DreamTree Project is guided by integrity and empathy to provide a respectful, safe, and structured environment to support youth in crisis.

Transitional Living Program | application Packet

i. The application and interview Process

Please ensure that your TLP Application is fully completed. Your application will not be reviewed until all required materials are submitted. Applications can be submitted to our PO Box, in person, or by fax.

*Please submit your TLP Application along with the following documents:*

* + Previous and Current Placement Records
  + Psychological Evaluations/Psycho-social Evaluations
  + Chronological Offense History/Criminal History (if applicable)
  + Parole or Probation Status

*The following documents will be needed at Intake (if accepted):*

* + Copies of: Birth Certificate and Social Security Card
  + Documentation of Homelessness (form can be provided by DreamTree)

If a resident is an appropriate match for our program, the resident and/or his/her parent/guardian will be contacted to schedule an interview. The interview will take place at our TLP facility at 128 La Posta Road in Taos or by video conference. Interviews take an average of 1 hour to complete.

ii. Acceptance to the Program

1. After a resident has confirmed his/her interest, their references will be contacted. Reference are obtained on our Release of Information & Care Coordination form completed on interview day.

2. An acceptance decision will be made by DreamTree when all of necessary information has been submitted. A decision will be made as quickly as is possible.

3. Upon acceptance, the date and time of move-in will be dependent upon available bed space. If bed space is unavailable, the accepted resident will be placed on our Waiting List.

Please answer these questions to the best of your ability. We understand that some of these questions are personal. We find that honesty enables us to ensure that we are the right placement for you and to better serve you. All information is confidential.

ABOUT YOU

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nicknames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: □ Male □ Female □ Transgender M to F □ Transgender F to M □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Orientation (How do you describe your sexual orientation?) : □ Straight □ Gay □ Lesbian

□ Bisexual □ Questioning □ Unsure/Undetermined □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak? □ English □ Spanish □ Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address (City and State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider Name & #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUarDiaNS

Name of Guardian #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Guardian#2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in custody of CYFD or do you have a legal guardian other than your parent?

Yes \_\_\_\_ No \_\_\_\_

Biological Parents’ Names (If different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I am not in contact with my biological parents □ I would like to contact my biological parents

□ My biological parents are deceased □ I do not want contact with my biological parents

□ I am not allowed contact with my biological parents

=

SUPPORT

Who do you consider as part of your current support system? (This can include family members, friends, supportive adults, JPO, mentors, etc.) Please identify them by names and their relationships to you.

Name: Relationship to you: Under 18?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □

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HEaLTH & THEraPY

Are you currently taking medications? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please list name and amount of each:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions or physical challenges? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check all that apply to you as issues that have been relevant to you in your past or are a current situation for you:

□ Homelessness □ Physical Abuse

□ Sexual Abuse □ Emotional/Verbal Abuse

□ Drug Abuse □ Alcohol Abuse

□ Substance Addictions □ Depression

□ Anxiety □ Harm of Self

□ Harm of Others □ Mood Swings

□ Facing criminal charges □ Difficulty living independently

□ Problems in school/with education □ Confused about what to do in life

□ Hyperactivity □ Damaging Property

□ Stealing □ Unusual fears or phobias

□ Lying □ Social isolation or withdrawal

□ Fire setting □ Eating disorders

□ Bed wetting □ Gang involvement

□ Curfew violation □ Sleep disturbances

□ Running from home/housing □ Skipping School

□ Cruelty to animals □ Sexual problems

□ Temper Tantrums □ Can’t speak openly with parent/guardian

□ Other (Please elaborate causes/circumstances):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PrEViOUS TrEaTMENT HISTORY

Have you received previous treatment? Please check all that apply:

□ Counseling □ Family therapy □ Inpatient hospitalization □ Detox/Substance Abuse Therapy

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have checked above, please indicate where you have received treatment:

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Are you willing to participate in some kind of counseling or support? Yes: \_\_\_\_ No: \_\_\_\_

ADDiCTiON/SUBSTaNCE aBUSE HiSTOrY

Please check all that you have used previously:

□ Alcohol □ Inhalants (glue, hairspray, etc.) □ Marijuana □ Hashish □ Pill abuse

□ Cocaine □ Heroin □ Narcotics □ Tranquilizers (valium, pain pills) □ LSD/PCP

□ Mushrooms □ Speed □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your substance of choice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you struggle with substance abuse? Yes: \_\_\_\_ No: \_\_\_\_ I don’t know: \_\_\_\_

Do you smoke cigarettes? Yes: \_\_\_\_ No: \_\_\_\_ If yes, how many per day? \_\_\_\_\_\_\_\_ Per week? \_\_\_\_\_\_\_\_

Coping Strategies: Have you identified coping strategies that work for you in dealing with the issues listed above? Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EDUCaTiON & EMPLOYMENT

Educational Status: (Current grade, last grade completed, school name, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any learning challenges? Subjects that are hard for you? Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are some current or future Educational Goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you worked? Where? (previous jobs, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your work or career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEGaL isSUES

Have you ever been arrested? Yes: \_\_\_\_ No: \_\_\_\_\_ If yes, how many times? \_\_\_\_\_\_\_\_\_\_\_\_

Please describe reason(s) and when each arrest occurred:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you on probation or parole? (Circle one) Probation Parole

If so, when do you expect to be off of probation or parole? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What conditions or requirements do you have to fulfill in order to get off of probation/parole?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in jail? Yes: \_\_\_\_ No: \_\_\_\_\_ If yes, how many times? \_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in community corrections? Yes: \_\_\_\_ No: \_\_\_\_\_

If yes, when is your projected completion date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What steps do you need to take prior to completing your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aBOUT YOU

Please check all that apply from the following list of after-school/weekend activities/hobbies that you enjoy:

□ Sports □ Listening to music □ Playing instrument(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Church activities □ Drawing/Painting □ Photography

□ Singing □ Dancing □ Reading □ Writing/Journaling

□ Going to work □ Cooking □ Gardening □ Hiking

□ Being in nature □ Swimming □ School groups/clubs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Spending time with friends □ Spending time alone

□ Spending time with boyfriend or girlfriend □ Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Why are you interested in DreamTree’s TLP?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list two (or more) things that you like about yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list two (or more) things you’d like to improve on and explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where would you like to live when you leave the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want to do when you leave the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where do you see yourself five years from now? Ten years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What skills do you need help with to feel supported at DreamTree and after? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Transitional Living Program Expectations

As a DreamTree resident you are responsible for moving toward independence while maintaining the core values of respect, safety, integrity and empathy, and working on goals in your Personal Transition Plan.

Case Management/Life Skills

You will meet with your Case Manager for a minimum of one hour weekly. During this time you will be completing assessments, your Personal Transition Plan and working on steps toward your goals. Other appointments will be scheduled as needed. Please give 24 hours’ notice to change or cancel any appointment. Life Skills classes are required.

Your Case Manager can approve overnight passes on a case by case basis. Passes must be relevant to your Personal Transition Plan.

Rent

Rent is 30% of your income before taxes. This is due on the 1st of the month. All income changes must be reported within two weeks.

Employment/Savings

All residents are expected to work at least part-time and if you are not in school, full time. If a resident is not employed a minimum of five hours documented community service is required weekly until employment is obtained. All residents will have a savings plan.

Your Casita

Weekly sanitation checks and monthly safety inspections and searches will be conducted on a random basis. Sanitation guidelines are posted in your unit. Other safety checks may be scheduled as needed. No decorations that are sexual, alcohol or drug related are allowed to be displayed. Weapons are not allowed including bats, clubs, or anything placed or used with the intent of being a weapon. Kitchen knives are allowed.

You will be asked to report any needed repairs in a timely manner. You are responsible for damages not caused by normal wear and tear. No pets are allowed.

Safety

For the purpose of fire safety, no burning of any item is allowed within your residence including but not limited to candles, incense or tobacco. Fire extinguishers or smoke alarms must not be tampered with.

No alcohol or drug use. No violence of any kind will be tolerated including verbal, physical, emotional or sexual violence.

Relationships

Romantic relationships with other residents must be disclosed to your Case Manager. If you have difficulty with another person please follow the mediation procedures.

Curfew/Visitors

Visitors must meet with the Case Manager and sign a visitor agreement before visiting. Two visitors at a time are allowed. Visiting hours are 9:00 am to 11:00 pm. Please be with your visitors at all times.

Curfew is 11pm every night to be on the property.

I understand and agree to abide by these expectations

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPECTatiONS REViEW

After reviewing the TLP or CBH Expectations, are there any areas of that you feel may be challenging for you? (e.g., budgeting, maintaining a schedule, maintaining employment, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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YOUTH AGREEMENT

I have completed the Transitional Living Program application to the best of my ability and attest that everything included in this application is true to the best of my knowledge.

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of information & Care Coordination Form

I hereby authorize DreamTree Project to release and/or receive information with the agencies and/or individuals listed below, as appropriate, regarding my care. I understand that my participation in the DreamTree program may require me to attend school, to become employed and maintain employment, and to satisfy any legal obligations I may have as a result of charges or offenses I may have committed. In order to ensure that my obligations are satisfied, DreamTree Project may communicate information regarding my progress with or without my presence whenever it is deemed necessary or I so request. Any information gathered through the coordination with the points of contact listed below will be filed confidentially in your Resident Folder. Other care providers (e.g., physicians, therapists) will be listed on a separate and individualized release form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency/Individual** | **Initials (Guardian)** | **Date** |
|  | CYFD Caseworker |  |  |
|  | CYFD Supervisor |  |  |
|  | Family Member |  |  |
|  | Family Member |  |  |
|  | Family Friend |  |  |
|  | JPO / Parole Officer |  |  |
|  | Attorney |  |  |
|  | School Employee |  |  |
|  | Employer |  |  |
|  |  |  |  |
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Resident Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature Date