

Staff Use Only Date:
App received: ___-___-___
Youth contacted: ___-___-___
Interview sched: ___-___-___
Follow-up appt: ___-___-___
Outcome: _____



RANCHO DAMACITAS
CHILDREN & FAMILY SERVICES

Please complete & return to:
RANCHO DAMACITAS
Attn: Steve Liapis / P.I.
38950 Mesa Rd.
Temecula, CA 92592
Fax: (951) 302-2307
Email: steve@4kidsfirst.org

Project Independence Application

*Please read prior to completing this application. The following is an application for transitional housing and supportive services offered through Rancho Damacitas Children & Family Services / *Project Independence*. All personal information contained herein will remain confidential and used solely for the purposes of determining applicant's eligibility and suitability for *Project Independence*. Information will not be released without the applicant's permission. To be considered eligible to apply, please be at least within 6 months of reaching your 18th birthday and not older than 24 years of age. If you are under 18 and still in foster care or on probation, please have your social worker's / probation officer's and/or caregiver's permission to complete this application before proceeding. Thank you.

Today's Date: ___-___-___

PERSONAL INFORMATION

Name: _____ Other Name Used: _____

Age: _____ Birth Date: ___-___-___ Gender: Male Female Gender Identity: _____
*(optional)

Phone: () _____ *(Phone Type - circle one: home - work - cell)

Alternate Phone: () _____ E-mail: _____

Resident Address: _____ Mailing Address: _____
STREET *(if homeless, state "homeless") STREET *(if same, write "same")

CITY STATE ZIP CITY STATE ZIP

Place of Birth: _____ Citizenship: U.S. Mexico Other: _____

Are / Were you a dependent child placed in foster care? No. Yes - If yes, what county? _____

How old were you when you entered foster care? _____ How many placements have you had? _____

Are / Were you adopted? No. Yes - If yes, at what age were you adopted? _____

Emancipation Date (or expected) or Date your Dependency Case Closed: ___-___-___ Age closed: _____

Are you currently or have you ever been on probation? No. Yes - If yes, briefly explain: _____

Ethnicity: Caucasian Hispanic African American Asian Native American Pacific Islander Other
Primary Spoken Language: English Spanish Other: Other Languages Spoken: _____

Do you have children? No. Yes - If yes, how many children? _____ Are you married? Yes. No.

Do you currently have Medi-Cal? Yes. No - If no, do you need help? _____

Do you have any disabilities or special needs? No. Yes – If yes, please explain: _____

Are you currently prescribed medication to preserve your mental health and general well-being? No. Yes.
If yes, are you planning to maintain contact with a doctor regarding your medication? No. Yes.

PERSONAL REFERENCES AND SUPPORT

Please provide the most current information. If your case is closed, indicate the last representative assigned:

County Social Worker's Name: _____ Phone: () _____

Probation Officer's Name: _____ Phone: () _____

Foster Parent or Group Home Name: _____ Phone: () _____

CASA's Name: _____ Phone: () _____

Mentor's Name: _____ Phone: () _____

Other Supporter's Name: _____ Phone: () _____

Type of Placement or Current Living Situation: _____
*(e.g. group home, foster home, relative caregiver, probation, homeless, etc.)

Primary Contact Name: _____ Phone: () _____

Title / Role: _____
*(e.g. social worker, case manager, therapist, family member, friend, etc.)

Who referred you to Project Independence? _____
*(Name and Relationship – e.g. social worker, CASA, sibling, etc.)

With whom do you consider yourself having a long-term, permanent connection with?

(Name and Relationship) Phone: () _____

BACKGROUND INFORMATION

Please briefly describe the reason(s) for your placement in foster care. _____

Please briefly describe your experience in foster care (pros and cons?): _____

Are you in regular contact with anyone from your biological family? No. Yes – If yes, who are you in contact with? _____

Do you have biological siblings in foster care? No. Yes – If yes, how many siblings? _____

Are you on Facebook or other social media (Twitter, Instagram, etc.)? No. Yes – If yes, which ones and by what name(s)? _____

EDUCATIONAL INFORMATION

Are you currently attending high school? No. Yes – If yes, what school? _____

Current Grade / Year: _____ Favorite Subject: _____ Current GPA _____
*(e.g. Sophomore, Junior, Senior)

If no, what high school did you last attend? _____ Last Grade Completed: _____

Have you graduated from high school? No. Yes – If yes, do you have your high school Diploma? GED?

Are you currently attending college? No. Yes – If yes, what school? _____

Current Grade / Year: _____ Major/Minor: _____ Current GPA _____
*(e.g. Sophomore, Junior, Senior)

If enrolled in college, are you Full-time? Part-time? How many units are you currently taking? _____
How many units have you completed so far? _____ Are you receiving financial aid? No. Yes.

If not in college, have you ever attended college? No. Yes – If yes, what school? _____

Do you plan to attend college in the future? No. Yes – If yes, what school? _____

EMPLOYMENT HISTORY / WORK EXPERIENCE *(if you have no paid work history, you may include volunteer experience and/or community service hours)

Are you currently employed? Yes. No – If no, have you ever been employed? Yes. No.

Please list your employment / work experience beginning with your current or most recent job:

1. Company Name: _____ Company Address: _____

Company Phone: () _____ Supervisor's Name: _____

Employment Status: Full-Time Part-Time Employment Dates: From: _____ To: _____
Month / Year Month / Year

Starting Salary / Wage: \$ _____/hr. - Ending Salary / Wage: \$ _____/hr. - Monthly Net Income: \$ _____

Name of Position(s) _____ How many hours worked per week? _____

Job Duties: _____

May we contact this employer? Yes. No. Reason(s) For Leaving: _____

***NOTE: Optional - To provide additional employment history, work experience, volunteerism, skills and abilities, please feel free to submit your updated resume with this application.**

Project Independence Application – Supplementary Questionnaire

Please answer the following questions to the best of your ability. We appreciate your honesty and completeness.

Please state what you know about Project Independence: _____

Please state why you are interested in Project Independence: _____

What personal qualities would make you a good candidate for Project Independence? _____

Please share any experience you have volunteering or serving others in your community. _____

Are you ready to challenge yourself to become a successful, independent adult? If so, how will you challenge yourself? _____

What are your top 5 goals for the future and how do you plan to achieve them? Please be specific.

1. _____

2. _____

3. _____

4. _____

5. _____

AGREEMENT - APPLICANT'S SIGNATURE and CONSENT TO RELEASE INFORMATION

By entering or signing my name below, I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I agree to allow Rancho Damacitas Children & Family Services to verify any of the statements contained in this application. I understand that any false, misleading or incomplete information may be grounds for not being selected for participation in Project Independence, or for dismissing me after I begin receiving services. I understand that I will be asked to provide documentation verifying my identity, program eligibility and employment eligibility in the U.S. I understand that, once submitted, this completed application is the property of Rancho Damacitas Children & Family Services and will not be returned to me. Furthermore, I authorize any listed references to provide Rancho Damacitas Children & Family Services with any pertinent information about me to assist in determining my eligibility and suitability for Project Independence. I understand that I may withdraw this consent to release information at any time by submitting my request in writing. I understand that submitting an application does not guarantee an interview for consideration nor will it ensure acceptance into Project Independence.

Applicant's Signature: _____ Date: ____ - ____ - ____

Thank you!

Submission Options

Please submit your completed application to Rancho Damacitas / Project Independence, Attn: Steve Liapis, using any of the following options:

- **U.S. Mail:** Rancho Damacitas / P.I., Attn: Steve Liapis, 38950 Mesa Rd., Temecula, CA 92592
- **Fax:** (951) 302-2307 **(Please include a cover sheet)*
- **Email:** steve@4kidsfirst.org