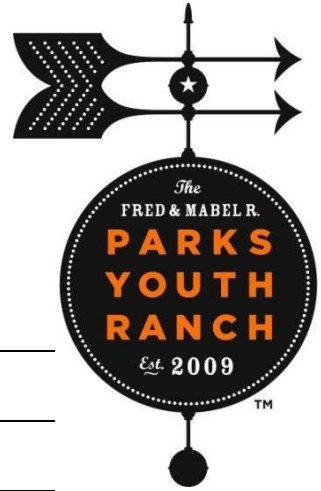


Parks Youth Ranch  
**Transitional Living**  
Application



How did you hear about the Transitional Living Program?

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When do you expect to move in?

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**Personal Information:**

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

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Marital Status:        Married                          Single

Are you a U.S Citizen:    Yes    No

Do you have a current driver's license or ID?    Yes    No

Driver's License/ ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have your own vehicle?    Yes    No

Tattoos/Piercings/Body Marks:

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Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Complexion: \_\_\_\_\_

Eye Color: \_\_\_\_\_

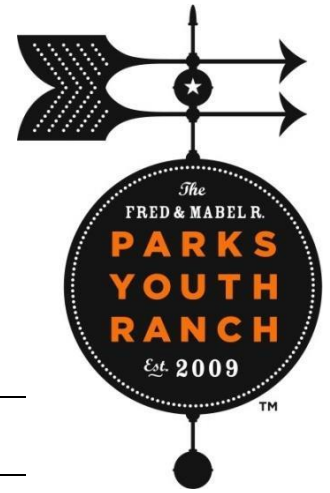
Weight: \_\_\_\_\_

Hair Length: \_\_\_\_\_

Teeth/Braces: \_\_\_\_\_

Glasses/Contacts: \_\_\_\_\_

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**Medical Information:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Dosage: \_\_\_\_\_

Have you had TB Testing done?  Yes  No

Are you expecting?  Yes  No

If so, what is your due date? \_\_\_\_\_ How many months are you? \_\_\_\_\_

Are you coping with any health issues at this time? (Check all that apply to you)

- |  |   |
|--|---|
| <input type="checkbox"/> Heart Issues                                    | <input type="checkbox"/> Epilepsy                           |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Tuberculosis Cigarette/Vape Smoker |
| <input type="checkbox"/> Chronic Illness                                 | <input type="checkbox"/> Disabilities                       |
| <input type="checkbox"/> Addictions or Substance Abuse                   | <input type="checkbox"/> Psychiatric Hospitalization        |
| <input type="checkbox"/> Mental Health Issues or Psychotropic Medication | <input type="checkbox"/> Other                              |

If you marked any of the above, please explain:

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Is there any physical or mental reason why you cannot attend school and/or work?

Yes  No

If yes, please explain:

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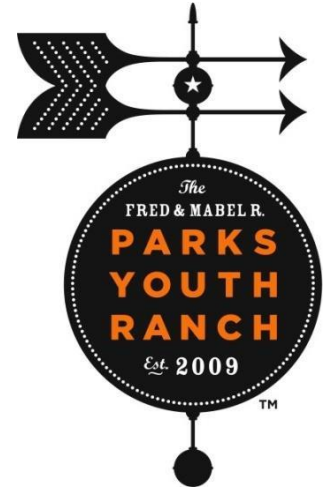
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**Education:**

Are you currently in school?  Yes  No

Have you completed high school?  Yes  No  Diploma  GED

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School Name: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you attended a college or trade school?     Yes                       No

School Name: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Hours Completed or certificate received: \_\_\_\_\_

**Work Experience:**

Are you currently working?     Yes                       No

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

Where do you work? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

What is your schedule? \_\_\_\_\_

Hourly/Weekly/Monthly Salary: \_\_\_\_\_

*You may be asked to provide your financial status pay stubs, last year's tax return, bank statements, and/or other verifications of above listed monetary awards to prove eligibility for services.*

**Criminal History:**

Please check any of the following that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Arrested                   | <input type="checkbox"/> On Probation                |
| <input type="checkbox"/> Convicted of a misdemeanor | <input type="checkbox"/> On Parole                   |
| <input type="checkbox"/> Convicted of a felony      | <input type="checkbox"/> Sentenced to jail or prison |

If you checked any of the above, please explain:

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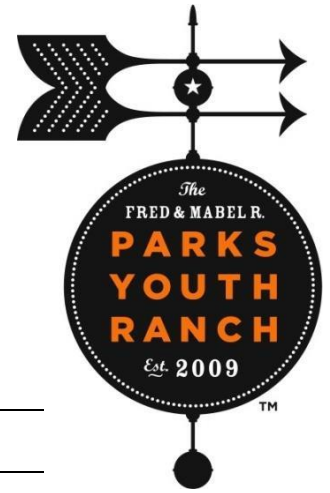
Are there past history issues that would pose a challenge such as: recent suicide attempt, police involvement, drug use, past hospitalizations violence, counseling, medication, and/or family issues?

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**Additional Information**

Describe your current living arrangement (where you are staying, how long you have been staying there and other important information).

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Name of any family members or other individuals who might be important to your success in this program?

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Please describe the circumstances that led you to seek services from Parks Youth Ranch?

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What plans or efforts have you already made to improve your situation? (Job, education, alternative housing, etc.)

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**Goals**

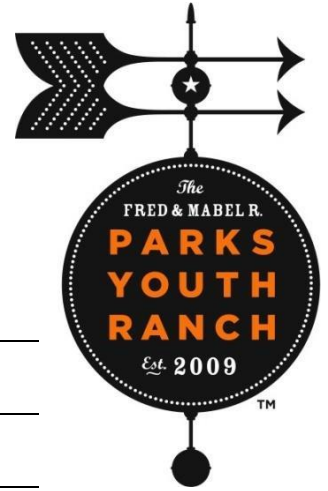
- If accepted into the Transitional Living program, my goals while living there would include:
- Complete an educational program or trade school
- Obtain Employment
- Obtain a bank account/ money management
- Obtain safe transitional housing for myself
- Gain new skills that will increase my ability to support myself
- Accessing resources, such as medical and dental care, counseling, mental health care and other emergency assistance
- Career Planning
- Other goal, not listed above

As much as possible, please describe your goals and what you want to do in each of the areas you marked above:

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How long do you expect it to take you to complete your goals?

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What are your long term goals?

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What are your short term goals?

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Plans for the future?

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What other information would you like to tell us?

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The information I (the applicant) have provided in this application is correct to the best of my knowledge. I understand that falsifying information or withholding information would be reason for termination of services.

- Accept
- Deny

Name: \_\_\_\_\_ Date: \_\_\_\_\_