

**Traverse Place**

**Transitional Living Program**

**Resident Application**

**Traverse Place**

512 S. Grand Traverse

Flint, MI 48502

**Contact:**

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**Eligibility**

Eligibility for Traverse Place is determined through an interview process with the resident and the following specific criteria must be met:

* **Admission between ages of 17 up to their 21st birthday**
* **Must be homeless or lacking regular housing**
* **Must not be dependent on drugs or alcohol**
* **Must not need specialized services for mental illness**
* **Willing to abide by program policies/procedures**
* **If 17 – must allow staff to contact parent/guardian**

**What you will Need to Bring**

The enclosed packet is provided by the Genesee County Youth Corporation. This packet is utilized by Traverse Place to choose the candidates best suited for the program. We ask that everyone who completes the packet include the following, if available:

* **Social Security Card**
* **Birth Certificate Driver’s**
* **License or State ID**
* **Medical Insurance Card**
* **Psychological Evaluation**

**Referral Source**

Help us to learn how to better communicate our message by sharing with us where you learned about us. How did you hear about Traverse Place?

Friend or relative TV or Radio Internet

Newspaper Flyer Employer

Another program School Phone book

Person/source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Traverse Place Transitional Living Program Initial Application**

Today’s Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

Month Date Year

**Identifying Information**

**Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Number and street) (Apt #) (City) (State) (Zip Code)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell home parent other

Age: \_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_’ \_\_\_\_\_\_” Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**Gender Identification:** Male Trans – male to female Fluid

Female Trans – female to male Questioning/Unsure

**Sexual Orientation:** Straight  Bi-sexual  Queer  Questioning/Unsure

Gay/Lesbian  Asexual  Pansexual  Unsure

**Race** (Check only one): Black/African American Caucasian/White

Hawaiian/Pacific Island Asian

Native American Bi-Racial

Multi-Racial Other

**Ethnicity** (Check only one): Hispanic Non-Hispanic

Do you have a **Valid Driver’s License**? Yes No

Do you have a **State Identification Card**? Yes No

Driver’s License or State ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you registered to **Vote**?Yes No

**Marital Status:** Never Married Living with a Partner

Married Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any children?**Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Are you involved in their life? Yes No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Are you involved in their life? Yes No

**Family Background Information**

**Mother’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Number and Street) (Apt #) (City) (State) (Zip Code)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed: Yes No Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Number and Street) (Apt #) (City) (State) (Zip Code)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed: Yes No Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have other **parental/adult figures** in your life Yes No

(grandparents, aunts, uncles, coach, pastor, family friend)?

If yes: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many **siblings** do you have? # of Brothers: \_\_\_\_\_ # of Sisters: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ who do they live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ who do they live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ who do they live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ who do they live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ who do they live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently belong to or associate with a **gang**? Yes No

Have you ever belonged to or associated with a gang? Yes No

Do you have family member(s) who have been involved in a gang? Yes No

Do you have a history of becoming violent or destructive when angered? Yes No

If yes, what do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced any significant losses or deaths? Yes No

If yes, who did you loose and when?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

**Housing Stability, Homelessness Status History and Information**

Have you ever been in **foster care**? Yes No

If yes, age you entered foster care: \_\_\_\_\_ age you exited foster care: \_\_\_\_\_\_

Were you in foster care after the age of 14? Yes No

Are you presently homeless? Yes No

Extent of **homeless** history: 1st time homeless 1 year or more

1-2 times in the past 2 years or more

3-4 times in the past 4 times in past three years

Counting this time, how many times have you been homeless in the last 3 years? \_\_\_\_\_\_\_\_

Adding together all the times you have been homeless, how many total months have you been homeless? \_\_\_\_\_\_\_\_\_ (any portion of a month is considered 1 month)

Who was the last person you lived with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relationship)

How long did you live with this person? \_\_\_\_\_\_\_\_\_\_

Who have you lived with most during the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently at risk of becoming homeless? Yes No

What is your **current housing** situation?

Apartment/ House of your own Apartment/ House of friend

Apartment/ House of relative Group housing/placement

No housing – Homeless

If program/group housing, name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider your current living arrangements?

Long-Term or Stable or

Short-Term AND Unstable

Have you ever attended another **transitional living program**?Yes No

If yes, name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates you were in the program: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you complete the program? Yes No

Are you a **Domestic Violence** victim/survivor? Yes No

Are you currently fleeing a domestic violence situation? Yes No

**Educational History and Information**

Highest **Educational Grade** Completed:

Less than 6th 9th 1 year of college

6th 10th 2 years of college

7th 11th 3 years of college

8th High School Graduate 4 or more years of college

GED

Are you currently enrolled in school? Yes No School not in session

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you were in school, how was your attendance?

Attended school regularly Attended school irregularly

**Employment History and Information**

Are you currently **employed**? Yes No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you been there? \_\_\_\_\_\_\_\_

Have you ever been employed? Yes No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long were you there? \_\_\_\_\_\_\_\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long were you there? \_\_\_\_\_\_\_\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long were you there? \_\_\_\_\_\_\_\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long were you there? \_\_\_\_\_\_\_\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long were you there? \_\_\_\_\_\_\_\_\_\_\_\_

If no, how long have you been unemployed?

Never worked / No work experience 1 - 2 years

6 months or less 2 - 3 years

6 months - 1 year 3 years +

List four jobs that you feel you are qualified to do now:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your current **sources of income**? (Check all that apply)

None Employment earnings

Child support Food Stamps

Unemployment SSDI (Social Security Disability Insurance)

TANF SSI (Supplemental Security Income)

Worker’s compensation Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health and Medical History and Information**

Do you currently qualify for any **public health benefits**? Yes No

Do you currently have **health insurance**? Yes No

If yes, check all that apply: Medicaid Private Other

Name of medical insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address) (Phone)

Your dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address) (Phone)

Do you have any **physical or mental health conditions** that limit your ability to work? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently **taking any medication**? Yes No

If yes, list medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been on medication in the past? Yes No

If yes, list medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had thoughts of **suicide** in the past? Yes No

Have you ever attempted suicide? Yes No

If yes, list number of attempts: \_\_\_\_\_ and the month and year of last attempt \_\_\_\_\_\_\_\_\_\_\_\_\_

Were you hospitalized for a suicide attempt? Yes No

Have you been involved in any type of **counseling or treatment**? Yes No

If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agency/therapist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month and year you stopped? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous injuries, surgeries or hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you recently been exposed to or carrying any **contagious diseases**? Yes No

Have you been diagnosed with or exposed to HIV/AIDS? Yes No

Do you wish to be tested for HIV/AIDS? Yes No

Do you think you may be or are you pregnant? Yes No

If you are pregnant, your approximate due date: month \_\_\_\_\_\_\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_\_\_\_\_

Do you **smoke cigarettes**? Yes No

Have you ever used **illegal drugs**? Yes No

If yes, please check the last time used: Less than 30 days 90 days- 6 months

30-60 days More than 6 months

60-90 days More than 1 year

Types of drugs used: Marijuana Cocaine Heroin

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever used **alcohol**? Yes No

If yes, please check the last time you drank alcohol:

Within the last week 90 days - 6 months

Within the last 30 days More than 6 months

30 - 60 days More than 1 year

60 - 90 days

If you use illegal drugs or drink alcohol, how frequent is your use:

Every couple of days Once a month

At least once a week Every couple of months

At least every two weeks Occasionally

Have you ever been in a drug or alcohol treatment program? Yes No

If yes, list program name, length of time in the program and month(s) and year(s)?

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

(Program Name) (Length of time) (Month and year of treatment)

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

(Program Name) (Length of time) (Month and year of treatment)

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

(Program Name) (Length of time) (Month and year of treatment)

**Legal History and Information**

Have you ever been convicted of a **crime**? Yes No

If yes, please list offense(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently under the supervision of a probation/parole officer? Yes No

If yes, person you report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any outstanding pick-up orders/warrants for you? Yes No

Do you have any court hearings in the future? Yes No

If yes, where/when/reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been charged with sexual misconduct or a CSC? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self- Identified Concerns**

***Please check the areas that you feel apply to yourself and/or your family***

**Self Family Self Family**

*  Alcohol/ Drug Abuse
*  Panic Attacks
*  Problems with the opposite sex
*  Sexual Abuse
*  Physical Abuse
*  Legal Difficulties
*  Self-Esteem
*  Brother/Sister Problems
*  Blended family issues
*  Guilt/Shame
*  Mood swings
*  Grief
*  Finding/Keeping a Job
*  Fire setting
*  Hygiene
*  Handling Frustration
*  Sexual Expression
*  Jealousy
*  Smoking
*  Laziness
*  Marital Problems
*  Arguing
*  Making/Keeping Friends
*  Depression
*  Suicidal Thoughts
*  Suicidal Actions
*  Anxiety/Fear
*  Sleep Problems
*  Eating Disorder
*  Change in Appetite
*  Physical Aggressiveness
*  Lying
*  Fatigue/Low Energy
*  Unorganized/ Messy
*  Swearing
*  Money Management
*  Moody
*  Problems with Authority
*  Stealing
*  Reading
*  Health Problems
*  Anger/Hostility
*  Family Violence
*  Parent-Youth Conflict
*  Difficulty Concentrating

**Please Answer the Following Questions in Your Own Handwriting**

1. Explain your housing situation and why you are lacking stable housing.
2. Explain why you want to be a part of Traverse Place Transitional Living Program.
3. What strengths do you feel you can bring to the program?
4. List three things about yourself that you feel need improvement and why.