

## S.T.E.P. Program

### *Successful Transitions through Empowerment and Planning*

#### Transitional Living Program Application

The following documents are required to apply for services prior to an interview:

1. Completed application
2. Psychological Evaluation completed within past 2 years
3. Updated Social History
4. IEP/School Records
5. Placement History
6. Most Recent Physical/Dental
7. Letter or Memo Confirming Level/funding

Youth's Name: \_\_\_\_\_

Referring Agency/Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Youth's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Youth's Current Placement: \_\_\_\_\_

Length of time at current placement? \_\_\_\_\_

School placement: \_\_\_\_\_ Youth's Grade Level: \_\_\_\_\_

Educational Services:

Regular Classroom

EBD-Self Contained Class

Residential/On-site school

Resource Classes

Psycho-Educational Facility

Alternative School

List any other involved agencies (DJJ, Mental Health, etc.): \_\_\_\_\_

Allergies/Physical/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Is youth compliant with taking prescribed medications?  Yes  No

Youth's Behaviors: (Please indicate C = current in last 6 months, or H = by history)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Eating issues       | <input type="checkbox"/> Legal Involvement           | <input type="checkbox"/> Mood Swings    |
| <input type="checkbox"/> Lying               | <input type="checkbox"/> Hyperactivity               | <input type="checkbox"/> Bullying       |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Compulsive Behavior         | <input type="checkbox"/> Anxiety        |
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> Tantrums       |
| <input type="checkbox"/> Stealing            | <input type="checkbox"/> Angry/Irritable             | <input type="checkbox"/> Suicidal       |
| <input type="checkbox"/> Self-injury         | <input type="checkbox"/> Gang Involvement            | <input type="checkbox"/> Inattention    |
| <input type="checkbox"/> Hoarding            | <input type="checkbox"/> School Issues               | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Enuresis            | <input type="checkbox"/> Sexual Orientation/Issues   | <input type="checkbox"/> Prostitution   |
| <input type="checkbox"/> Encopresis          | <input type="checkbox"/> Sexual Behaviors (offender) | <input type="checkbox"/> Promiscuous    |
| <input type="checkbox"/> Fire setting        | <input type="checkbox"/> Sexual Abuse (victim)       | <input type="checkbox"/> Runaway        |

DSM Diagnosis (please include diagnostic code):

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Full Scale IQ \_\_\_\_\_ Verbal \_\_\_\_\_ Performance \_\_\_\_\_

Test Date \_\_\_\_\_ Test Type \_\_\_\_\_

Youth's Strengths/Interests/Abilities:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Artistic       | <input type="checkbox"/> Communication  | <input type="checkbox"/> Friendly        |
| <input type="checkbox"/> Humor          | <input type="checkbox"/> Athletics      | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Motivation     | <input type="checkbox"/> Academics      | <input type="checkbox"/> "Street Smarts" |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Social/Friends |  |

Other Strengths/Interests: \_\_\_\_\_

\_\_\_\_\_

Reason for seeking placement in transitional living program? \_\_\_\_\_

\_\_\_\_\_

How are you hoping the youth will benefit from a transitional living environment? \_\_\_\_\_

\_\_\_\_\_

What are the youth's plans/desires for adulthood? \_\_\_\_\_

\_\_\_\_\_

Identified Family Participating in Treatment (please clarify birth, foster, or adoptive family members) \_\_\_\_\_

\_\_\_\_\_

Additional Comments/Information: \_\_\_\_\_

\_\_\_\_\_

Please attach a brief letter of intent written by the youth answering the following questions: (This letter can be either typed or hand-written, and does not need to be longer than 1 page.)

1. Why do you want to move into a Transitional Living Home?
2. What would you like to accomplish in the next year?
3. What skills would you like to learn that would help you in the future?

