

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Please list any other last names you have had:\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age\_\_\_\_\_ Gender\_\_\_\_\_

Social Security #\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Current Phone/Cell # \_\_\_\_-\_\_\_\_-\_\_\_\_\_ Back-up Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_\_

E-mail address :\_\_\_\_\_

Current Mailing Address :\_\_\_\_\_

Street / (Apt. #) City State Zip

**PART I: REFERRAL SOURCE**

**If you were referred to BSH by someone in an organization, please provide the following information:**

Name of organization and name of contact person	phone number/email
_____	(____)-____-_____
_____	

**If you were referred to BSH by someone you know personally, Please provide the following :**

Name of person and their relation to you	phone number/email
_____	(____)-____-_____
_____	

**If no agency or person referred you, then how did you learn about the Transitional Home:**

\_\_\_\_\_

**PART II: Living Situation**

**How long have you lived at your current residence?** \_\_\_\_\_

**With whom do you currently live?** (l.e. alone, parents, boyfriend, other)

\_\_\_\_\_

**Are you currently in foster care or extended foster care program? (YES) (NO)**

**Have you ever been in foster care? If yes when?** \_\_\_\_\_

**Did you age out of foster care?, if yes; when** \_\_\_\_\_

**Have you been evicted from a living situation within the past 2 years?** \_\_\_\_\_

**If yes please explain:** \_\_\_\_\_

\_\_\_\_\_

**PART III: EDUCATION**

**Highest grade you have completed in school?** \_\_\_\_\_

**Do you have a high school diploma?** \_\_\_\_\_

**Did you complete the GED?** \_\_\_\_\_

**Have you taken college courses?** \_\_\_\_\_

**Are you currently attending school?** \_\_\_\_\_

**If you are currently attending school, please complete the information below**

**Name of school and hours attended per week?** \_\_\_\_\_

**What is the name of the last school that you attended?** \_\_\_\_\_

**Did you attend full-time or part-time?** \_\_\_\_\_

**PART IV: WORK, FINANCIAL STATUS & TRANSPORTATION**

**Are you currently employed? (YES) ( NO)**

**If YES, please list the name of your current employer(s) and indicate the number of hours you work per week at each job:**

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**If you are NOT working, please check the statement below that best describes your current situation:**

I am not employed and I am actively looking for employment

I am not employed because I am in school.

I am unable to work due to a physical disability, a developmental disability, or an illness.

I am not employed and am not currently looking for work.

**What are your other sources of income or public assistance (Check All that Apply)**

SSI       Food Stamps       Medicaid       ETV

Scholarships       Financial Aid for college       Housing Voucher

Personal savings or checking account       Money from friends / family

Extended Foster Care (DCFS)

**Other sources of income/assistance:** \_\_\_\_\_

**Please indicate your means of transportation that you use? (Check All that Apply)**

I own my own car/ truck / motorcycle       My friends/family take me places

I use the public transportation system       I walk or ride a bike

I ride with coworker/ or fellow student to get to and from work and/ or school

Transportation is provided by either the place I live or the place I go to school

▪ If you own your own vehicle, please provide the license plate # \_\_\_\_\_

**Please list any other means of transportation that you use:** \_\_\_\_\_

#### **PART V: SOCIAL HISTORY**

**Have you ever been in trouble with the law? (YES) (NO)** If "yes", please explain

**Have you ever been arrested? (YES) (NO)** If "yes", please explain

**Are you currently on probation or parole? ( YES) (NO)** If "yes", please explain:

\_\_\_\_\_

**Do you have a protective order against you or is there a protective order in place for someone you have been involved with? ( YES) (NO)** If "yes", please explain:

\_\_\_\_\_

**Do you currently use any illegal drugs or alcohol? (YES) (NO)**

**Have you ever used then in the past? (YES) (NO)**

**If yes when was the last time? \_\_\_\_\_ List drug(s) used \_\_\_\_\_**

**how often do you use? \_\_\_\_\_**

**PART VI; MEDICAL/MENTAL HEALTH HISTORY**

**Have you had any serious illnesses during the past 5 years? (YES) (NO)**

**If yes, please describe:**

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**Do you have any current physical health concerns that need attention?**

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**Do you have any allergies ? (YES) (NO)**

**If yes please list:** \_\_\_\_\_

**Please list any physical problems or conditions that you may have:**

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**Please list any medications you are currently taking and the reason for the medication (including birth control)**

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**Do you struggle with any behavioral problems or mental health challenges? IF so please describe:**

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**Have you ever received counseling? (YES) (NO)**

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**What part of counseling was helpful for you?**

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**Are you currently receiving counseling services ? (YES) (NO)**

**PART VII: RELATIONSHIPS AND FAMILY**

**What is your current status? (Circle One): Single Married Divorced Separated**

Do you have a significant other who will be visiting you here? ( YES) (NO)

Do you have other close family or friends who are currently involved in your life?

Are there conflicts or stressors in these relationships?

Are you expecting a child? (YES) (NO)

If you answered "YES", when is the due date: \_\_\_\_\_

Are you under a doctor's care? (YES) (NO)

If you answered yes; give reason. \_\_\_\_\_

\_\_\_\_\_

Do you have children? (YES) (NO) How many children do you have? \_\_\_\_

Please provide the following information about your children:

Name: \_\_\_\_\_ DOB: \_\_ \_\_/ \_\_ \_\_ \_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_ \_\_/ \_\_ \_\_ \_\_ Gender: \_\_\_\_\_

Where do your children live and how often do you see them? \_\_\_\_\_

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**PART VIII: PERSONAL STATEMENT**

**Please tell us why you would like to enter the BSH program:**

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**What are your personal goals and how can this program help you achieve these goals?(If more room is needed continue on the back of the page**

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**I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief. I also confirm that in the event of any information provided by me is deemed false or untrue , BSH will be well within its rights to disqualify and/or terminate me from the program.**

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_