



“My First Home” Youth Application

Assisting Former Foster Youth in Starting a New Life

(Please Print Clearly or Type)

As you begin the challenge of living on your own, Just In Time volunteers may be able to assist you with some things you may need for your first home **Each question must be fully answered for consideration.**

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

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

Goals

What are your future career goals?

Employment Information

1. Are you currently working? Yes No
2. If yes, what is the name of your employer(s)?
3. 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 ANY previous assistance):

Transportation

What type(s) of transportation do you currently use?

Car SUV Truck Public Transportation Current Driver's License Current Vehicle Insurance



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“My First Home” Needs

1. Have you moved into your new home? ___ Yes ___ No
2. If you answered no, when is your approximate move in date?
3. What is the address?
4. What level is your new home located on (i.e. second floor)?
5. Is your new home partially furnished? If so, what furnishings have been provided?
6. What type of housing is your new home?
 Renting a room Studio Apartment/Condo (small) Apartment/Condo (large) House
7. Please list all persons and their ages you live with.

**Please complete the checklist below to let us know how we can assist you in setting up your “First Home.”*

Donations will be new or gently used.

HOME FURNISHINGS	REC'D	KITCHEN ITEMS	REC'D	BATHROOM ITEMS	REC'D
<input type="checkbox"/> Bed [Twin / Full / Queen] <input type="checkbox"/> Bed Linens: Sheets/ Pillows & Cases/Blanket/Comforter <input type="checkbox"/> Dresser <input type="checkbox"/> Nightstand(s) <input type="checkbox"/> Sofa <input type="checkbox"/> Coffee Table / End Table(s) <input type="checkbox"/> Dinette Table & Chairs <input type="checkbox"/> Computer Desk & Chair <input type="checkbox"/> Lamps [Desk / Table / Floor] <input type="checkbox"/> Alarm Clock <input type="checkbox"/> Area Rug <input type="checkbox"/> Television		<input type="checkbox"/> Pots & Pans <input type="checkbox"/> Baking Dishes <input type="checkbox"/> Dishware <input type="checkbox"/> Glassware <input type="checkbox"/> Utensils <input type="checkbox"/> Knife Block / Cutting Board <input type="checkbox"/> Dish Towels / Pot Holders <input type="checkbox"/> Microwave Oven <input type="checkbox"/> Toaster / Toaster oven <input type="checkbox"/> Blender <input type="checkbox"/> Coffee Maker <input type="checkbox"/> Kitchen Trash Can		<input type="checkbox"/> Bath Towels / Wash Cloths <input type="checkbox"/> Shower Curtain <input type="checkbox"/> Toilet Brush / Plunger <input type="checkbox"/> Bath Rug / Mat <input type="checkbox"/> Bathroom Trash Can OTHER ITEMS <input type="checkbox"/> Food <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Iron & Board <input type="checkbox"/> Broom & Dust Pan / Mop <input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Laundry Basket <input type="checkbox"/> Other _____	

IN RETURN, WE ASK FOR YOUR ASSISTANCE. Please send a “thank you” letter to the person or persons who donated these gifts to you. When donors receive your thanks, it helps assure them that these gifts were actually received by a wonderful person like yourself. Your “thank you” helps our organization continue to support you and others like you in need of assistance to get started in a new life.

JIT OFFICE USE ONLY:

Approved Denied _____ Date: _____
 First Home Level: _____ Volunteer Name: _____ Date Referred: _____
 Publication Agreement Communications Agreement Photographs Entered: _____



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:** _____