Reach Resource Services
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Serving Genesee, Lapeer, and Shiawassee County

Traverse Place
Transitional Living Program
Resident Application

Traverse Place
512 S. Grand Traverse
Flint, MI 48502

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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**
- ✓ **Medical Insurance Card**
- ✓ **Birth Certificate Driver's**
- ✓ **Psychological Evaluation**
- ✓ **License or State ID**

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
☐6 months or less
☐6 months - 1 year
☐1 - 2 years
☐2 - 3 years
☐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
☐Child support
☐Unemployment
☐TANF
☐Worker's compensation
☐Employment earnings
☐Food Stamps
☐SSDI (Social Security Disability Insurance)
☐SSI (Supplemental Security Income)
☐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
☐Within the last 30 days
☐30 - 60 days
☐60 - 90 days
☐90 days - 6 months
☐More than 6 months
☐More than 1 year

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

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

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.