

BLUEPRINT

Application

HRDC Blueprint home offers youth experiencing homelessness an opportunity for safety, stability and focuses on supporting a transition to independence. To achieve this, program participants will: participate in assessments, create weekly independent goals, and receive case management, mentoring services, supportive and inclusive housing and life skills training to aid in transitioning into self-reliance.

Eligibility

Applicants must be:

- Experiencing Homeless
- 16-20 years old
- Willing to fully participate in all program requirements
- Desire to be fully self-reliant
- Willing to work with program staff
- Seek mental health services if needed

Program Requirements

All residents will participate in:

- GED/HiSet or High School Degree acquisition
- Full-Time employment
- Financial planning and budgeting
- Life skills/employment skills classes
- Case management services

HRDC Youth Development program is committed to helping youth find emotional, social and economic stability. We believe this process begins with physical stability and ends in healing and recovery.

Name:		Phone & EMAIL:
Current Address (or last area resided in):		
Age:	Gender:	Date of Birth:
Emergency Contact:		Phone:

Pets *Please select the option that best describes you:*

☐ No pets ☐ Pets – Type: _____ #: _____

Marital Status *Please select the option that best describes your marital status:*

☐ Single ☐ Domestic partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Family Type *Please select the option that best describes your family:*

☐ Single person ☐ Single parent – female ☐ Single parent – male
☐ Two parent household ☐ Two or more adults (**no children**) ☐ Extended family
☐ Mixed adults with children ☐ Grandparent(s) raising child(ren) ☐ Other

If you have children, how many & what ages? _____

Childcare *Please select the option that best describes your childcare situation: Child/Children*

☐ Enrolled in *unlicensed* childcare ☐ Not enrolled in any childcare ☐ On childcare waiting list
☐ Family/friend provides childcare ☐ Enrolled in licensed *subsidized* childcare – *limited choice*
☐ Enrolled in licensed *subsidized* childcare – *of own choice*
☐ Enrolled in licensed *non-subsidized* childcare – *of own choice*
☐ Not applicable (All children are over age 12 or there are no children in the household)

Housing Status *Please select the option that best describes your current living situation:*

☐ Substandard or unsafe housing ☐ Shelter/temporary shelter/emergency/motel ☐ Transitional housing
☐ Living with relatives or friends (temporary) ☐ Unaffordable house/apartment
☐ Safe and secure housing – Subsidized ☐ Safe and secure housing – Non-Subsidized
☐ Owned house/apartment/condo/trailer ☐ Homeless (**Living in a car/tent/streets**)
☐ Drug Treatment ☐ Hospital

Are you living in a place that is highly overcrowded, meaning the number of persons exceeds health and/or safety standards for the housing size? Yes No Refuse If yes, please explain: _____

Are you fleeing a violent situation? ☐ Yes ☐ No ☐ Refuse If yes, please explain:

Have you ever been charged or convicted of any crime (misdemeanor or felony)?

☐ Yes ☐ No ☐ Refuse If yes, please explain:

Probation officer: _____ Phone #: _____

Employment *Please provide employment information for head of household only:*

Are you employed?

☐ Yes ☐ No ☐ Unable to work (Disabled receiving SSI/SSDI)

If no, do you have a positive work history and/or skills? ☐ Yes ☐ No

If Yes, are you employed ☐ Full-time (40+ hrs/wk) ☐ Part-time

If Yes, is your hourly wage ☐ Minimum Wage (\$7.80 - \$11.22) ☐ Living Wage (\$11.23 +)

If Yes, does your employer provide benefits? ☐ Yes ☐ No

Education Level *Please select the highest level of education completed by head of household only:*

☐ None ☐ 1st-8th ☐ 9th-12th non-graduate, still attending

☐ 9th-12th non-graduate, not enrolled, last year completed: _____

☐ GED ☐ HS diploma

☐ Vocational / certificate training / some college

☐ College – associates or bachelors

☐ College – masters or doctorate

Transportation *Please select the option that best describes your access to transportation:*

Valid License? Yes or No

☐ No vehicle or access to public transportation

☐ Have vehicle, but no insurance and needs repairs

☐ Live within 10 blocks from bus stop/or use Galavan

☐ Have vehicle, with insurance, but needs repairs

☐ Have vehicle, with insurance and needs no repairs

Estimated Gross Household Income: \$ _____ / ☐ week ☐ month ☐ year (check one)

Non Cash Benefits (circle all that apply)

Medicare Medicaid SNAP (food stamps) \$ _____ WIC VA Medical Benefits N/A

Medical History:

Allergies: _____

Do you have any current physical health problems or concerns? ☐ Yes ☐ No

If yes, please explain: _____

List all medications you are taking: _____

Are you currently pregnant? ☐ Yes ☐ No ☐ Unsure

Have you ever struggled with:

☐ Mental Health Issues ☐ Substance abuse problems ☐ Learning Disabilities

☐ Other Chronic Health Issues (including HIV/AIDS) ☐ Yes ☐ No

If checked above, please explain:

Primary language spoken in home? _____ *(Including American Sign Language)*

Certification of Accuracy

I/We hereby certify that all information provided is true and accurate to the best of my/our knowledge. I/We understand that any misstatements found may result in me/my household being disqualified from receiving services.

Participant Signature

Date

Print Name

Staff Signature

Date

Print Name