

**Transitional Housing  
Placement Program (THPP)  
APPLICATION**

**3530 Wilshire Boulevard, Suite 400  
Los Angeles, CA 90010**

**Office: (213) 351-0100 FAX: (213) 637-0035**

**(THPP candidates are 16-18 years old in high school)  
(To be completed by Children Social Worker and Probation Officer)**

<b>Submit Application and Required Documents to:</b>	
Terence Rice, THPP Program Manager.....	(213) 351-0124
Elizabeth Leon, Program Assistant.....	(562) 903-5271/(213) 351-0194
Derrick Dedmon, Program Assistant.....	(213) 351-0198
John B. Thompson, Deputy Probation Officer.....	(213) 351-0156
Monique Chanaiwa, DPO Supervisor.....	(213) 351-0152

**(Please TYPE or PRINT your application)**

Youth's Name:		Case Number:
Home:	Cell:	Other:
Address:		
City:	State:	Zip Code:
Birthday:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Placement:	Foster Home	FFA Home
	Group Home	Relative Caregiver
Placement Rate \$ _____		

## ATTENTION

1. All required documents must accompany the THPP Application to expedite the assessment process.
2. Applications for youth must be assessed for a THPP interview.
3. **WIC 827 - Please delete reference to siblings in report(s).**

### THPP Required Documents

1. Original THPP Application (CSW or Probation Officer or ILP Transition Coordinator to submit) Personal Statement, Page 8. (youth to complete).
2. Current Quarterly Report and Needs and Services Plan (if not included in quarterly report) or letter from placement, relative caregiver or foster care provider. Letter includes adjustment to placement, chores, school, behavior and interaction with adult and peers. (CSW or Probation Officer to submit).
3. Current Psychological Evaluation and/or significant psychological information regarding the youth's mental health. (CSW or Probation Officer to submit).
4. Current Court-Ordered Psychotropic Medication Authorization Form. (CSW or Probation Officer to submit).
5. Current Status Review Court Report, Transitional Independent Living Plan and Case Plan/Case Plan Update. (CSW or Probation Officer to submit).
6. Current Individualized Education Plan (IEP) or significant information regarding the youth's education plan. (CSW or Probation Officer to submit).
7. Reference letter of approval for youth to be assessed for the THPP. (CSW or Probation Officer to submit).
8. Copy of Social Security Card, California ID, Birth Certificate and Independent Living Program (ILP) Certificate or current referral for ILP classes. (CSW/DPO of youth to submit).
9. Current (final) report card or transcript, please include results of California High School Exit Exams, General Education Degree (GED) letter of verification, copy of high school diploma or GED if available. WE DO NOT ACCEPT progress report cards. (youth to submit).
10. Reference letter from the school counselor (on letterhead) outlining the Youth's anticipated graduation date, how many credits earned, the number of credits, and name of courses needed to satisfy the graduation requirements. (youth to submit).

**DCFS/PROBATION INFORMATION**

CSW/Probation Officer: \_\_\_\_\_  
(Circle One)

Office: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

Regional Office/ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CAREGIVER**

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**OTHER EMERGENCY CONTACT**

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**YOUTH IDENTIFICATION**

California Driver's License (CDL):

Yes  No

If yes, CDL Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

California Identification Card (Ca.ID):

Yes  No

If yes, CA. ID Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permanent Resident Card or Receipt of Application for Special Immigrant Juvenile (SIJ) Status Pursuant to 8 C.F.R. Section 204.11

Social Security Card:

Yes  No

If yes, your Last Four SSN Number: \_\_\_\_\_

Birth Certificate:

Yes  No

**EDUCATION**

Check the box for grade completed:

10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

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

Major (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Office: \_\_\_\_\_

FAX: \_\_\_\_\_

Have you taken college preparatory classes?

Yes

No

If yes, list the classes: \_\_\_\_\_

What are your colleges of choice?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you have any career/vocational goals? \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor(s) Name: \_\_\_\_\_

Office: \_\_\_\_\_ FAX: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* List any health problems: \_\_\_\_\_  
\_\_\_\_\_

\* Reason for last Doctor's Appointment: \_\_\_\_\_

\* Do you have any allergies? Yes No

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

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

Office: \_\_\_\_\_ FAX: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Office: \_\_\_\_\_ FAX: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Therapist/Counselor Name: \_\_\_\_\_

Office: \_\_\_\_\_ FAX: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MEDICAL INFORMATION(Continue?)**

Do you take any medication? Yes No

**If yes,**

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

How many time per day \_\_\_\_\_

Reason Prescribed \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

How many time per day \_\_\_\_\_

Reason Prescribed \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you currently employed? Yes No

How long have you been employed \_\_\_\_\_

If yes, name of company: \_\_\_\_\_ Work: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Position: \_\_\_\_\_

Work Schedule (hours/days) \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Earnings per week \$ \_\_\_\_\_ Earnings per month \$ \_\_\_\_\_

**SAVINGS**

Do you currently have a checking account? Yes No

Do you currently have a savings account? Yes No

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CSW/ Probation Officer to Complete Court-Ordered Visitation Plan**

Court-ordered visitation plan: Please list all court-ordered, monitored or unmonitored, and weekly or overnight visits.

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of Visits per Week:** \_\_\_\_\_ **Monitored** **Unmonitored**

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of Visits per Week:** \_\_\_\_\_ **Monitored** **Unmonitored**

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of Visits per Week:** \_\_\_\_\_ **Monitored** **Unmonitored**

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of Visits per Week:** \_\_\_\_\_ **Monitored** **Unmonitored**

**YOUTH'S PERSONAL STATEMENT**  
**(To be completed by Youth)**

Tell us about yourself. For example, what do you enjoy doing in your free time? What are your plans for the future? Why do you want to participate in the Transitional Housing Placement Program? What are your employment goals? What are your educational goals or vocational (trade) goals?

(Additional pages maybe attached)

SAMPLE