

**1ST PLACE ON 2ND STREET
APPLICATION**

Please provide the most current information below:

County Social Worker's Name (current or last assigned) _____

Probation Officer's Name: _____

CASA Advocate's Name: _____

Mentor's Name: _____

Foster parent or group home where you currently or last lived:

Foster Parent or Group Home Name: _____ Phone _____

Type of Placement: _____ Contact Person: _____
(like, group home, foster home, relative care, probation, etc.) (like, house manager, case manager, therapist, etc.)

Emancipation Date (or expected): ____ / ____ / ____

Who referred you to our programs? _____
(Name/ Relationship)

BACKGROUND INFORMATION

Please briefly describe the reason(s) for your placement in the dependency system.

EDUCATIONAL INFORMATION

School:

Are you currently attending school?

Yes If yes, what school do you attend? _____
 No If no, what school did you last attend? _____

Current Grade: _____
Last Grade Completed: ____

Have you graduated from high school?

Yes If yes, do you have your high school Diploma? GED?
 No

College/Trade School:

Are you currently attending or enrolled in college or trade school?

Yes If yes, what school do you attend? _____ Dates Attended: From: _
Year in School: Freshman Sophomore Junior Senior _____
Student Status: Full-time Part-time How many units are you currently taking? _
____ Major/ Minor: _____ Current GPA: _

No If no, have you ever attended college or trade school? Yes No If yes, number units completed: _____
Do you plan to attend college or trade school in the future? Yes No

EMPLOYMENT HISTORY

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

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

Company Name	Company Address	Company Phone #	Supervisor Name	Employment Status
		()		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employment Dates	Salary	Name of Position(s)	How many hours worked per week?	
From:	Starting: \$		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To:	Ending: \$			
Reason(s) For Leaving:		Job Duties:		

Company Name	Company Address	Company Phone #	Supervisor Name	Employment Status
		()		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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From:	Starting: \$		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To:	Ending: \$			
Reason(s) For Leaving:		Job Duties:		

Please complete the questions below. We appreciate your honesty.

How did you find out about 1st Place?

Please briefly describe your current living situation: Homeless Friend Relative Other

What is your responsibility to your neighbors?

What are your goals for the future and how do you plan to achieve your goals?

Name/ Relationship	Address	Phone Number

Additional References May Be Required



Staff Use Only:

Date Received _____

Entered Database _____

Approval _____

County _____