



Basic Needs Youth Application

Assisting Former Foster Youth in Starting a New Life

Date: _____ Date of Birth: _____

Name: _____ Yes, I am a Former Foster Youth

Address: _____
Street City State Zip Code

Phone Number: () _____ Alt. Number: () _____

E-Mail Address: _____

Case Manager: _____
Name Organization Tel. Number

Programs (please check all programs you are currently participating in):

- ILS What region/service? WAY YES WIA/WORKS Opp. Passport SPA Casey Home TLP
 THP+NA THP+ Mary's House THP+ Casa de Amparo THP+ Maloney Wilding THP+ SBCS THP+ SDYS Other

Educational Information

- Are you currently enrolled in school (i.e. College/Vocational/GED/HS Diploma)? Yes No
- What is the name of the school you are attending?
- How many units/credits/hours of instruction are you currently taking and what is your current GPA?
- Are you receiving any financial aid? Please list ALL federal/state/private/corporate loans, scholarships, or work study assistance.

Employment Information

- Are you currently working? Yes No
- If yes, what is the name of your employer(s)?
- How many hours per week do you work and what is your current rate of pay?

Previous Just In Time Assistance

Have you participated in any of Just In Time's programs in the past? (Please LIST ALL previous assistance)

Request for Basic Needs Assistance

- What do you need and why do you need it?
- When do you need it?
- What other sources of funding have been attempted or received for this need?

After payment to individual or vendor, a receipt must be promptly returned to JIT.

Please initial that you understand the following:

If proof of payment is not received within a timely manner, I understand that I will not be eligible for any future assistance from JIT.

JIT OFFICE USE ONLY:

Approved Denied _____ Date: _____

Signature required by JIT President or Treasurer if amount exceeds \$1,000.00 Communications Agreement Publication Agreement



COMMUNICATIONS AGREEMENT

Just In Time for Foster Youth is dedicated to providing quality services to emancipated foster youth throughout San Diego County. To effectively help our youth, Just In Time must communicate with all current/former case managers, social workers, college officials, employers, rental companies, volunteers and any other programs related to a former foster youth's request for assistance. In addition, agencies providing service at the Youth & Family Transition Center may share confidential information and records of individuals requesting service for the purpose of assisting those individuals with their transition to independence.

Therefore, I hereby agree that Just In Time is authorized to obtain any and all information related to my application for services. Further, I authorize Just In Time's representative to communicate with any person(s) or organization(s) listed. **I also agree to disclose to Just In Time for Foster Youth any and all programs or organizations with which I am involved or receiving services.**

<u>Contact Name</u>	<u>Organization/Program</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge the importance of this Communications Agreement and if I fail to cooperate, I am subject to being disqualified from receiving Just In Time services.

Just In Time Youth Applicant:

Name: _____
[Please print clearly]

Signature: _____ **Date:** _____

Just In Time Program Director/Representative:

Name: _____
[Please print clearly]

Signature: _____ **Date:** _____