



A PROGRAM OF  HRDC

BLUEPRINT

Application

HRDC Blueprint Program offers homeless young adults an opportunity to achieve an increased level of safety and stability and successfully transition into independence. To achieve this, program participants will participate in a couple self-assessments, create weekly independent goals, and receive intensive case management and mentoring services, supportive housing and life skills training to aid in transitioning into self-reliance.

Eligibility

Applicants must be:

- Homeless
- 17-20 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:
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 Yes No 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

Human Resource Development Council of District IX, Inc.

AUTHORIZATION FORM

Please Read the Following and Sign and Date where indicated/appropriate:

I understand that this application is for assistance through the Human Resource Development Council of District IX, Inc. (HRDC) and that any falsification or concealment of a material fact may be prosecuted under Federal or State Laws. I understand that the application must include information for all individuals living in the household including all gross income and resources. I certify that the information provided herein is true, complete, and correct to the best of my knowledge.

***** And *****

Release of Confidential Information/Authorization to obtain personal information:

I authorize any individual, company, agency, or other entity which has information about me or my household, including, but not limited to, the information sources listed below to release or disclose information to the HRDC. I authorize the disclosure or release of any information relevant to my eligibility for assistance through HRDC, including, but not limited to, the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of assistance or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law, or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application and provided to HRDC can be used in DPHHS electronic databases for the determination of eligibility for programs and/or to record services provided to my household for federal, state, or other reporting purposes.

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor & Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers & Vendors, Other Social Service Providers, Landlords (Current , Previous, Potential), Child Support Enforcement Division, Offices of Public Assistance, and other sources which may be deemed necessary.

INFORMATION TO BE RELEASED OR DISCLOSED: Savings, Certificates of Deposit, Stocks & Bonds, Gross Earnings, Social Security Payments, V.A. Benefits, Personal & Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Housing Status, Household Members, Amount of Assistance Provided, Lease/Rent Payments, Security/Utility Deposit Payments, Amount of Assistance Received form agencies, Utility Account Information, Child Support Payments, Benefit Information, Eligibility Status.

To be signed by the Head of Household & all person's 18 & older:

Print Name

Signature

X _____

X _____

Date: _____

SSN: _____