



# Transformation Center

## 1<sup>st</sup> Application for Residency

Date:

Date Received @PHM:

First & Last Name	
Date of Birth	
Social Security #	
Driver's License/ ID #	
Cell Phone	
Best Number to Reach You	
E-mail Address	
Mailing Address	
If incarcerated, your release date and details	

How did you hear about this program? \_\_\_\_\_

**Application Type:**  **Family (kids live with you)**  **Individual**

Number of minor children with you:				
Number of minor children NOT with you:				
Are you pregnant now?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe		
If yes, how far along?				
Name of children <b>with</b> you	Gender	Age	Date of Birth	Father's name



Do you have an open CPS case?     yes     no

If so, what is your case worker's name & phone number?

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If applicable, who has custody/guardianship of minor children not with you?

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Do you have visitation arrangements? If so, what are they?

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Do you have plans to get your children back? \_\_\_\_\_ By when? \_\_\_\_\_

What goals need to be accomplished to get your children back?

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Are you a US citizen?  yes  no    Are you experiencing homelessness?  yes  no

**Marital Status**

- Single                       Married  
 Separated                 Divorced  
 Living with Partner

Are you leaving a violent situation? If so, please explain below.

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**Special Needs**

Do you have a disability? If so, please explain below.

Physical	
Emotional/Mental	
Other	

Do you have any physical, mental or emotional conditions that could keep you from doing exercise or performing physical chores such as mopping, vacuuming or bending to clean baseboards, etc.?

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**Income**

**(You may not receive income while in the program unless you receive income for a disability or are a mother receiving assistance for your children.)**

Employment Status (select one)

- Full time (35 hours or more)       Part time (up to 35 hours)  
 Unemployed       Never been employed

Day last worked \_\_\_\_\_

Individual Gross Monthly Income \$ \_\_\_\_\_

Household Gross Monthly Income \$ \_\_\_\_\_

Income Types (select all that apply)

- No Financial Resources       Veterans Benefits  
 Social Security       Family/Friends  
 General Assistance (GA)       Supplemental Security Income  
 Food Stamps (EBT)       Social Security Disability Income  
 Unemployment Benefits       Calworks  
 Child Support       Other \_\_\_\_\_

Have you timed out of CalWorks? \_\_\_\_\_ If Yes, time out date: \_\_\_\_\_

**Medical Information**

Do you have medical insurance?  yes  no      Who is your provider? \_\_\_\_\_

Do you have a substance abuse problem?  yes  no

Substance of Choice	
How much?	
How often?	

Are you taking prescribed medications?  yes  no

Please list all prescribed medications.

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Are you clean and sober now?  yes  no      How long? \_\_\_\_\_

Do you smoke?  yes  no (Smoking is only allowed in the designated areas, 1 at a time.)



**Education Status**

Highest Degree Earned (select one)

- High School Diploma
- Technical/Vocational degree
- Bachelor's Degree
- GED
- Associated Degree
- Other \_\_\_\_\_

Are you going to school now?  yes  no  Full-time  Part-time

**Legal**

Please explain below any open or pending matters with the court system.

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Have you ever been convicted of a felony or misdemeanor?  yes  no

If yes, please explain below.

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Do you have a court mandate to participate in a recovery program?  yes  no

If yes, please explain below.

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