

ILP Verification of Emancipation Status/Consent For Release of Information
LA County Department of Children & Family Services/ Department of Probation

IDENTIFIED SPA:

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ **Date:** _____

SERVICE AGENCY INFORMATION (Please Print)

Agency Name: _____ Email: _____

Agency Address: _____

Phone Number: _____ **Fax Number:** _____

Employee Name: _____ Employee Title: _____

I, _____, an employee of _____, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: _____ **Date:** _____

SERVICE AGENCY TO SEND COMPLETED FORM:

DCFS Youth: _____ to THP-Plus-ClosedCases@dcfs.lacounty.gov

Probation Youth: _____ to Gregory Lindsey at (213) 637-0036 Gregory.Lindsey@probation.lacounty.gov

TO BE COMPLETED BY LA COUNTY DCFS SHD OR DEPT. OF PROBATION STAFF ONLY

ILP THP Housing (For youth, ages 18 up to 21)

TLP/ CoC Housing (For youth, ages 18 up to 24)

The above mentioned client is/was a current/former foster youth or received services from either the L.A. or _____ County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

THP+ Housing (For youth, ages 18 up to 24)

The above mentioned client *aged-out* of foster care from either the L. A. or _____ County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.

Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ **No:** _____ Projected Term Date if known: _____

Case Termination Date: _____ **ILP Eligible: Yes:** _____ **No:** _____

DCFS/PROBATION HOUSING SPECIALIST NAME

DCFS/PROBATION HOUSING SPECIALIST SIGNATURE Title Date

ILP Eligibility criteria can be found on www.ILPOnline.org

TRANSITIONAL HOUSING PROGRAMS APPLICATION

Supportive Housing Division

1933 Broadway 6th Floor

Los Angeles, CA 90007

Tel: (213) 763-3849

General Information

(Please Print)

Name: _____ Application Date: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____ Gender: Female Male Transgender

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

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

Last Four Social Security Number: _____ Primary Language: _____

Did you age-out of foster care? Yes No Date you aged-out: _____

Living situation: Homeless Family Shelter Friends Other _____

Do you have a mentor or other significant adult relationship? Yes No

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

Do you have a California ID/Driver's License? Yes No ID/Driver's License No. _____

In which city/cities are you willing to live? List in order of preference: 1) _____

2) _____ 3) _____ 4) _____ 5) _____

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: _____

Medical/Psychiatric/Substance Abuse History

Do you have Medi-Cal? Yes No

Do you have private insurance? Yes No

Doctor's Name: _____

Phone No. _____

Dentist's Name: _____

Phone No. _____

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: _____

Have you ever been hospitalized? If yes, please explain: _____

Do you drink alcohol? Yes No If yes, how often? _____

Do you currently use drugs? Yes No If yes, what types and how often do you use them?

Do you smoke cigarettes? Yes No

Legal/Gang History

Are you or have you ever been on Probation/Parole? Yes No

If yes, please check the appropriate box: Juvenile Adult

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

If you are on Probation/Parole, please explain the nature of the incident? _____

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

What gang? _____ Current status: _____

Life Skill Knowledge

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 would you clean a kitchen? _____

Have you ever had a roommate? Yes No

If yes, was the experience positive or negative? (Explain): _____

- Can you make a monthly budget? Yes No
- Do you pay bills on time? Yes No
- Do you own credit cards? Yes No
- Do you owe money on school loans? Yes No
- Do you know how to use public transportation? Yes No
- Do you have any pets? Yes No

Personal Goals

Please describe how getting into a transitional housing program will help meet your short and long term goals?

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

Applicant's Signature

Date

****The Transitional Age Youth Housing Application and supporting documentation/information is privileged and confidential. 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 and/or imprisonment.**