



# LGBT Sanctuary Palm Springs

Transitional Housing Placement Program- Non-Minor (THP-NMD) Application

DATE: \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_

**GENERAL INFORMATION**

NAME: \_\_\_\_\_ Case Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER IDENTITY:  Male  Female

Gender Fluid  Gender Non-Conforming  FtM Trans  Mtf Trans

Other \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_ (he, she, they, them).

Sexual Orientation:  Bisexual  Heterosexual  Lesbian/Gay  Pan

Questioning  Other \_\_\_\_\_

PARENTING:  Yes  No

If yes, Name(s) and Date(s) of Birth: \_\_\_\_\_

**PERMANENT ADULT CONNECTION: (Person who can always find you)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DCFS/PROBATION INFORMATION**

Are you currently in foster care or in an out-of-home placement?  Yes  No

If yes, what is your current placement: Group home  THPP-NMD  Foster home

SILP  OTHER (please specify) \_\_\_\_\_



# LGBT Sanctuary Palm Springs

If no, what was your emancipation date: \_\_\_\_\_

Are you currently on probation? \_\_\_ Yes \_\_\_ No Were you previously on probation? \_\_\_ Yes \_\_\_ No

Are you now or were you ever affiliated with a gang? \_\_\_ Yes \_\_\_ No

What gang? \_\_\_\_\_ Current Status: \_\_\_\_\_

Name of current / last social worker: \_\_\_\_\_ Office phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Name of County \_\_\_\_\_

Email: \_\_\_\_\_

Name of current/last probation officer: \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Name of County \_\_\_\_\_

Email: \_\_\_\_\_

**HEALTH CONDITIONS:**

MENTAL HEALTH DIAGNOSIS: (Past or present):

\_\_\_\_\_  
\_\_\_\_\_

THERAPIST/COUNSELOR NAME: \_\_\_\_\_

Office # \_\_\_\_\_ Cell # \_\_\_\_\_

Medications: (Please list all over-the-counter and prescription medication, including psychotropic medication you are currently taking)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized in the last 2 years? \_\_\_ Yes \_\_\_ No

If yes, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in a program for substance abuse? \_\_\_ Yes \_\_\_ No

If yes, name of program and length of stay,

\_\_\_\_\_  
\_\_\_\_\_



# LGBT Sanctuary Palm Springs

## EDUCATION

HIGHEST GRADE COMPLETED \_\_\_ 9<sup>TH</sup> \_\_\_ 10<sup>TH</sup> \_\_\_ 11<sup>TH</sup> \_\_\_ 12<sup>TH</sup> HS Diploma \_\_\_ GED

NAME OF HIGH SCHOOL: \_\_\_\_\_ GRAD. DATE: \_\_\_\_\_

COLLEGE/TRADE SCHOOL \_\_\_\_\_ UNITS COMPETED \_\_\_\_\_

HAVE EARNED A(AN): \_\_\_ AA/AS Degree \_\_\_ Vocational certificate

\_\_\_ Other, explain \_\_\_\_\_

## EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED? \_\_\_ Yes \_\_\_ No If **Yes**, complete below

How long have you been employed? \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Position: \_\_\_\_\_

Work Schedule (Hours/Days): \_\_\_\_\_

Supervisors Name: \_ \_\_\_\_\_ Phone # \_\_\_\_\_

Earnings per hour: \_\_\_\_\_

Previous work/volunteer experience \_\_\_ Yes \_\_\_ No

Name of Company: \_\_\_\_\_ Dates: \_\_\_\_\_

Job/Volunteer Position: \_\_\_\_\_

## EXTENDED FOSTER CARE ELIGIBILITY CRITERIA: (Attach SOC 161 to this application)

Select the criteria that apply:

\_\_\_ Complete secondary education/equivalent credential

\_\_\_ Enroll in post-secondary/vocational education institution

\_\_\_ Employed at least 80 hours per month

\_\_\_ Participating in an activity designed to promote or remove barriers to employment

\_\_\_ Incapable of doing any above activities due to medical condition



# LGBT Sanctuary Palm Springs

YOUTH’S PERSONAL STATEMENT (Please complete or attach your personal statement)

Tell us about yourself. What do you enjoy doing in your free time? What are your plans for the future? Why do you want to participate in the LGBT Sanctuary Palm Springs, Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD)? What are your employment goals? What are your educational and/or vocational goals?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Youth’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSW/DPO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Email completed application to [tnelson@sanctuarypalm Springs.org](mailto:tnelson@sanctuarypalm Springs.org) or mail to Sanctuary Palm Springs 555 S. Sunrise Way #203B, Palm Springs, CA 92264