



Basin Dream Center Youth Application

Today's Date: _____

Referral Agency: _____ Referral Source: _____

GENERAL INFORMATION

Name: _____ DOB: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

SSN: _____ Driver's License # and State: _____

Primary Language: _____

Ethnicity: _____ Immigration Status: _____

Automobile (if any): Make: _____ Model: _____ Year: _____

Car Insurance? Yes _____ No _____ License Plate # _____

Are you currently pregnant? Yes _____ No _____ Unknown _____

Do you have children? Yes _____ No _____ If yes, how many? _____

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 _____

If no, what was your emancipation date? _____

Are you currently on probation? Yes _____ No _____

Were you previously on probations? Yes _____ No _____

Name of current/last probation officer: _____

Phone: _____ County: _____

Name of current/last social worker: _____

Phone: _____ County: _____

EDUCATION

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

_____ Obtained vocational training school certificate of completion

_____ Attending Community College

_____ Attending four year university

_____ Other — Specify

If enrolled in school, what school? _____

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

Have you ever been enrolled in special education classes? Yes _____ No _____

What grades? _____

Reason? _____

Do you currently or did you previously have an IEP (individualized education plan)?

Yes _____ No _____

EMPLOYMENT

What best describes your current employment status?

_____ Employed part-time

_____ Employed full-time

_____ Not employed but actively seeking employment

_____ Not employed and not actively seeking employment

If employed:

Current employer: _____

Position: _____

Length of time employed here: _____

Total income from employment in the last month \$ _____

If you are not currently employed, have you ever had a job? Yes _____ No _____

How many jobs have you had? _____

Where were you last employed? _____

What were you doing? _____

Why did you leave employment? _____

WELLNESS AND GROUP LIFE QUESTIONS

Which of the following describes your general emotional state? (Choose as many as you'd like)

Stable _____ Happy _____ Sad _____ Confused _____ Angry _____

A little depressed _____ Very depressed _____ Unstable _____ Mood Swings _____

None of the above (if so, please describe your emotional state): _____

When was the last time you saw a medical doctor? _____

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

If yes, please specify: _____

Do you currently have a therapist/counselor? Yes _____ No _____

If yes, Name: _____ Phone: _____

Last appointment date: _____

We will not contact your therapist without your permission.

Do you currently have a psychiatrist? Yes _____ No _____

If yes, Name: _____ Phone: _____

Last appointment date: _____

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 describe your overall health: _____

Do you smoke? Yes _____ No _____ If yes, how many cigarettes per day? _____

Do you understand that no smoking is allowed at BDCO? Yes_____No_____

If admitted into the BDCO program, will you comply with the rules against smoking on the BDCO properties? Yes_____No_____

Please list all prescription medications that you take:

| Medication Name/Dosage | Reason/Purpose | Length of Time |
|------------------------|--|---|
| | ___Physical Health ___Mental Health ___Other | ___How many days? ___How many months? ___How many years? ___On-going |
| | ___Physical Health ___Mental Health ___Other | ___How many days? ___How many months? ___How many years? ___On-going |
| | ___Physical Health ___Mental Health ___Other | ___How many days? ___How many months? ___How many years? ___On-going |

Have you been hospitalized in the last two years? Yes_____No_____

If yes, 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: _____

Have you been convicted of a felony? Yes_____No_____

Do you have outstanding warrants? Yes_____No_____

Are you on probation or parole? Yes _____ No _____

If yes, please explain _____

What keeps you from living or staying with your family? _____

Is your kinship/family network:

Very supportive _____ Supportive _____ Not supportive _____ No contact _____

Is your social network:

Very supportive _____ Supportive _____ Not supportive _____ No contact _____

Do you have health insurance? Yes _____ No _____

_____ Medicaid

Medicaid # _____ Medicaid Issue date _____

_____ Other Insurance - Specify Insurer _____

Other health insurance ID# _____

Will you pass a drug test? Yes _____ No _____

There are mandatory house meetings and other meetings as necessary at BDCO. Are you willing to attend? Yes _____ No _____

You will have 1-2 roommates. Will you have problems living and getting along with a roommate? Yes _____ No _____

You will need to keep your room clean, clean the bathroom, learn and prepare meals and clean up afterwards, and perform other chores. Will you be willing to do that?

Yes _____ No _____

A plan will be developed with and for you. You will need to meet with a Case Manager or the Director to discuss your progress and be given suggestions to help you achieve your goals.

What qualities do you bring that will help you stay on track? _____

INCOME

What are your sources of funds and/or income? (check all that apply)

____ Social security or other government sources

____ Other family sources

____ Employment

____ Education grant

____ Student loans

Total monthly funds from all sources: \$ _____

LOCATION AND HOUSING

What city best describes the location of the following people or things?

Your job: _____

Your school: _____

Your kinship/family network: _____

Your social network: _____

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
 - _____ Transitional Housing Program (THP): Specify _____
 - _____ Other supportive transitional living housing program: Specify _____
 - _____ Motel or hotel
 - _____ Other unstable housing situation (couch surfing with relatives, friends or other)
 - _____ Emergency shelter, homeless or other unstable housing (street, car, etc.)
 - _____ Institutionalized (just exited hospital, jail, or mental health facility with no place to go)
- Specify _____

PERSONAL CHARACTERISTICS, STRENGTHS, GOALS AND NEEDS?

How would you describe yourself? _____

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? _____

Besides helping you achieve educational and employment goals, what else can we help you with? _____

What are some things that are getting in the way of your goals? _____

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

Have you ever lived in a transitional housing program? Yes _____ No _____

If yes, which ones and for how long?

Agency: _____

When? _____ # of Months _____

Reason for leaving? _____

Have you applied to other housing programs? Yes _____ No _____

If yes, which program(s)? _____

If yes, when did you apply? _____

Were you admitted? Yes _____ No _____

If not, why not? _____

If so, why didn't you go? _____

How did you hear about BDCO? _____

What is it about BDCO that makes you think it might be a good place for you? _____

What else, if anything, do you think we should know about you or your situation in considering your application? _____

Did you complete this application by yourself or with assistance? If you had assistance, who helped you complete the application? _____

APPLICANT SIGNATURE

DATE