

A New Day, Inc. Transitional Living Program APPLICATION CHECKLIST

Do you have these papers? *Double check*

Questions or Concerns Call 505-260-9912

- Completed Application
- Social Security Card (copy)
- Client's Medicaid Card (copy)
- Completed Life Skills Class Registration
- Letter of High School Enrollment (if applicable)
- GED or High School Diploma/Certificate
- Letter of Recommendation
 - This is a letter from a person in your life that you feel supported by (coach, teacher, social worker, family member, friend, boss, coworker) that explains why you need and how you would be a good fit for our transitional living program
- Personal Statement

Your personal statement is an essay that should include:

 - Why do you want to be part of our transitional living program?
 - What goals do you have that you can accomplish while in our program?
 - Where do you want to be at the end of our transitional living program?

FAIR AND EQUAL OPPORTUNITY HOUSING

POLICY STATEMENT:

Transitional Living Services, Inc (TLS) will not discriminate in housing placement on the basis of race, creed, national origin, political affiliation, religion, gender, sexual orientation, or differently abled conditions. Housing placement includes, but it not limited to: application, processing, leasing, transfers, delivery or management services, access to common facilities and termination of occupancy.

PROCEDURE:

1. Every application will receive the policy statement (see above) in the application packet.
2. Transitional Living Services will provide any applicant or resident who believes his/her rights have been violated under the Fair Housing and Equal Opportunity Laws with Form HUD-903, "Housing Discrimination Complaint." The Department of Housing and Urban Development developed this form specifically for reporting agencies which are suspected of discriminating in housing practices. The form should be completed and mailed to both locations below:

Dept. of Housing and Urban Development
Attn: Fair Housing and Equal Opportunity
PO Box 2905
Fort Worth, TX 76113

A New Day, Inc.
Attn: Executive Director
1330 San Pedro Suite 201-B
Albuquerque, NM 87110

3. The Executive Director will meet with the Housing Continuum Director and Client Care Committee of the Board of Directors to investigate the complaint and take any corrective actions necessary.

New Day Youth & Family Services

Transitional Living Program Application Packet

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New Day Transitional Living Program Application Process

Application Activities	Purpose
Referral/1 st Contact	Gather basic information and begin application process
Attend first Life Skills Academy (LSA) Class	<p>Purpose for New Day of attending Life Skills Academy Classes:</p> <ul style="list-style-type: none">• See the level of commitment to the program and independence• Learn about your ability to follow-through• Get to know you in a group setting• Gain information about behavior and demeanor <p>Purpose for You:</p> <ul style="list-style-type: none">• To receive an opportunity to experience a component of the program and get to know program staff• An opportunity to show leadership, independence and other skills that make you a strong candidate for the program
Begin filling out Application	<p>Several weeks are given to complete application because it is involved and requires some thought.</p> <p>Purpose for New Day of the Application:</p> <ul style="list-style-type: none">• Gather background, current needs and future goals about you• To look for complete and thoughtful answers given to all questions <p>Purpose for You:</p> <ul style="list-style-type: none">• Another way for you to express yourself and share your story in your words
Continue attending LSA Classes	Demonstrate continued commitment and engagement not only to the program, but interest in using all of the services available to you through New Day.
Turn in Application	To allow the TLP team to assess a potential client's need
Complete Ansell Casey Life Skills Assessment	Help identify the areas where you may need additional life skills assistance.
Complete DISC Assessment	Identifies communication styles and helps for New Day to know how to better work with you.
Attend First Interview	Focused on determining eligibility, identifying any immediate needs and gather information on best way to work with you. ELIGIBILITY will be determined after this meeting. Some may be denied based on those grounds.
Cont. attending LSA Classes	Show continued commitment and follow-through with your goals.

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New Day requests a clinical assessment and clinical assessment is reviewed	Helps identify past experiences that may be impacting you currently and the assessment will be reviewed to identify the level of need and care for you.
Attend Second Interview	This is an opportunity to delve into your history to gain a full understanding about how we may best serve you, stress the primary areas of focus for the program, clarify any questions or concerns, begin building and modeling the team approach the program uses.
Provide additional assignments if needed	Identify specific steps that need to be taken before you can be accepted.
Attend a meeting with potential coordinator	Meet with the New Day staff that will be working directly with the youth, plan for the move, and discuss other transition needs.

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Notice to Applicants: RELEASE OF INFORMATION

The authorization forms included in this application allows Transitional Living Services to receive and share information about you and your application with other agencies and professionals (such as CYFD or other core service agencies such as Open Skies) who have provided services to you in the past, as well as interested family members and others that you may wish to contact. We ask for this information in order to make the best decisions about which of our services is right for you, and so that we may coordinate the care we give you with others as long as you remain a part of New Day TLP.

You are not required to give us your consent to communicate with people you don't want us to contact, although in some cases this could delay or disqualify your application. *Even if you do not allow us to communicate with someone, you can always have the right to revoke that permission.* The authorizations you give us automatically expire in one year and we must renew them after that.

New Day TLP staff may designate specific agencies or individuals that would be helpful to contact. This can be done whenever it is necessary. For your own protection, please **DO NOT SIGN** any authorization form until it had been completely filled out, especially if the space for the name of the agency or individual is left blank. To protect your confidentiality, New Day TLP will automatically invalidate and destroy incomplete authorizations forms.

I, the undersigned, NDTLP Applicant, understand the information provided above:

Applicant Signature **Date** **Time**

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Personal Information Program Applying for: New Day Transitional Living Program

Name: _____ Age: _____

Social Security Number: _____ DOB: _____

Height: _____ Weight: _____ Hair Color: _____ Eyes: _____

Gender assigned at birth: Female: _____ Male: _____

Gender you identify with: Woman: _____ Man: _____ Trans Woman: _____ Trans Man: _____

Gender queer: _____ Not listed (please write in): _____

Sexual orientation: Gay: _____ Lesbian: _____ Straight: _____ Bisexual: _____ Pansexual: _____

What race/ethnicity do you identify with?

American Indian/Alaskan Native: _____ Hispanic/Latino: _____ Asian: _____

African/African American: _____ Native Hawaiian/Pacific Islander: _____ White: _____

Multiracial (Please list): _____ Not listed (please write in): _____

Current Address: _____

Contact Phone: _____

Name of Legal Guardian: _____ Relationship: _____

Daytime Phone: _____ Cell: _____

Address: _____

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Are you in or were you in the custody of Children, Youth & Families Department (CYFD/PSD)?

Yes No

If yes, please answering following:

Dates you were in CYFD Custody:

Social Worker's Name: _____ Phone: _____

Address: _____

Guardian *Ad Litem*'s Name: _____ Phone: _____

Address: _____

Are you involved with Probation and Parole Office (PPO)? Yes No

How many months or years were you on probation?

If yes, please list the following:

PPO's Name: _____ Phone: _____

Why are you involved with the PPO system?

List all current/pending/prior charges:

Have you ever been picked up by juvenile/adult authorities or arrested? Yes No

If yes, please list the following:

Date: _____ Reason: _____ Outcome: _____

Date: _____ Reason: _____ Outcome: _____

Date: _____ Reason: _____ Outcome: _____

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Self Disclosure

Have you ever or are you currently experiencing the following?

<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Drug Abuse
<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Abandonment
<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Mental health challenges
<input type="checkbox"/>	Uncontrollable Anger	<input type="checkbox"/>	

Are you currently receiving (check all that applies)?

<input type="checkbox"/>	Food stamps	<input type="checkbox"/>	Women, Infant, and Children Benefits (WIC)
<input type="checkbox"/>	Student Financial Aid	<input type="checkbox"/>	Child Care Assistance
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	SSI Benefits
<input type="checkbox"/>	Parenting Classes	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Cash Assistance/TANF	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Employment Training	<input type="checkbox"/>	

Where are you living now and how long have you been there?

List close family, friends, and others that you turn to when you need help:

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Family of Origin

Mother's Name: _____ Age: _____

Address: _____

When did you see your mother last? _____

Do you still have contact with her? Yes No If yes, how often? _____

Father's Name: _____ Age: _____

Address: _____

When did you see your father last? _____

Do you still have contact with him? Yes No If yes, how often? _____

How is your relationship with your parents and close family members?

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Home Stability

Have you ever ran away or been kicked out of home?

If yes, what happened that made you leave home?

When was the last time you left home?

Where did you stay?

How long were you gone?

What is your current living situation?

Do you know anyone that could offer you long-term, safe, and stable housing? If yes, who?

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Mental Health/Substance Abuse

Answering honestly will help us determine the best course of care for you

Do you feel sad or depressed often? Yes No

If yes, how often? _____

Have you ever been so down that you thought about hurting yourself? Yes No

If yes, when did you last feel this way? _____

What happened that made you want to hurt yourself?

Have you ever been so down that you thought about committing suicide? Yes No

If yes, when did you last feel this way? _____

What happened that made you want to commit suicide?

What did you do about these feelings?

How many times have you tried to hurt yourself or commit suicide?

Have you ever had problems with substance abuse? Yes No

Were you ever admitted to a substance abuse program or hospital? Yes No

Please list all substances you used, are presently using, and frequency of use:

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Educational Information

Are you currently in school? Yes No What school do you attend? _____

Current grade level in school: _____

Last grade level completed: _____

Do you have a high school diploma? Yes No

Do you have a GED certificate? Yes No

Are you in (Please circle): Regular Education classes Special Education Classes

Have you been diagnosed with any learning disabilities or have an Individual Education Plan?

Yes No

If yes, please describe:

Have you ever cut classes? Yes No

If yes, how often?

Have you ever been in trouble in school? Yes No

If yes, please explain what happened:

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Have you ever been suspended from school? Yes No

If yes, why?

What kind of assistance would you like from Transitional Living Program Staff to meet your educational goals?

What are your long-term educational goals (i.e., college, vocational/technical school, etc.)?

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Transitional Living Program Application Packet

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Employment

Have you ever had a job before? Yes No

If yes, where have you worked?

Do you currently have a job? Yes No

Wage at current job: \$_____ per hour week month

If yes, where, and for how long?

If you don't have job now, how do you support yourself?

What kinds of jobs are you interested in finding?

Have you ever participated in employment training classes? Yes No

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Your Voice

List your strengths:

What accomplishments are you most proud of?

How do you operate as a leader?

Where do you see yourself in the near future (1 year)?

Where do you see yourself in the long-term (5+years)?

In a short essay, please tell us what your life goals for the future are? **(Please attach a separate sheet of paper for this question)**

By signing below you agree that the information provided is true and has been completed to the best of your knowledge.

Applicant Signature

Date