

Main Street



Main Street Housing Programs offer a unique program consisting of Transitional Living for homeless young adults between the ages of 16-21 years of age. Participants are aided in developing the life skills needed to live independent lives.

Eligibility Criteria

Eligible applicants must be currently homeless in Riverside County and be 18 - 21 years of age or a person who is less than 18 years of age and is emancipated.

Income

This program does not require a source of income at the time of application. If an applicant has income, the applicant must have a household income at or below the level of very low income for Riverside County as determined by HUD.

Criminal Background

The following is a list of charges that will result in automatic denial:

- Sexual Offenders
- Sexual Assault
- Murder
- Arson
- Previous felony convictions
- No criminal activity within the last 12 months (misdemeanors, *may* be an exception)

An applicant will be denied participation if they are incarcerated or if there is an outstanding warrant for their arrest.

Participation in the program will be terminated if the participant engages in illegal activity including domestic violence, illegal drug use, or other failure to abide by federal, state, or local law.

Substance Use

Applicants with substance abuse history must substantiate a demonstrated period of sobriety (approximately 30 days) and be able to pass a drug test.

Programs Offered:

- Weekly **individual counseling** with a Master's Level counselor to address psychological, social substance abuse, and emotional issues.
- Assistance with pursuing and preparing for **secondary education** including attainment of High School Diploma/GED and **post-secondary education/vocational training**.

- Assistance with preparing for and **obtaining employment** including interviewing skills, assistance with filling out job applications and guidance in terms of proper employee behavior.
- Assistance with credit issues through **financial education training**. This includes budgeting, how to manage a savings and checking account, and credit counseling.
- Assistance with locating and **accessing social service, law enforcement, welfare, legal service, and physical and mental health treatment** as appropriate.
- A uniquely-designed, youth-centered **service plan and one-on-one case management** for youth, based on an assessment of youth's needs.

The Main Street Housing Program provides a safe and supportive environment that allows for positive opportunities, personal, and professional growth and life skills training.

Applications can be turned in by mail at 4509 Main St Riverside CA 92501; walked in to the office Monday-Friday from 8am-4pm, emailed to tlp@operationsafehouse.org, or faxed to (951) 682-2314. Staff will then call to set up an interview.

There is a minimum of two interviews and acceptance is based on interviews, qualifications, and availability. Applicants are welcome to contact Main Street at (951) 369-4921 if help is needed in completing the application.

MAIN STREET

TRANSITIONAL LIVING PROGRAM

Youth Application

Please answer **ALL** questions. If the question does not apply to you, please answer with **N/A**.

FIRST NAME: _____ M: _____ LAST: _____

DATE OF APPLICATION: _____ DATE OF BIRTH ___/___/___ AGE: _____

Are you a U.S. Citizen Yes No

GENDER: M F ETHNICITY _____ Social Security # _____ - _____ - _____

SEXUAL ORIENTATION: Heterosexual Homosexual Bi-Sexual

REFERRED BY: Self CPS Probation DPSS Foster Care Program Shelter

Mental Health Department of Rehabilitation AFDC Group Home School Other

Contact Person with Specified Agency: _____

Title and Phone Number _____ (____) _____

How did you come to be Homeless, or how will you be Homeless? _____

Current Address:

Your Contact Numbers (cell, home, friend, etc.):

_____ (____) _____

_____ (____) _____
_____ (____) _____

EDUCATION

Do you have any of the following? High School Diploma GED None

If yes, from where? _____ Date of Graduation? ___/___/___

Are you currently attending school? Yes No

If yes, where? _____ Grade/Year? _____

Highest grade completed _____ Last School attended _____

Have you completed any College Courses? Yes No

If yes, where? _____ Semester/Year? _____

Please list your Future Educational Goals _____

EMPLOYMENT/INCOME SOURCES. Please list monthly amounts of income from every source.

ξ AFDC _____ ξ General Relief _____
ξ Food Stamps/Aid _____ ξ SSI Benefits _____
ξ Employment _____ ξ Child Support _____
ξ Other _____
ξ None _____

Name of Employer: _____ Position: _____

Address: _____ Phone: (____) _____

Hours worked per week: _____ Date of Hire _____ Salary _____

Please list previous employment experience starting with the most recent:

1. Employer: _____ Position _____
Address: _____ Phone: (____) _____ Hours
worked per week: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary _____

2. Employer: _____ Position _____
Address: _____ Phone: (____) _____ Hours
worked per week: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary _____

3. Employer: _____ Position _____
Address: _____ Phone: (____) _____ Hours
worked per week: _____ Dates of Employment: FROM _____ TO _____
Reason for Leaving: _____ Salary _____

What are your Current Employment/Career Goals? _____

What are you Future Employment/Career Goals? _____

ASSETS INFORMATION

Do you currently have a checking or savings account? _____

Bank name: _____ Type of account: _____

Balance: _____

- Please be prepared to provide copies of bank statements and/or savings account statement to verify income.

Expenses

Do you owe money on back rent? _____ If yes, what is the amount? _____

Do you owe money on past utility bills? _____ If yes, what is the amount? _____

Do you pay childcare, which enables you or another household member to go to work or school?

If yes, give name and address of the childcare provider, weekly cost and name of the household member working/in school: _____

HEALTH ISSUES

Please list any allergies you may have: (bee stings, medications, food, etc.) _____

In the past Twelve (12) months, what of the following have you completed?

ξ Physical Where? _____ Date: _____

ξ Eye Exam Where? _____ Date: _____

ξ Dental Where? _____ Date: _____

ξ TB Test Where? _____ Date: _____

ξ Gynecological Exam: Where? _____ Date: _____

Do you currently have Medi-Cal? ξ Yes ξ No

Other Medical Insurance: _____

Please explain any health concerns you may have (Asthma, diabetes, seizures, STD's etc.)

Have you ever been hospitalized? ξ Yes ξ No Date(s) _____ Reasons: _____

Are you now or have you ever been on any medication? Yes No

If yes, Medications and dosage: _____

Are you currently taking medication? Yes No

Do you need any assistance with health related issues? Explain. _____

Do you have a physical, mental, or emotional disability? [] Yes [] No

If yes, please explain: _____

Do you require any special assistance relating to your disability? Explain. _____

Family history of Illness: _____

Do you have any children? Yes No How Many? Boys ____ Girls ____

What are their ages? _____

Do your children have Health Insurance? Yes No

Do you have Legal Custody of your child(ren)? Yes No

LEGAL ISSUES

Are you currently on probation? Yes No

Please list the details of **ANY** current or past Probationary Periods.

As detailed as possible:

Offense(s) _____

Any Other Legal Circumstances: (Arrests, Convictions, Outstanding Warrants. Etc.)

SUBSTANCE USE/ABUSE

Type(s) of substance(s) you are currently using or have used/abused in the past. **Please list last date used and substances used:** _____

Did you receive treatment for use/abuse? Yes No

Location: _____

Dates _____ Results: _____

Do you smoke cigarettes? Yes No

Do you drink alcohol? Yes No

SUICIDAL IDEATIONS

Have you ever attempted Suicide? Yes No How many times? _____

Hospitalizations/Treatment? Yes No

Ideations? Yes No

Please Explain: _____

PHYSICAL/SEXUAL/EMOTIONAL ABUSE

Have you ever been the victim or perpetrator of any of the following:

Physical abuse Sexual abuse Emotional abuse?

Were you: Victim Perpetrator Witness

If yes, when? _____

Age/Relationship: _____

Legal Action Taken: _____

OUT OF HOME PLACEMENTS

List all out of home placements (Mental Health Facility, Foster Care, Group Home, etc)

Location:

Reason for Discharge:

Age first removed from home? _____

Reason for initial out of home placement? _____

Have you ever been homeless before? Explain. _____

Please list any counseling services you have received _____

INTERPERSONAL SKILLS

How do you handle your anger? _____

Have you ever caused injury to another person? Please explain: _____

Explain your problem solving techniques: _____

List three positive traits and three negative traits of a roommate:

GOALS

What do you hope to gain from this program?

What are your short-term goals? (Personal, Professional, Educational, etc.)

Long Term Goals?

NATURAL FAMILY, EXTENDED FAMILY, AND OTHER SUPPORT SYSTEMS

Please list any available to you for support:

- 1. Name _____ Relationship _____ Phone (____) _____
- 2. Name _____ Relationship _____ Phone (____) _____
- 3. Name _____ Relationship _____ Phone (____) _____
- 4. Name _____ Relationship _____ Phone (____) _____

CHECK LIST: Please check the following items that you currently have.

- ξ Social Security Card
- ξ California I.D. Card / I.D. # _____
 - **Please write in CA ID number**
- ξ Driver's License/Permit # _____
 - **Please write in DL number**

- ξ Savings Account (Balance: \$ _____)
- ξ Checking Account (Balance: \$ _____)
- ξ Credit Cards (Balance Due: \$ _____)
- ξ Outstanding Loans/Bills (Balance Due: \$ _____)
- ξ Medical Records
- ξ Emancipation Papers
- ξ Other (Green Card, Etc.)

Office Use Only/Reviewed By TLP Staff

CC/03-02

SafeHouse Transitional Living Program
Release of Confidential Information

I hereby request/grant permission to SafeHouse Transitional Living Program to exchange general and/or specific information to my case manager with any support system of myself, included but not limited to,

- Employer
- Therapist/Counselor
- Teacher/Educational Representative
- Doctor/Physician
- Mental Health Provider(s)
- Legal Service Provider(s)
- Financial Contact
- County Social Worker/ Independent Living Program Staff
- Foster Care Agency
- County Aftercare Worker
- Youth Opportunity Center Staff

In addition, I give permission to SafeHouse to verify information with any of the above regarding my case as necessary.

I have been informed of this policy and understand that case information will be shared among all TLP staff to ensure case coordination and quality of service.

TLP Partner Signature _____ Date _____

TLP Staff _____ Date _____