



Caples Terrace Self-Sufficiency for Youth Program Application

Name:		Date:	
Legal name, if different than listed above:			
Date of Birth:	Age:	Pronouns:	
Primary Language:			
Legal Guardian Name:			
Legal Guardian Phone:		Legal Guardian Email:	
How did you hear about the Caples Terrace program? Who referred you?			
Current and Former Living Situations			
Please describe your current living situation			
Current Street Address:		Can you receive mail here?	
City, State Zip:		If no above, list address you can receive mail. Can include social worker, case manager, friend, etc.	
Move-In Date:			
Please list other states and counties you have lived in during the past 5 years.			

Community Living
<i>Caples Terrace is an independent-living apartment complex with each unit having its own bathroom, kitchen, and separate unit entry. There is a shared building entrance, shared hallways, community space and outdoor patio, and a shared lobby.</i>
What do you think you will like most about living in this type of community? Please be specific
What do you think you might find challenging about living in this community? Please be specific
On a scale of 1-10 with 1 being "not at all" and 10 being extremely likely, how willing will you be to engage in community (apartment building or nearby housing community) activities?
What might prevent you from engaging in community activities?

What is your experience with sharing common spaces like those described above with other individuals?
Have you lived in semi-independent or fully independent housing programs before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Caples Terrace strives to maintain resident safety/security and confidentiality. For this reason there is a guest policy allowing only 14 overnight stays per year by guests (not counted consecutively). In addition, there is 24 front desk staff that require both sign in and sign out of guests. Will you be able to follow these guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why not?

Goals and Supports
Please share a few reasons why you are applying to this program at this time? What have you learned about the program that will help you besides housing?
Are there any life skills you would like to learn or work on while in the program? Life skills can include keeping an organized home, doing laundry, cooking and cleaning, paying rent and bills, learning to be a better communicator, conflict resolution, improving education or employment, money management...etc.
What are your short-term and long-term housing goals? Short term means the next 0-6 months. Long term means a year or later.
Caples Terrace is a community-driven complex. Tenants are highly encouraged to meet regularly with their neighbors, and a Resident Forum meets regularly to discuss housing concerns and challenges, and to encourage networking and community. What hobbies, interests or skills could you contribute to the Caples Terrace Community?
Once you have safe and affordable housing, what is your next priority or goal to achieve? How will having individual support on-site help you achieve this goal?

What supports or relationships do you currently have that would have a positive affect on you pursuing your goals? (example: family, social worker, sponsor, friends, etc)

How will these supports or relationships help you specifically?

Drug & Alcohol Usage

While this is not a legal-drug-and-alcohol free community, substance use may affect your ability to participate in the program and the safety of the community.

When was the last time you:

Drank alcohol _____ How many drinks do you typically consume at one time _____

Used marijuana _____ How many times per week do you typically smoke _____

Used an illegal substance _____

In your opinion, does any of your current or past use prevent your ability to get or keep a job? ☐ Yes ☐ No

If yes, please explain: _____

Have you been through a formal or informal drug or alcohol treatment program? ☐ Yes ☐ No

If yes, please list dates and name of treatment program or facility _____

Did you successfully complete treatment? ☐ Yes ☐ No

If yes, how successful do you feel it was for you? _____

What supports do you currently have in your recovery efforts? (NA/AA meetings, sponsor, Case Manager, etc)

Are there any supports around substance use that this program could provide to help you succeed?

Would you be interested in a referral to drug and alcohol treatment at this time? ☐ Yes ☐ No

Caples Terrace is a smoke-free facility with designated OUTDOOR smoking areas only. Smoking of any kind is not permitted anywhere inside the building. Are you able and willing to follow this rule and be responsible for your guests to follow this rule?

☐ Yes ☐ No

Legal Barriers

Disclosing legal barriers or history will not necessarily exclude you from the program. However it's important to know what legal issues you have currently or in your past in an effort to work with you on resolving them to become self-sufficient.

Please note: Criminal background checks will be conducted for public housing eligibility during lease up.

Do you have any unresolved legal issues such as warrant, run report, upcoming criminal proceedings, etc? ☐ Yes ☐ No

If so, please describe.
Are you on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is your parole/probation officer's name and contact information?
Have you ever been convicted of a crime, whether as an adult or a juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions: Date/s convicted: Conviction/s: Felony/Gross Misdemeanor/Misdemeanor: Have any of your criminal charges or convictions affected your ability to get or keep a job? <input type="checkbox"/> Yes <input type="checkbox"/> No

Productive Time	
<i>The expectation when you move into Caples Terrace is that you work towards 36 hours per week of productive time (school, work, or any community activities that would increase your self-sufficiency skills and/or your independent living skills).</i>	
Please describe your current weekly schedule of productive time spent in each of the following activities:	
Job _____ hrs/wk	School _____ hrs/wk
Physical/Behavioral health appts _____ hrs/wk	
Independent living skills classes /meetings _____ hrs/wk	Other _____ hrs/wk (please describe) _____
If the above productive time hours don't currently equal 36 hours, how will you work toward obtaining 36 hours of productive time? What kinds of activities do you intend to do once you're stable in your home?	
What goals are you currently working towards to gain self-sufficiency skills? (School, job, etc)	
What are your short-term educational goals (next 6 months)?	
What are your long-term educational goals, if any?	

Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: School name: _____ Program Enrolled (HS, AA, Certificate, etc) _____ Full or part time student (as defined by your school) : _____ Planned graduation date: _____
What are your short-term employment goals? (next 6 months) What are your longer-term employment goals (what career would you like to have?)
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: Employer name: _____ Date started: _____ Hours per week: _____ Hourly rate of pay: _____ Job Title: _____ Do you like your job? _____

Debt/Credit
<p><i>Previous evictions or debts owed may not necessarily disqualify you from the program. However, this information is important to know in determining your financial management needs.</i></p> <p><i>Please note: Eviction records will be pulled for public housing eligibility during lease up.</i></p>
Have you ever been evicted from a unit in which your name was on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a judgement or other fine from a landlord or housing program that you have not paid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? Please describe when, situation, and amount owed:
Do you owe money to a court, bank, credit company, or other business that may appear on a credit report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
If yes, to whom is money owed: _____ Approximate amount: _____
Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had your credit report pulled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Are you interested in learning how to manage money better, improve or understand your credit, or have savings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other

Please list any questions or concerns that you may have, or anything you would like to discuss during an interview.
Please identify the best ways for us to contact you to schedule an interview.
<input type="checkbox"/> Phone:
<input type="checkbox"/> Email:
Self-Sufficiency for Youth Program
Please indicate by initials that you understand the Self-Sufficiency for Youth Program participation requirements
<p>I understand the Self-Sufficiency for Youth Program expects I will:</p> <ul style="list-style-type: none"> • Be willing to participate in 36 hours of productive time _____ • Be willing to participate in workshops and classes to help me achieve self-sufficiency _____ (i.e. financial management, work readiness, etc) • Work towards increasing my income _____ • Attend monthly house meetings _____ • Abide by the terms of my lease _____

Youth Applicant's Signature: _____

Date: _____