

Wings of the Harbor Resident Application

PLEASE NOTE: ALL INFORMATION ON THIS FORM WILL BE TREATED CONFIDENTIALLY.
No person or agency, other than yourself, will be contacted without your knowledge and consent.

REFERRAL INFORMATION: (to be completed by program staff)

Referral Agency: _____ Phone: _____

Person who made the referral: _____ Relationship to Applicant: _____

Date Application Received: _____ Interviewed Date: _____

APPLICANT INFORMATION:

Legal Name (First, Middle, Last): _____ Gender: () Male () Female

Have you ever gone by any other names or changed your name legally? () No () Yes > _____

Age: _____ Date of Birth: _____ Birthplace City and State: _____

Most recent living situation:

- () Legal Guardian () Non-Custodial Parent () Relative's Home () Friend's Home
() Foster Home () Group Home () Shelter () Living Independently
() Psychiatric Hospital () Drug Treatment Center () Residential Program () Correction/Detention Center
() Runaway () On the streets () Other

Current Address: Street: _____ City _____ State: _____

Zip: _____ County: _____ How long at Address?: _____

How can we contact you?: Phone: _____ Alt. #: _____

Email: _____ Other: _____

Check all that apply to you:

- () Homeless () Runaway () Potential Runaway () Probation () Court Ward () Emancipated () None

BACKGROUND INFORMATION:

Mother's Name: _____ Place of Residence: _____

Father's Name: _____ Place of Residence: _____

If under 18, are you legally emancipated? () No / *Who is your Legal Guardian?* _____() Yes / *Date of Emancipation:* _____

() N/A

Are you adopted? () No () Yes

Have you ever been in foster care? () No () Yes / *Dates and reason for care?* _____
_____Have you ever been in a short or long-term residential program? () No () Yes / **Complete below:**

<u>Program Name</u>	<u>Location</u>	<u>Reason for Stay</u>	<u>Length of stay</u>
---------------------	-----------------	------------------------	-----------------------

Do you have any children or are you pregnant? () No () Yes / **Complete below:**

Due date if expecting: _____ Is the other parent involved? () Yes () No

Name: _____ Gender: _____ D.O.B. _____ Legal Guardian: _____

Name: _____ Gender: _____ D.O.B. _____ Legal Guardian: _____

Name: _____ Gender: _____ D.O.B. _____ Legal Guardian: _____

Do you currently have any tattoos or piercings? () No () Yes / *Describe:* _____

Do you agree to no new tattoos/piercings while at Wings without permission from your Legal Guardian and staff? () No () Yes

EDUCATION:

What best describes your current school situation?

() Obtained Diploma () Obtained G.E.D. () Attending school regularly () Attending school irregularly

() Suspended () Expelled () School not in session () Dropped out

If enrolled, name of current school or educational program: _____

Do you have any special education supports? () No () Yes / *What is your certification?* _____

Last date of attendance, if known: _____ Highest grade completed: _____

Previous schools attended:

<u>Name of School</u>	<u>From (Month/Year)</u>	<u>To (Month/Year)</u>
-----------------------	--------------------------	------------------------

EMPLOYMENT AND FINANCIAL:

Are you currently employed? () No () Yes / *Where?* _____ *How long?* _____

Are you willing to seek employment? () No / *Why and how will you support yourself?* _____

() Yes / *What kind of work are you interested in?* _____

Previous Employment:

<u>Employer / Job Title</u>	<u>Start Date / End Date</u>	<u>Reason for Job Ending</u>
-----------------------------	------------------------------	------------------------------

Do you receive any of the following or does a Guardian or Payee receive any of the following on your behalf?

Food Assistance Program/Bridge Card () Youth () Guardian () Other Payee: _____

Cash Assistance () Youth () Guardian () Other Payee: _____

Social Security Payments () Youth () Guardian () Other Payee: _____

Adoption Subsidies () Youth () Guardian () Other Payee: _____

Other: _____ () Youth () Guardian () Other Payee: _____

MEDICAL AND MENTAL HEALTH HISTORY:

Please list any current medical conditions or mental health concerns that you are being treated for including a diagnosis if given:

Please list any medications you have taken that have been prescribed:

Medication Dose Prescribed by Reason for Medication Dates Taken

Are you currently or have you ever been in outpatient counseling? () No () Yes / **Complete below:**

Agency/Organization Counselor/Therapist Dates of Services

Have you ever been hospitalized for psychiatric reasons? () No () Yes / **Complete below:**

Name of Hospital Reason for Treatment Dates of Treatment (month/year)

SUBSTANCE USE HISTORY:

Do you smoke cigarettes? () No () Yes / *Do you agree to no smoking on the premises?* () No () Yes

Have you ever used any drugs or alcohol? () No () Yes / **Answer all questions below:**

Please list any substances including alcohol that you have used in the past 24 months and state frequency of use:

Are you concerned about your drug/alcohol use? () No () Yes () Unsure
Have you ever tried to cut back on your use? () No () Yes () Unsure
Have you ever been annoyed when questioned about your use? () No () Yes () Unsure
Have you ever felt guilty about your use? () No () Yes () Unsure
Have you ever had an "eye opener" to get you started in the morning? () No () Yes () Unsure

SUBSTANCE USE HISTORY (continued):

Have you ever received any substance abuse treatment (outpatient or inpatient)? () No () Yes / **Complete below:**
Name of Program / Agency _____ Dates of Treatment (month/year) _____

LEGAL HISTORY:

Have you ever been arrested or in trouble with the law? () No () Yes / *Explain:* _____

Do you have any past, current, or pending legal charges? () No () Yes / *Charge(s) and date of incident(s):* _____

Do you have any upcoming court hearings? () No () Yes / *Reason and date of hearing:* _____

Are you currently on probation or parole? () No () Yes / **Complete below:**

Worker's name and number? _____

Any special requirement for probation or parole? _____

Are you currently AWOL from a court ordered placement and not in contact with your worker? () No () Yes / **Complete below:**

Name of placement? _____ *Date left?* _____

Are there any outstanding pick-up orders or warrants for your arrest? () No () Yes / **Complete below:**

Reason for order or warrant? _____

Have you ever been charged for a Criminal Sexual Conduct offense? () No () Yes / **Complete below:**

Official charge? _____ *Date of charge?* _____

PERSONAL STATEMENTS:

Entering Wings is a commitment to making changes in your life. The following personal statements will help us determine your willingness to make those changes. Please make your statements **AT LEAST 25 WORDS** in length. If you need more space than is provided, please use additional paper.

Wings provides a stable, semi-independent living situation for young people who do not have other options for a place to live. Please describe your current situation and how it developed:

If you are accepted, we will be providing you with a stable, safe place to live while you work on creating your own independent living situation. Please describe: A) What your future plans are, B) How living here fits in with those plans, C) What you plan to do while you are here, and D) How long you will need to live here

If accepted, you will be living in a house with 3 other residents (male or female), 24 hour adult staff, frequent visits by former residents and guests, and - at times - small children. Please identify any problems you may have adjusting to a group living situation, and give examples of how you resolve conflicts with other people.

REFERENCES

Is there anyone (other than family and friends) who we can call to provide information about your readiness to participate in Wings Transitional Living Program, school and work performance, ability to get along with others, and your personal character? (References may include counselors, teachers, supervisors, coaches, clergy, caseworkers, staff from a previous placement, mentors, etc.)

() No, I do not have any references () Yes, I have references / **Complete below:**

Reference #1:

Name: _____ Relationship: _____

Address: _____
Street Address City, State Zip

Contact Number: _____ { Staff Only: Has a release been signed? () No () Yes }

Reference #2:

Name: _____ Relationship: _____

Address: _____
Street Address City, State Zip

Contact Number: _____ { Staff Only: Has a release been signed? () No () Yes }

Please sign and date:

Applicant's Signature: _____ Date: _____

Thanks so much for your interest in Wings! We will contact you shortly to schedule a face-to-face interview. Please note that in the case that our program is full and you are determined to be eligible for services, we will add you to the waiting list.