

**ARFSTROM FAUNT TEEN HOME II  
SUPPORTIVE INDEPENDENT LIVING**

**RESIDENT APPLICATION**

**Applicant**

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Referred By \_\_\_\_\_ Phone \_\_\_\_\_

Currently Residing \_\_\_\_\_ Length of Time \_\_\_\_\_  
*Type (Homeless, Couch Surfing, Foster Home, Shelter, Private, Etc.)*

Previously Living \_\_\_\_\_ Length of Time \_\_\_\_\_  
*Type (Homeless, Couch Surfing, Foster Home, Shelter, Private, Etc.)*

Are you currently or have you ever been in foster care?  Yes  No      When do/did you age out? \_\_\_\_\_

Do you have DHHS Worker?  Yes  No      If yes, complete the section below.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

Do you have a MYOY Worker?  Yes  No      If yes, complete the section below.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian  Yes  No      If yes, complete the section below.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

**Identifying Information**

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Age \_\_\_\_\_  
 SSN \_\_\_\_\_ Medicaid/Insurance Number \_\_\_\_\_

Are you a citizen of the United States?      Yes       No       If no, what is your citizenship status? \_\_\_\_\_

<b>Ethnicity</b>	<b>Race</b>	<b>Sex at Birth</b>	<b>Sexual Identity</b>	<b>Sexual Orientation</b>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Straight
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Gay/Lesbian
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Transgender	<input type="checkbox"/> Bisexual
	<input type="checkbox"/> Multiracial		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Primary Spoken Language \_\_\_\_\_

Primary Reading Language \_\_\_\_\_

Are you expecting?  Yes  No      If yes, estimated due date \_\_\_\_\_      Do you have a child(ren)?  Yes  No

Do you have legal/physical custody of your child(ren)?  Yes  No      Do you have visitation?  Yes  No

Do they live with you? \_\_\_\_\_      If not, where do they live? \_\_\_\_\_

Name(s) \_\_\_\_\_      Age(s) \_\_\_\_\_

### Personal History

Do you have any physical limitations or ailments?  Yes  No

Diagnosis (s) \_\_\_\_\_

Medication (s) \_\_\_\_\_

Allergies \_\_\_\_\_      Asthma  Yes  No

Eye Color \_\_\_\_\_      Hair Color \_\_\_\_\_      Height \_\_\_\_\_      Weight \_\_\_\_\_

Tattoos  Yes  No      Piercings  Yes  No      Scars/Body Markers  Yes  No

If yes to any of the above, describe:

\_\_\_\_\_

### Check any that apply.

- Alcohol Use/Abuse       Drug Use/Abuse       Gang Affiliations       Victim of Domestic Violence
- Victim of Sexual Abuse       Victim of Physical Abuse       Victim of Emotional Abuse       Sexual Offender

Mental Health Concerns      If yes, diagnosis \_\_\_\_\_

Medication (s) \_\_\_\_\_

Are you currently in counseling services?  Yes  No      If no, do you want to be?  Yes  No

### Educational And Training

Have you graduated high school or received your GED?  Yes  No      If yes, what year did you complete this? \_\_\_\_\_

What school did you graduate from? \_\_\_\_\_ City/State \_\_\_\_\_

If you did not graduate, what grade are you be in? \_\_\_\_\_ What school are you attending? \_\_\_\_\_

Are you currently attending college, vocational training, or job training?  Yes  No      If yes, where? \_\_\_\_\_

### Employment

Are you currently employed?  Yes  No       Part-time  Full-time  Seasonal  As needed      Hours Per/Wk. \_\_\_\_\_

If employed, complete the section below.

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

If unemployed, what section applied to you?  In school  Job seeking  Unable to Work

### Financial

Do you have a bank account?  Yes  No If no, do you need assistance setting up a bank account?  Yes  No

Do you receive any of the following (Check all that apply):

WIC  Food Stamps  SSI  SSA  Other \_\_\_\_\_

### Legal

Have you ever been arrested?  Yes  No Have you ever been detained?  Yes  No

Have you ever been charged with a misdemeanor?  Yes  No Felony?  Yes  No  
Date \_\_\_\_\_ Charged \_\_\_\_\_ Outcome \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No Felony?  Yes  No  
Date \_\_\_\_\_ Charged \_\_\_\_\_ Outcome \_\_\_\_\_

Are you on probation?  Yes  No

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

Do you have an attorney or GAL? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

### Personal Goals

In this section, write down goals you would like to achieve in the short-term (less than 6 months) and long-term (more than 6 months).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I understand that the above information is being considered for my acceptance into the Arfstrom Faunt Teen Home II: Supportive Independent Living Center. I also understand that this is only one part of the application process. Final acceptance into the program is based on all the parts of the application process (interview, tour, documentation submitted, etc.).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification Date of Application	
AFTH II SIL Staff _____	Date _____