

Transitional Living Application Forms



Kansas City, Kansas Public Schools

Office of the Homeless Liaison

3101 Minnesota Ave (Unit 5), Kansas City, KS 66102

www.kckps.org

Homeless Liaison Independent Living Application for KCKPS USD 500

Date _____

Name _____

Phone Number _____

Cell Phone number _____

E-Mail _____

Age _____ Grade _____

School/Education Program _____

How do you get to school? (Bus, Walk, Drive, etc.) _____

Do you have an IEP or SIT plan? _____ if so please attach a copy of the plan.

Do you have truancy or attendance problem? If so please explain. _____

What is your GPA? _____

How many credits do you have? _____ How many credits do you need to graduate? _____

When do you plan on graduating? _____

❖ *A condition of this Independent Living Program is you must participate in the Strength's Base Case Management Program.*

Are you willing to participate in this SBCM program? YES ___ NO ___

Are you involved or have been involved in any Foster Care Service? YES ___ NO ___

Are you currently in SRS custody? YES ___ NO ___

Are you employed YES ___ NO ___ If, so where are you employed?

What is your job position? _____

How many hours do you work a week? _____

What is your work scheduled?

Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___ Sun. ___

How do you plan to balance work, school, homework and your personal life?

What are your long term goals and plans after graduation? Is it College, Vocational School, Work, Military, etc.?

Please list any references? (Teachers, Coaches, Pastor, Youth Leaders)

1. _____ Phone # _____
2. _____ Phone# _____
3. _____ Phone# _____

Student Signature _____

Case Manager Signature _____

Please list your job duties: _____

When released from custody, where would you like to live? _____

Please list three personal references- *NO RELATIVES PLEASE*

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please list your family members:

Biological mother: _____ Stepmother: _____

Biological father: _____ Stepfather: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Starting with the oldest, please list names and ages of all siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Special adults in your life- please include their relationship to you _____

Do you have a valid Drivers License? Yes No

Do you have a valid State ID? Yes No

Do you have your **original** Birth Certificate? Yes No

Do you have your **original** Social Security Card? Yes No

Have you ever successfully completed Independent Living Classes? Yes No

MUST BE COMPLETED BY THE YOUTH

OZANAM PATHWAYS TRANSITIONAL LIVING YOUTH APPLICATION

Date: _____
Youth Name: _____ Phone #: _____
Current Address: _____
Name of Facility (if applicable): _____
Name of reference at facility (if applicable): _____ Phone#: _____
Age: ____ Date of Birth: _____ Social Security Number: _____
How long have you lived at the present address? _____
Who referred you to the Pathways program? _____
Please list prior placements: _____

School you are presently attending: _____
Last grade completed: ____ Do you have your GED? Yes No Diploma? Yes No
If you are not currently enrolled in school or a GED program, would you be willing to enroll and complete a program? Yes No
What career do you wish to pursue after completing an educational program? _____

What are your favorite things to do? _____

What are some of your strengths? _____

What are some of your weaknesses? _____

What goals have you set for yourself? _____

How would this program help you work toward these goals? _____

Have you had any involvement with law enforcement? Yes No
If yes, please explain charges, and include dates: _____

What alternatives do you have if not accepted into the Pathways program? _____

In what ways do you feel this is the right type of placement for you? _____

Name of employer: _____ Address: _____
Phone number of employer: _____ Supervisor name: _____
How long have you been employed here? _____ What is the salary? _____