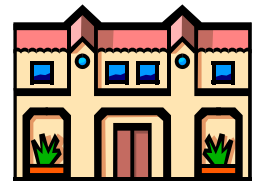


**Transitional Housing Placement Program (THPP)  
APPLICATION**



THPP candidates are 16-17 years old in high school

(To be submitted by Children’s Social Worker)

Submit application and required documents to: [thpp@dcs.lacounty.gov](mailto:thpp@dcs.lacounty.gov) or send to:

Walter Brooks, THPP Program Assistant..... [brookw@dcs.lacounty.gov](mailto:brookw@dcs.lacounty.gov)

3530 Wilshire Boulevard, Suite 400, Los Angeles, CA 90010 Office: (213) 351-0197 Fax: (213) 637-0035

(Please TYPE or PRINT your application)		DATE:			
Youth’s Name:			Case Number #:		
Home #:		Cell#:		Other #:	
E-mail address:					
Home Address:					
City:		State:		Zip Code:	
Birthday:		Age:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b><u>EDUCATION</u></b>					
Check the box for grade completed <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> HSD <input type="checkbox"/> GED					
Name of School:			Major (if applicable):		
Office #:		Fax #:			
Have you taken college preparatory classes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list the classes:					
What are your colleges of choice?					
1.		2.		3.	
What are your career/vocational goals?					
Date Rec’d By THPP:					

<b><u>DCFS INFORMATION</u></b>					
CSW:		Email:			
Office #:		Cell #:		Fax #:	
Regional Office Name:					
SCSW:		Office #:			
<b><u>CAREGIVER</u></b>					
Name:		Relationship:			
Home #:		Work #:		Cell #:	
<b><u>PERMANENT ADULT CONNECTION</u></b>					
Name:		Relationship:			
Home #:		Work #:		Cell #:	
Address:					
City:		State:		Zip Code:	
<b><u>OTHER EMERGENCY CONTACT</u></b>					
Name:		Relationship:			
Home #:		Work #:		Cell #:	
Address:					
City:		State:		Zip Code:	
<b><u>HEALTH INFORMATION</u></b>					
<b><u>Doctor:</u></b>					
Name:					
Office #:		Fax #:		Cell #:	
List any Health Problems:					
Reason for last Doctor's Appointment:					
Date of last annual medical exam/physical:			Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:					
<b><u>Medications:</u></b> (Please list all over-the-counter and prescription medication, including psychotropic medication you are currently taking)					

<b><u>Dentist:</u></b>				
Name:				
Office #:		Fax #:		Cell #:
Date of last dental exam:				
<b><u>Psychiatrist:</u></b>				
Name:				
Office #:		Fax #:		Cell #:
<b><u>Therapist/Counselor:</u></b>				
Name:				
Office #:		Fax #:		Cell #:
<b><u>EMPLOYMENT INFORMATION</u></b>				
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, complete below				
How long have you been employed?		Name of company:		
Address:				
City:		State:		Zip Code:
Job Position:				
Work schedule (hours/Days)				
Supervisor's name:				
Earnings per week \$				
<b>Previous work/volunteer experience</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Company:		Dates:		
Job/Volunteer Position:				



**ATTENTION**

1. All required documents must accompany the THPP Application to expedite the assessment process.
2. **Please delete reference to siblings in report(s), per WIC 827**

**THPP Required Documents Prior to Interview**

1.  Original THPP Application (CSW or ILP Transition Coordinator to submit) Personal Statement, Page 4 (Youth to complete).
2.  Current Psychological Evaluation and/or significant psychological information regarding the youth's mental health (CSW to submit).
3.  Current Status Review Court Report, Transitional Independent Living Plan and Case Plan/Case Plan Update (CSW to submit).
4.  Current Individualized Education Plan (IEP) or significant information regarding the youth's education plan (CSW to submit).
5.  Current transcript, please include results of California High School Exit Exams, General Education Degree (GED) letter of verification, copy of high school diploma or GED if available.(Youth to submit).

**THPP Required Documents Prior to Final Acceptance**

6.  Current Quarterly Report and Needs and Services Plan (if not included in quarterly report) or letter from placement, relative caregiver or foster care provider. Letter includes adjustment to placement, chores, school, behavior and interaction with adult and peers (CSW to submit).
7.  Current Court-Ordered Psychotropic Medication Authorization Form (CSW to submit, IF YOUTH IS TAKING MEDS).
8.  Reference letter of approval for youth to be assessed for the THPP (CSW to submit).
9.  Copy of Social Security Card, California ID/DL, Birth Certificate and Independent Living Program (ILP) Certificate or current referral for ILP classes (CSW to submit).
10.  School Status Report/Graduation Check from the school counselor (on letterhead) outlining the Youth's anticipated graduation date, how many credits earned, the number of credits required to graduate, and name of courses needed to satisfy the graduation requirements (Youth to submit).
11.  DCFS 561 Medical, DCFS 561 Dental (CSW to submit).
12.  Court Ordered visitation plan- Please list all court-ordered, monitored or unmonitored, weekly or over night visits. Including name, relationship, number of visits per week, and contact information (CSW to submit).