Date application received: _____ Disposition _____</p> <p>Notes/Follow Up/Referred To: _____</p> <p>_____</p>
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