



BAYC - Real Alternatives for Adolescents- RAFA

THPP Application Check List

In order to process your application you need to submit the following documents:

- Completed application
- Letter of recommendation from County Social Worker or Probation Officer
- ILP letter of Recommendation (from Nicolia Gooding w/Alameda County ILP)

Steps to Housing:

1. Submit Application and Supporting Documents
2. Complete Intake Interviews with RAFA Staff
3. TDM (youth referred by Alameda Social Services only)
4. Waitlist



RAFA THPP (ages 16-17) Application

In order to help BAYC get to know and understand you better, please fill out this form as completely and honestly as possible. All information you provide us with is strictly confidential and private; no one outside this agency will be allowed to see any information that you give us except when you say its okay!

Date: _____

Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____ **SS#:** _____

Phone #: _____ **Cell#:** _____

Background Information

Gender Identity: Male Transgender
 Female M to F or F to M
 Gender queer Stud

Do you have Children: Yes
 No

How many : _____ **Ages:** _____

Referred by: Social Worker School/ Church
 ILSP Shelter
 Family/ Friend Other
 Probation Officer

Race/ Ethnicity:
 African American Other Latino
 White Pacific Islander
 Mexican American Other _____
 Asian American

Are you enrolled in ILSP?

Yes
 No

Social Worker/ Probation Officer Information:

Name: _____

Phone #: _____

What day and time to you attend?

What is your emancipation date?

County:

- Alameda
- San Mateo
- San Francisco
- Contra Costa
- Other: _____

Current Placement:

- Group Home: _____
- THPP: _____
- Foster home: _____
- Other: _____

Education

Are you enrolled in High School diploma or GED program? Yes No
 If yes, what school? _____
 How many credits do you need to graduate? _____

If no, have you graduated with a high school diploma or GED? Yes No
 Graduated from: _____ Graduation date: _____

Are you enrolled in a College program? Yes No
 If yes, what college? _____

Please circle all that apply:

I have issues with reading	I am good with my hands	I was never suspended from school	I was placed in special education classes
I study better with help	I don't feel comfortable at school	I like to read	I like going to school
I have issues concentrating in classrooms	I enjoy math	If I could play sports I would attend more school	I have issues with math
I don't like school	I usually skip school	I don't have support at school	My favorite class is art
I get into fights at school	I get teased/ harassed at school	My school is too far	I have good relationships with my teachers

Do you have a learning disability? Yes No
 If yes, please list type: _____

Do you have an IEP? Yes No

I have interest in the following schools:

- Hair/ Beauty College
- Computer Training
- Childcare Training
- Automotive Training
- Jr. College
- State / University
- Other _____

Employment

Are you currently working? Yes No

Please list your employment history, including current job:

Employer	Hourly Wage <i>(\$)</i>	Number of Hours <i>(Per week)</i>	How long <i>(wk/mo/yr)</i>

Do you have an updated resume/ cover letter Yes No

Emancipation Planning

Do you have a bank account?

Yes No

If yes what bank?

Do you currently have?

California Identification Card	YES	NO
Birth Certificate (not a photo copy)	YES	NO
Social Security Card	YES	NO
Passport	YES	NO
CA Driving Permit	YES	NO
CA Driver's License	YES	NO
Immunization Record	YES	NO
School Picture Identification	YES	NO

Do you have any reason to suspect that you might have bad credit?

Yes No

Please explain:

Has anyone ever put bills (phone, PG& E, water, or cable) in your name?

Yes No

Wellness/ Health

Do you have Medi-Cal?

Yes No

Number

Do you have any other medical insurance?

Yes No

Name and Number

Do you have a doctor?

Yes No

Name & number

Please list all medication (prescription) you have ever taken?

Medication Name	Reason/ Purpose	Length
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other	30 days 1-3 months 1-2 years On-going

Have you been hospitalized in the last two (2) years? Yes No

Please explain why

When was your last:

Medical/ Doctor's Visit: _____

Dental Visit: _____

Are you pregnant right now? Yes No Possibly

Are you currently using any form of birth control? Yes No

Have you ever seen a counselor/ Therapist? Yes No

Name & number _____

How often do you see him/ her? Daily-Weekly-Monthly

How are you feeling emotionally? (check all that apply):

- I am doing great! I just need some help finding housing and/ or a job.
- Sometimes I feel helpless because of my living situation.
- If I had a job life would be good.
- I am cool, no problems.
- It feels like everyday something doesn't go my way.
- I have never wanted to hurt myself
- Sometimes I cut on myself, to make me feel better
- I have never felt suicidal
- I would never think of hurting myself or others
- When I take my medication life is easier to deal with
- I can get violent when people push me too far.

Please fill in the following chart:

Substance	On the average how often have you used this substance in the last 6 months?			
	Never	Once	Daily	Weekly
Alcohol				
Marijuana				
Downers				
Uppers				
Cocaine				
Inhalants				
Psychedelics				
Heroin				
Cigarettes				
Crystal Meth				
Crack				
Ecstasy				

Have you ever been in a treatment program for substance abuse? Yes No

Name of program & length of stay _____

Have you ever been a survivor of domestic violence? Yes No

Please explain: _____

Do you have people in your life that you can rely on? Yes No

Please explain who: _____

Have you ever had a partner who...

- Put you down?
- Acted in a controlling jealous manner?
- Restricted or monitored your life?
- Discouraged or prevented you from going to school, work, and/ or visiting family and friends
- Hit, kicked, or slapped you?
- Forced you to have sex?
- Threatened to hurt or kill you?
- Used a gun, knife or other weapon against you?

Have you ever been arrested? Yes No

If yes, what was the reason?

- Drinking alcohol
- Possession or use of illegal drugs
- Theft
- Driving violation
- Violence (fighting or battery)
- Truancy (skipping school)
- Running away from placement or home
- Vandalism
- Curfew violations
- Other: _____

Are you currently on probation? Yes No

Are you enrolled in any court mandated programs? Yes No

Please list them:

- _____
- _____
- _____

Do you have any outstanding traffic tickets? Yes No

Do you have any unpaid fines or restitution due to the court? Yes No

Please explain why

Personal Effectiveness

List your top 3 goals:

- _____
- _____
- _____

Tell us 2 things about yourself, that you are most proud of:

- _____
- _____

Why do you want to participate in the RAFA program?

What areas do you feel you need the most support in?

Education Counseling Job Training/ Skills Time Management
Employment Cooking Money Management Emancipation Planning

What skills/ strengths do you already have that will make you successful in the RAFA program?

I have answered the questions to the best of my knowledge and understand that any false or misleading information can hinder my acceptance into the RAFA program.

Applicant Signature

Date



RAFA Transitional Housing Program Expectations

Below are the basic RAFA program expectations

1. Attend a school program regularly.
2. Participate in and attend ILSP regularly.
3. Meet at least once a week with Youth Development Specialist (YDS).
4. Participate in roommate meetings and mediations.
5. Work or volunteer at least 10 hours per week.

I understand that if I am accepted into the RAFA Program, I will be required to meet the above expectations.

Applicant Signature

Date