



TRANSITIONAL
LIVING.COM

Independent Living Program

Resident Admission Application

Program Name: _____

Program Address: _____

Phone: _____ **Email:** _____

Date of Application: _____

SECTION 1: Applicant Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Age: _____

Social Security Number: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

SECTION 2: Referral Information

- Self-Referred
- Parent/Guardian
- Social Services Agency
- Probation/Parole
- Foster Care Agency
- School
- Other: _____

Referring Agency/Person (if applicable):

Name: _____

Phone/Email: _____

SECTION 3: Eligibility & Background

1. Are you currently employed? Yes No
 Employer: _____
 Position: _____
 Hours per week: _____
2. Are you currently enrolled in school or vocational training? Yes No
 School/Program Name: _____
3. Do you receive any income or benefits? Yes No
 If yes, please explain: _____
4. Have you ever lived independently before? Yes No
 If yes, where and for how long? _____
5. Are you currently under court supervision? Yes No
 If yes, please explain: _____
6. Have you ever been convicted of a violent or sexual offense? Yes No
 If yes, please explain: _____

SECTION 4: Housing & Life Skills Assessment

Please rate your current ability in the following areas:

Skill Area	Independent	Need Some Support	Need Significant Support
Budgeting & Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking & Meal Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning & Home Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skill Area	Independent	Need Some Support	Need Significant Support
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: Medical & Mental Health Information

Do you have any medical conditions we should be aware of? Yes No

If yes, explain: _____

Are you currently taking medication? Yes No

If yes, list medications: _____

Do you receive counseling or mental health services? Yes No

If yes, provider name: _____

Do you require special accommodation? Yes No

If yes, describe: _____

SECTION 6: Program Goals

1. What are your short-term goals (0–6 months)?

2. What are your long-term goals (1–3 years)?

3. Why are you interested in joining this independent living program?

SECTION 7: Agreement & Commitment

By signing below, I acknowledge that:

- I have provided truthful and accurate information.
- I understand that this program has rules, curfews, and behavioral expectations.
- I agree to participate in life skills training and case management.
- I understand that acceptance is contingent upon eligibility, background screening, and program availability.

Applicant Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

SECTION 8: Office Use Only

Date Application Received: _____

Interview Date: _____

Background Check Completed: Yes No

Accepted: Yes No

Move-In Date: _____

Case Manager Assigned: _____