

WOSMOH Housing Application / Youth Development Services

Tel: (805)-376-0472

www.wosmoh.org

Contact Information-Please Print

Name: _____ Application Date: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____ Gender(please circle): Male Female

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

E-Mail: _____ Date of Birth: _____ Age: _____

Last Four Social Security Number: _____ Primary Language: _____ 2nd Language: _____

Do you have a car and car insurance? (please circle) Yes No

Name of Car insurance: _____

Exp: _____

California ID/Driver's License?(please circle) Yes No, ID/Driver's License No. _____

Emergency Contact Information Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____

Referral/Agency Source _____

Name of person who referred you to transitional housing: _____

Relationship: _____ Agency: _____

Work Phone: _____ E-Mail: _____

Living Status

Were you ever in foster care? (please circle) yes No Were you ever in a group home (please circle) Yes No

Did you age-out of foster care? (please circle) Yes No Date you aged-out: _____

Living situation-(please circle): Homeless Family Shelter Friends Other _____

What county: _____

Are or were you ever in a THP? Yes No (if yes, which program?) _____

Do you have a mentor or other significant adult relationship? Yes No Where is the mentor located? _____

What is the relationship? _____

Do you have children? Yes No (if yes, how many children do you have?) _____

Education

Circle: Highest Grade Completed: Elementary: 5 6 Junior High: 7 8 High School: 9 10 11 12

Last School Attended and Location: _____ Units Completed _____

Month/ Year last attended _____

Do you have an Individual Education Plan? (please circle) Yes No

Do you possess one of the following? (please circle) High School Diploma / GED/Other _____ Date of High School Graduation: _____ Date Passed GED: _____ Last College/Trade School Attended: _____ Units Completed: _____
Financial aid/ Grants received: _____

Employment

Are you currently employed?(please circle) Yes No Full Time Part Time

Number of hours per week you work? _____

Name of Employer: _____

Address: _____ City: _____ Zip Code: _____ Supervisor Name: _____
Supervisor's Phone: _____ Date Hired: _____

Hourly Salary \$ _____ Monthly Salary: \$ _____

Title and Description of Duties: _____

Previous employer Name _____

Address _____ City _____

State: _____ Phone number: _____ Email address: _____

If not employed, what is your primary source of income? (please circle) General Relief /Social Security/ Insurance / No Income Other (explain): _____

Banking

Do you have a savings account?(please circle) Yes No Balance: _____

Are you saving money in any APP or other way?(please circle) Yes No Balance: _____

Do you have a checking account?(please circle) Yes No Balance: _____

Do you utilize Cash App ___ Venmo ___ Zelle ___

• Can you make a monthly budget or do you know how to?(please circle) Yes No • Do you pay bills on time? Yes No

Have you ever not paid bills on time in the past 3 to 6 months? Yes No

• Do you own credit cards? (please circle) Yes No Balance: _____

• Do you owe money on school loans?(please circle) Yes No Balance: _____

Do you receive any state/gov benefits?(please circle) Yes No (If yes, from where?) _____

Do you receive Cal Fresh _____ any other cash benefits _____

Medical/Psychiatric/Substance Abuse History

Do you have health insurance? Yes No (If yes, what insurance do you have?) _____

Do you have Medi-Cal?(please circle) Yes No Do you have private insurance?(please circle) Yes No

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Therapist: _____ Phone: _____

Please list any medical conditions past or present:

Please list any mental health issues past or present:

Please list any prescribed medications that you are currently taking:

Please list any medications that you have been prescribed in the past:

Are you still taking them consistently?

Have you ever been hospitalized? If so, please explain:

Do you drink alcohol?(please circle) Yes No, If yes, how often?

Have you ever used drugs including recreational drugs? (please circle) Yes No if yes please explain what types and how often _____

Are you currently using recreational drugs? Yes No

If Yes, what period of time and how often? _____

Do you smoke cigarettes or use an electric smoking device such as a vape? Yes No

Legal/Gang History

Are you or have you ever been on Probation?(please circle) Yes No Juvenile Adult

Please provide the name and contact number of your Probation/Parole Officer: _____

Please explain the nature of the incident? _____

Are you now or were you ever affiliated with a gang? Yes No Do you have Gang Registration? _____

What gang? _____ Current status: _____

Life Skill Knowledge

This is a FAITH Base Program Do you practice a certain religion? _____

what are your thoughts of being in a Christian Faith Base Program ?

Do you know how to cook? Yes No Please give an example of a well-balanced meal you know how to cook?

Do you know how to clean? Yes No Please describe how you would clean a kitchen.

Have you ever had a roommate? Yes No Was the experience positive or negative Explain:

How do you goal plan or plan for your responsibilities? Explain:

Are you able to share a room with a roommate? Yes No

Do you know how to use public transportation? Yes No Do you have any pets? Yes No

How do you feel about not being able to bring unapproved visitors to the housing or inside the housing?

Personal Goals

Please describe how getting into a Transitional Housing Program will help meet your short and long-term goals?

Please describe the current support systems in your life including friends, relatives, and significant others.

How many months do you want to live in a Transitional Housing Program? _____

Please add a list of three (3) references during the past three years:

Name:	Relationship:	Contact Number:	Address:

I certify that the information I have completed is true and correct to the best of my knowledge

Applicants Signature

Date

**The Transitional Age Youth Housing Application and supporting documentation/information is privileged and confidential and will be kept private. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal or misuse of this information is punishable by fine or imprisonment.