Transitional Housing Placement Programs
821 Mendocino Avenue
Santa Rosa, CA 95401
T (707) 528-3020
F (707) 528-7699

To: Referring Placement Worker
From: THP Program Director

RE: Intake Process

In order to process your referral of a young adult to one of our Transitional Housing Programs, there are several documents we need.

The follow is a list of documents and information that needs to be provided to us for evaluation of program appropriateness for your client:

- ☐ Initial and current court reports
- ☐ Discharge Report from past placements
- ☐ Psychological Evaluations *(if applicable)*
- ☐ Psychiatric Medication Summaries *(if applicable)*
- ☐ Most current I.E.P. *(if applicable)*
- ☐ Transitional Independent Living Plan *(TILP)*
- ☐ Referral Form *(included)*
- ☐ Risk Assessment Questionnaire *(included)*
- ☐ Youth Application *(included)*
- ☐ Letter from youth stating that they understand the THPP program and the reasons why they wish to participate

The following documentation must be provided upon intake:

- ☐ California ID--Please note that clients without a valid ID may be denied program entrance
- ☐ Copy of Birth Certificate
- ☐ Proof of Medical Insurance
- ☐ Foster Care Verification form on County letterhead. Include dates of care and DOB

For youth under 18 years of age:

- ☐ Medical Consent *(included)*
- ☐ Health & Education Passport

Please include the above documents as part of a complete application so that a timely decision can be made.

Sincerely,
THP Program Director

Referral Form

Transitional Housing Programs
077-THPP

Date of Referral	Referred by	Phone Number	Program
			☐ THPP ☐ THP+FC ☐THP+

Youth Information

Name	Birth Date	Age

Gender	Ethnicity	Case Number

Current Address

Foster Parent/Group Home Contact (if applicable)	Phone Number

Other Contact (CASA, Therapist, etc)	Phone Number	Other Contact (CASA, Therapist, etc)	Phone Number

Current School	Project Graduation Date	Employment Status

Currently Active in ILP	ILP Coordinator
☐ Yes ☐ No	

Youth's Strength

Independent Living Goals

Please route referral form to the THP Program Director for review.

Competed referrals will be faxed or mailed to:
TLC Child and Family Services
Attention: Program Director
821 Mendocino Avenue
Santa Rosa, CA 95401
Fax (707) 528-7699

To be completed by the referring party

The following questionnaire is designed to assist in identifying specific issues that may affect the placement of and/or services to be provided to prospective participants. Depending upon the needs of the young adult, additional information may need to be gathered prior to the placement of a young adult in the transitional housing program. The questions on this form should be reviewed by the participant's placement worker prior to admission. If the answer to any of the questions on this form is yes; the intake staff will gather information to determine whether or not the transitional housing program will be able to admit the client and meet his/her needs.

Date:

Name:

Placement Status: CPS ☐ Probation ☐ Mental Health ☐ AAP ☐

A. ABUSE/NEGLECT

Does the participant have a history as a victim of any of the following?

YES	NO	
☐	☐	1. Physical abuse
☐	☐	2. Sexual abuse
☐	☐	3. Abandonment
☐	☐	4. Emotional abuse
☐	☐	5. Neglect
☐	☐	6. Medical neglect
☐	☐	7. Ritualistic abuse

If the answer to any of the above questions is yes, please describe the type and extent:

Any therapy the participant has received or requires:

Any special precautions to be taken in the care of the participant:

Names and relationships of any person he you is to have NO contact with:

B. DELINQUENCY

Does the participant have a history of any of the following?

YES	NO	
☐	☐	1. Offenses against people
☐	☐	2. Offenses against property
☐	☐	3. Drug or alcohol related offenses
☐	☐	4. Use of weapons
☐	☐	5. Arson
☐	☐	6. Sexual offenses
☐	☐	7. Truancy
☐	☐	8. Runaway
☐	☐	9. Gang activity
☐	☐	10. Stealing

If the answer to any of the above questions is yes, please describe the type and frequency of the activity:

The approximate date of the last involvement in the activity:

Gang affiliation, if any:

Is the youth currently on probation? ☐ Yes ☐ No

If yes, what are the conditions that may impact placement?

What were the charges?

C. Mental/developmental status

Do any of the following apply to the participant?

YES	NO	
☐	☐	1. Mental disorder (DSM, current revision, diagnosis)
☐	☐	2. Developmental disability
☐	☐	3. Deficits in self help skills
☐	☐	4. Requires psychotropic medications
☐	☐	5. Special education pupil, certified, Seriously Emotionally Disturbed

If the answer to any of the above questions is yes, please provide the following information.

Is the participant eligible for and/or receiving services through a Regional Center? If yes, please give the provider name and summary of services:

Does the participant have a DSM diagnosis? If yes, please list any past or current treatment:

Has the participant ever been an inpatient of a mental health facility or developmental center? If yes, please provide the dates, reasons, and location of hospitalizations:

D. HEALTH STATUS

Participant's primary physician's name and phone:

YES NO

☐ ☐ Does the participant use any prescription medications? If yes, please list prescription:

Does the participant have any of the following?

YES	NO	
☐	☐	1. Asthma
☐	☐	2. Epilepsy
☐	☐	3. Allergies
☐	☐	4. Diabetes
☐	☐	5. Eating disorder
☐	☐	6. Visual impairment
☐	☐	7. Hearing impairment
☐	☐	8. Infectious disease
☐	☐	9. Special diet
☐	☐	10. Pregnancy
☐	☐	11. Chronic medical conditions
☐	☐	12. Physical limitations

If the answer to any of the above is yes, please describe the type and severity of the condition:

The treatment the participant is receiving for the condition:

Any limitations due to the condition:

Any special services required due to the condition:

E. ALCOHOL/DRUG USE

Does the participant have a history of drug or alcohol use?

YES NO

☐ ☐

If yes, please describe the types of drugs, alcohol or inhalants used:

Frequency of use:

Are there any current concerns regarding the use of regarding the use of drugs or alcohol?

YES NO

☐ ☐

If the answer to any of the above is yes, please describe.

F. BEHAVIORS

Does the participant have a history of any of the following?

YES	NO	
☐	☐	1. Non-compliance
☐	☐	2. Resistance to authority
☐	☐	3. Temper tantrums
☐	☐	4. Verbal abusiveness
☐	☐	5. Self-harm or suicide attempts
☐	☐	6. Restlessness or hyperactivity
☐	☐	7. Depression or withdrawal
☐	☐	8. Anxiety
☐	☐	9. Lying
☐	☐	10. Inappropriate sexual behavior
☐	☐	11. Medication non-compliance
☐	☐	12. Refusal of medical treatment

If the answer to any of the above is yes, please describe the behavior(s):

The frequency and duration of the behavior(s):

The approximate date of the last occurrence of the behavior(s):

Anything that seems to trigger the behavior(s):

Strategies to deal with the behavior(s):

____ __________________________________

Name of professional filling out this form Date

____

Signature of professional filling out this form

Youth Application

Transitional Housing Programs

105-THPP

Name:	Gender:	Date:
Address:	City:	Zip:

Birth Date:	Phone: ( )

Current Living Situation:

Current Medications:

Current Goals:

Education Information

Current School:	Grade Level:

Address:

Phone Number:

CAHSEE Passed: ☐ Yes ☐ No	Units Completed:	Projected Graduation Date:

Current Employment Information

Current Employer:	Number of hours worked per week:

Address:

Phone Number:

Date Employed:	Supervisor:	Hourly Wage:

I have voluntarily filled out this application and would like to be considered for participation in the Transitional Housing Placement Program. To the best of my knowledge, all of the above information is true and correct.

_______________________________ _______________

Signature of applicant Date