1055 Wilshire Blvd, Suite 1955

Los Angeles, CA 90017

Phone: 213-580-1850 Fax: 213-580-1820

**Pathways Transitional Housing Program Application**

**Identifying Information**

Name: Date:

Age: Date of Birth: Gender:

Address:

City: State: Zip Code:

How long have you been at this address:

Home Telephone: Cell Phone: Work Phone:

Email Address: Social Security Number: \_\_\_\_\_\_\_ \_\_\_\_\_\_

If accepted into program, list everyone, including minors, who will live with you:

\_\_\_\_

**Referral Source**

Who referred you to the Pathways Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: Phone number:

**Parent/ Guardian/Caregiver Information**

Name:

Address:

City: State: Zip code:

Home Phone: Work Phone:

Type of Placement (i.e. with relative, group home, foster home):

Total number of years in placement:

Most recent placement (i.e. with relative, group home, foster home):

Describe experience in placement:

**Education**

Are you currently in school? Highest Grade Completed

Name of last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_

City School is located in: Anticipated Graduation Date:

What is your educational goal?

**Employment**

Are you currently employed? (Circle One) Yes No

If yes, what do you do and where do you work?

Wage/ Hour: Hours/Week:

List your work experience with the most recent position

*Employer Position Start Date-End Date Monthly Salary*

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

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

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

**Financial Information**

What is your current monthly income:

Describe your current sources of income:

Source of Income Amount

1.

2.

3.

**Medical Information**

Do you have health insurance? (Circle one) Yes No If so, which insurance?

Who is your doctor? (Provide name of doctor and/or medical office or clinic you go to) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any past or present medical concerns? If so, what are they?

Are you currently taking any medication? If so, what is the medication and dosage?\_\_\_\_

Do you have any disabilities? Yes or No If so, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Use**

What kind of drugs have you tried, including, marijuana, tobacco and alcohol? \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ How often do you use drugs? \_\_\_\_\_

**Legal History**

Are you currently on probation? (Circle One) Yes No

Are you currently on parole? Yes No

Have you ever been arrested or convicted of a misdemeanor or felony? Yes No

If so, what was the nature of the incident? (Please state if it was a juvenile or adult conviction)

Do you need help getting your record sealed? Yes No

**Mental Health Information:**

Have you ever participated in therapy? If so, where?

What was your experience in therapy?

What diagnosis were you given?

**Emergency Contact Information**

Please list three people we should contact in the event of an emergency:

Name: Phone: Relationship:

Name: Phone: Relationship:

Name: Phone: Relationship:

**Interest in Program**

Tell us about why you are applying to the Pathways Program:

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

**Optional Questions**

What do you like doing for fun? \_\_\_\_\_\_

What do you consider to be your race or ethnicity?

I certify that all the information provided is true and correct and understand that my rental agreement and program participation may be terminated if I have made false statements in this application. I understand that this is only part of the application process and that the final acceptance into the program is contingent upon my successful completion of an in person interview, a 2 day group interview, and a final approval and invitation by UFC staff.

Applicant Signature Date