

Independent Living Skills Apartment Program  
Application

Instructions

This application needs to be completed in detail by the knowledgeable adult making application for admission and the applicant. If more space is needed, additional sheets may be added. Please attach a recent photograph and a copy of the applicant's birth certificate. Please type or print clearly.

I. Current Personal Information

Application for \_\_\_\_\_ Telephone No \_\_\_\_\_

Address \_\_\_\_\_

Race \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

SS No. \_\_\_\_\_ Religion \_\_\_\_\_ Identifying Mark/Characteristics \_\_\_\_\_

Language(s) spoken and understood by applicant \_\_\_\_\_

Legal custody of applicant with \_\_\_\_\_  
(Attach a copy of the court order to this application.)

Address \_\_\_\_\_ Telephone No \_\_\_\_\_

Applicant referred by \_\_\_\_\_ Telephone No \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Person/agency responsible for fees and applicant's expenses.

Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Address \_\_\_\_\_

Applicant's sources of support: (include social security, veteran's benefits, insurance, etc.) \_\_\_\_\_

Other agencies and contact people involved in youth's life \_\_\_\_\_

Emergency Contact (Other than parent or guardian)

Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Address\_\_\_\_\_

Relationship\_\_\_\_\_

Person completing application\_\_\_\_\_

Date\_\_\_\_\_Relationship\_\_\_\_\_

II. Family Information

Mother

Father

Name \_\_\_\_\_

Birthplace \_\_\_\_\_

Education \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Parent's Marital Status (give dates)

Parent's marriage\_\_\_\_\_Separated\_\_\_\_\_Divorced\_\_\_\_\_Widowed\_\_\_\_\_

Either parent previously married?\_\_\_\_\_Now, remarried following divorce?\_\_\_\_\_

List in chronological order (oldest to youngest) all children in family, giving names (including applicant) living and deceased, step and half siblings. Also, include dates of miscarriages or still births, if any.

Name	Sex	DOB	Education	Comments
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Does the applicant have any children? \_\_\_\_\_

List in chronological order all children of applicant. Include dates of miscarriages of still births, if any.

Name	Sex	DOB	Custody/Residence

III. Residential Information

How did applicant become homeless? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all addresses and persons with whom applicant has lived within the last year.

Address	Relationship

(Attach a copy of social history.)

IV. Personal History

Tobacco Usage: None \_\_\_\_\_ Occasionally \_\_\_\_\_ packs per day

Began smoking at age \_\_\_\_\_

Alcohol Usage: None\_\_\_\_\_Seldom\_\_\_\_\_Occasionally\_\_\_\_\_Frequently\_\_\_\_\_

Age at first drink\_\_\_\_\_ Age at first blackout\_\_\_\_\_

Drug Usage: None\_\_\_\_\_Seldom\_\_\_\_\_Occasionally\_\_\_\_\_Frequently\_\_\_\_\_

First drug used\_\_\_\_\_ Age at first use\_\_\_\_\_

Type of drugs: (specify)

-Depressants

-Stimulants

-Hallucinogens

-Solvents

No. of runaways \_\_\_\_\_ Longest period gone \_\_\_\_\_ Longest distance gone \_\_\_\_\_

Did applicant ever run away with someone? \_\_\_\_\_ Who? \_\_\_\_\_

Date of residence in state juvenile training school \_\_\_\_\_ Explain.

Counseling or Treatment

List in reverse order any residential care or hospitalization.

Facility or hospital	Dates of residency	Discharged to	Comments

List in reverse order counseling or psychiatric treatment.

Name	Address	Dates Seen	Comments

(Attach copy of psychological evaluation.)

Education

Currently attending \_\_\_\_\_ Grade \_\_\_\_\_

If not in school, explain and give date of last attendance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grades skipped/repeated \_\_\_\_\_ Explain \_\_\_\_\_

Describe accomplishments and activities in school and give dates.

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Describe and give dates of school difficulties (suspension, disciplinary action, etc.) within the last five (5) years.

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Begin with the most current enrollment and list in reverse order all schools the applicant has attended and number of days absent.

School	Address	Grade	Period Enrolled	# of days absent
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Personal Behavior

What does the applicant do for fun?

What skills, talents, etc., does the applicant have?

What behaviors have been of most concern to the applicant?

Does the applicant ever fight with parents?\_\_\_\_\_How often?\_\_\_\_\_ Explain

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Ever attempt suicide?\_\_\_\_\_Dates(or age)\_\_\_\_\_How?\_\_\_\_\_

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Juvenile Justice System

Probation period\_\_\_\_\_ (Specify)

Probation officer\_\_\_\_\_Telephone No.\_\_\_\_\_

Court worker\_\_\_\_\_Telephone No.\_\_\_\_\_

Address\_\_\_\_\_

Give dates, events and behavior that precipitated court action.

Dates in detention\_\_\_\_\_Where?\_\_\_\_\_

Number of times in detention\_\_\_\_\_Longest period of detention\_\_\_\_\_

**Applicant, please describe briefly your personal goals and expectations and what you hope to accomplish at ILS.**