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 Transitional Living Program Application Process

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<th>Application Activities</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Referral/1st Contact</td>
<td>Gather basic information and begin application process</td>
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| Attend first Life Skills Academy (LSA) Class | Purpose for New Day of attending Life Skills Academy Classes:  
  • 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  
  Purpose for You:  
  • 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 | Several weeks are given to complete application because it is involved and requires some thought.  
  Purpose for New Day of the Application:  
  • Gather background, current needs and future goals about you  
  • To look for complete and thoughtful answers given to all questions  
  Purpose for You:  
  • Another way for you to express yourself and share your story in your words |
<p>| 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. |</p>
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>New Day requests a clinical assessment and</td>
<td>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.</td>
</tr>
<tr>
<td>clinical assessment is reviewed</td>
<td></td>
</tr>
<tr>
<td>Attend Second Interview</td>
<td>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.</td>
</tr>
<tr>
<td>Provide additional assignments if needed</td>
<td>Identify specific steps that need to be taken before you can be accepted.</td>
</tr>
<tr>
<td>Attend a meeting with potential coordinator</td>
<td>Meet with the New Day staff that will be working directly with the youth, plan for the move, and discuss other transition needs.</td>
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Personal Information
Program Applying for: New Day Transitional Living Program

Name: ___________________________________________ Age: __________

Social Security Number: ___________________________ DOB: ________________

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
☑ Not listed (please write in): __________________________________________

Ethnicity: Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☑ Yes ☑ No

What race do you identify with? (Please check all that apply):

☑ American Indian/Alaskan Native ☑ Asian ☑ African/African American
☑ Native Hawaiian/Pacific Islander ☑ White ☑ Decline race/ethnicity

Current Address: __________________________________________________________

Contact Phone: ____________________________________________________________

Name of Legal Guardian: ______________________________ Relationship: __________

Daytime Phone: ___________________________ Cell: __________________________

Address: __________________________________________________________________
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/PS Custody:

Social Worker’s Name: ___________________________ Phone: ______________________

Address: ___________________________________________________________________

Guardian Ad Litem’s Name: _______________________ Phone: ______________________

Address: ___________________________________________________________________

Are you involved with Probation and Parole Office (JPO)?

☑ Yes ☒ No

How many months or years were/are you on probation?

If yes, please list the following:

JPO’s Name: ___________________________________ Phone: ____________________

Why are you involved with the Juvenile Justice system?

List all current/pending/prior charges:

Date: __________________ Reason: __________________ Outcome: __________________

Date: __________________ Reason: __________________ Outcome: __________________

Date: __________________ Reason: __________________ Outcome: __________________
Self Disclosure

Have you ever or are you currently experiencing the following?

<table>
<thead>
<tr>
<th>Homelessness</th>
<th>Drug Abuse</th>
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<tbody>
<tr>
<td>Physical/Sexual/Emotional Abuse</td>
<td>Abandonment</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Mental health challenges</td>
</tr>
<tr>
<td>Uncontrollable Anger</td>
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</table>

Are you currently receiving (check all that applies)?

<table>
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<tr>
<th>Food stamps</th>
<th>Women, Infant, and Children Benefits (WIC)</th>
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<tbody>
<tr>
<td>Student Financial Aid</td>
<td>Child Care Assistance</td>
</tr>
<tr>
<td>Medicaid</td>
<td>SSI Benefits</td>
</tr>
<tr>
<td>Parenting Classes</td>
<td>Child Support</td>
</tr>
<tr>
<td>Cash Assistance/TANF</td>
<td>Other:</td>
</tr>
<tr>
<td>Employment Training</td>
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</tbody>
</table>

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:
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?
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?
Mental Health and Substance Use
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 use?  ☒ Yes  ☒ No
Were you ever admitted to treatment for use a program or hospital?  ☒ Yes  ☒ No
Please list all substances you used, are presently using, and frequency of use:
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: □ Regular Education Classes  □ Special Education Classes

Have you been diagnosed with any learning disabilities or do you 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:

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.)?
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 a 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
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