

Date of Application: _____

Full Name of Applicant: _____ DOB: _____

Phone Number: _____ Email Address: _____

Current Location: _____

Referring Locality: _____

Referring Agency Name and Worker's Name: _____

Address: _____

Phone #: _____ Email Address: _____

I. Why are you looking for an Independent Living Placement?

List 3 reasons why you think you are ready for an independent living placement.

1. _____

2. _____

3. _____

II. We want to get to know you a little better. Please identify the current status of the following:



Health:

Tell us about your current health (list any health challenges, ongoing health conditions, physical and emotional, or psychiatric, any needs for special devices, including hearing, dental, or optometry, etc.):



Behavior:

Are you getting along with peers and/or other people?

Have you had any trouble with your behavior in your current placement in the last 12 months? (fights, arguments, aggression, breaking curfew, etc.) Tell us about it. Use the back of this paper if needed.



Current Placement:

What are some of the positive things about your current placement or home? Please use additional paper on back of this sheet if needed:



Education Status:

What grade are you in? _____

What is the name of your school? _____

IEP or Special Accommodations: _____

Describe how you are adjusting to school (challenges, attendance, grades, # of school transitions in the past 12 months).



Medications:

List Current Medications (prescription and non-prescription)

Medication Name	Dosage	What is this medication for?	How much & how often?



Emotional and Psychological needs/challenges:

Are you seeing a psychiatrist, therapist, substance abuse counselor, or spiritual counselor? If not, do you feel you need to talk to someone at this time?

What services have been used in the past 12 months?

Were those services helpful to you? Yes No Unsure Still Receiving Service

Here's Your Time to SHINE!



Skills, strengths, interests, and talents: We already know you are AWESOME! But in your own words, please describe in detail your skills, interests, and things you may be good at or feel good about for yourself. Tell us the things you are proud of or any aspirations for your future you may have.

Emergency Contacts: Who would you contact in the event of an emergency?

Name	Address	Phone Number	Relationship (parent, guardian, legal custodian if under 18, relative, etc.)
Custodial Representative must include emergency contact information for reporting abuse/neglect/critical or serious incidents (phone number/email address/address, etc.) as a preferred method of notification. This can be updated at anytime during service delivery.			
Custodial Representative Name & Phone Number	Email	Address	Preferred Method of Notification

I verify by signing below, that all the information is true to the best of my knowledge. I understand the information will be used to determine my approval or denial into the PICF Independent Living Program and that my acceptance is not guaranteed. I also understand that if I am accepted, I will have 14 days to decide to Opt-In to the program.

Signature of Youth Applicant

Date

Signature of Referring Agency Representative

Date

Date Application Received: _____	Date Application Reviewed: _____	Staff Only	Signature of PICF Staff _____
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