

**San Joaquin County
Transitional Housing Referral/Eligibility Certification Form**



<p><u>Office Use Only</u></p> <p>Received: _____</p> <p>Eligible: Y ___ N ___</p> <p>Reason: _____</p>
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Date: _____

THP + Programs Check One Below:

Project Hope

Aspira THP+

Youth Moving On

Referring Party: CSW PO FFA Relative Other _____

Name: _____ Phone: _____

Worker # _____ Email: _____

Youth's Name: _____ DOB: ____/____/____

14-Digit State ID or Court #: _____ Age: _____

SS#: _____ - _____ - _____ Teen Parent: Yes ___ No ___ of how many? _____

Youth's Hm. Phone: () _____ Cell Phone: () _____

Youth's Email: _____ Caretaker/Placement: _____

Address of Youth/Caretaker: _____

Primary Language: _____ Secondary Language: _____

Is/Was minor a: Dependent (300) _____ Start Date: _____ End Date: _____

Ward (602) _____ Start Date: _____ End Date: _____

Date of Last/Next Emancipation Conference: _____

Expected Emancipation Date: _____ Will youth graduate HS/GED? _____

Has youth ever been diagnosed with a mental/physical disability? Yes ___ No ___
(If yes, please attach supporting documentation including IEPs or Psych. Eval.)

Has youth been referred to ILP? Yes ___ No ___ ILP Worker: _____

Has youth participated in other ILP(s)? Y ___ N ___ County? _____

Has there been a previous housing referral made for this youth? Yes ___ No ___
If yes, please list where and when: _____

Has this youth participated in THP-Plus in any other county? Yes ___ No ___
If so, which county(s)? _____ How long in program? _____



Release of Information for San Joaquin County THP-Plus Program

I _____, authorize the San Joaquin County
Print Name

Independent Living Program to release any/or all of my foster care and/or ILP records, both while in-care and aftercare but not limited to court reports, medical, dental, school and immunization records, criminal history, housing and disability status for the purpose of supporting my application and/or establishing my eligibility for the San Joaquin County Transitional Housing Program Plus (THP-Plus).

Signature of Applicant

Date

THP-Plus / ILP Coordinator

Date