



A Safe Transition to Your Future

Jacob Transition Safe House Inc.

Youth Aging Support Services

(Y.A.S.S)

Welcome & Pre-Assessment Packet

Name: _____

Welcome Packet

YASS Welcomes You!

Welcome to Jacob Transition Safe House- Youth Aging Support Services (YASS) and to adulthood. Wow! You are on your way to adulthood. Lo Tzu, a Chinese Philosopher once said, *“A journey of a thousand miles begins with the first step.”* What does that mean for you? For a person to **begin** his or her **journey** to reach their goal or destination, they must take a single step towards that goal. This proverb applies to a wide range of different circumstances where actions need to be taken for the completion of a task just like this new step into adulthood.

I guess you are having a lot of mixed emotions and anxieties as you embark upon this new journey. Well, it is going to get better once you have a plan and the support you need to guide you on your new journey into adulthood.

As you **begin** this new **journey**, we want to embark upon this journey with you. First, we want to congratulate you on taking this leap of faith with us.

Let us introduce our self, Jacob’s Transition Safe House Inc. a privately owned transition housing service which has been existence over 20 years. We offer housing for individuals on their road to recovery from substance abuse. We were inspired to expand our efforts to serve other individuals in need of housing and personal support hence the birth of Youth Aging Support Services (YASS).

As the owners and founders of YASS, it is our desire is to offer an Independent Living Service to help bridge a major gap faced by youth who are moving into adulthood which is housing. It is our desire to provide guidance, and resources that will help you make informed decisions towards your future.

Our Mission:

To empower individuals on becoming, conscientious, responsible, goal-oriented and self-sufficient contributors of society.

YASS offers a person focus based approach; we are here to support **you** as an individual, as well as other residents who will reside with **you**. Each resident has unique needs that will be addressed individually and supported by YASS staff internally as well as externally from the community.

YASS will serve as an Independent Living Support Service; with one of the main goals is to assist youth on becoming self-confident and self-sufficient while constructing personal support system in the community and in their personal circle. The support system may include mentors, case managers, friends or counselors who will serve as positive building blocks who will assist YASS residents in their transition from the foster care program into adulthood. We understand transition to independence is a big step and so it important to have these much-needed support in place.

As YASS residents embark upon this journey to independence, it is necessary to have your personal goals and several key tools in place. Remember YASS staff and others will be here to help with these key areas:

- Daily Living Skills
- Money Management
- Decision Making
- Building Self-Esteem

- Employment
- Building Healthy Relationships
- Just to name a few

As YASS resident, we want to get to know you a little better, each resident is required to have a portfolio. The portfolio includes a pre-assessment packet. It is important to complete this so we can better establish an Individual Support Plan which will be used to set up milestones to support you on your journey.

Also, YASS residents will be required to complete a mutual support service arrangement packet with Jacob's Transition Safe House Inc. Each resident must obtain a copy of the US Department of Education Foster Care Transition Tool Kit. (Available via pdf). The purpose of the packet is to help residents to establish residency in the community and to demonstrate as a resident, you are now responsible for the next stage of your adulthood. This packet will be reviewed periodically as part of your transition into independent living and at the 3rd, 6th and 12th month period. During these increments, we will monitor your progress to see how things are working out for you.

As a YASS resident, you will reside in a fully furnished apartment duplex with basic amenities in place to get you started. Each apartment comes equipped with the rooming option for a single person and shared space with a roommate. The rent will include housing, utilities, internet, basic cable in the common area. There is a fully equipped kitchen with basic appliances, a small eating kitchen, washer, and dryer on site for your convenience. Each resident will have adequate space for storing their personal belongings. All residents will have the option of a locked bedroom door with a personal key. (We encourage residents request this shortly after moving in. We require an extra set be given to us incase resident loses their key).

All YASS residents will share a general bathroom located within the duplex. It is the responsibility of each resident to ensure all common space and private space are kept clean. (Periodical inspections are conducted).

All YASS residents will be required to assist with general upkeep of the apartment and their surroundings. Most importantly, please inform YASS staff of any damage or unexpected issues that arise. All YASS residents must agree to a chore list and uphold their responsibility.

All YASS residents can decorate their personal space with positive imageries that encourage individual's growth and development. YASS residents may celebrate milestones that are significant to their growth within moderation. (we understand celebrating is part of life journey)

YASS staff encourage that residents will be mindful of some regulations which will be explained during orientation.

Please complete this packet in its entirety, your responses are kept in strict confidence. The information share will not disqualify you from residency but to better serve your areas of needs when developing your Individual Support Plan and establish personal goals.

YASS - General Enrollment Form

Person completing application: _____

Referring agency: _____ Contact Person: _____

Current living situation: ☐ Homeless ☐ Residential Program ☐ Other _____

IDENTIFYING INFORMATION

Name: _____ Nick Name _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Birthday: _____ Sex: _____ Ht.: _____ Wt.: _____ Eyes: _____ Hair: _____

Is English your primary language? ☐ YES ☐ NO

If No, what is your primary language? _____

Are you currently or have you ever been in Foster Care? ☐ YES ☐ NO

When did you age out? _____

Do you have a Case manager? _____ Worker Name: _____

Phone: _____

Do you have an IL Specialist? _____ Worker Name: _____

Phone: _____

What is your Ethnic Group?

☐ White

☐ Black/African American

☐ Hispanic

☐ Native American

☐ Other: _____

Check off the types of personal documents, these are essential to identification, employment or school enrollment, etc.

I will need the following original documents:

- ☐ Social Security Card
- ☐ Birth Certificate: which state? _____
- ☐ Driver's License # (New or replaced)
- ☐ State/government issued Photo ID:
- ☐ Other _____

EDUCATIONAL AND TRAINING INFORMATION

Have you graduated high school/received GED? _____ What year? _____

Which school? _____

If no, are you currently in school, what grade? _____

Which school? _____

Are you currently attending college/vocational training/job training? ☐ YES ☐ NO

If yes, where? _____

Have you completed any type of financial aid (FAFSA) for college? _____

Where? _____ Are you in the Educational Training

Voucher (ETV) program? _____

Current Education level: _____

Do you have any prior convictions or felons? ☐ Yes ☐ No

If Yes, list: _____

Review by _____
Date of Review: _____

FINANCIAL INFORMATION

Do you receive? (circle all that apply) WIC / Medicaid / SNAP / SSI / SSA /
Former Ward / SSDI

Do you receive stipend, or have you filed for unemployment? ☐ YES ☐ NO If
yes, when?

Do you know your credit score? ☐ YES ☐ NO

SUPPORT SYSTEM (Parent, Guardian, siblings, friends, counselors,
teachers, boyfriend, girlfriend etc.)

Name: _____ Relation: _____

Age: _____ Address: _____ Phone: _____

Name: _____ Relation: _____

Age: _____ Address: _____ Phone: _____

Name: _____ Relation: _____

Age: _____ Address: _____ Phone: _____

Do you wish to include these individuals in building your Individual
Support Plan? ☐ Yes ☐ No

Do you wish for us to contact these individuals in case of emergency?
☐ Yes ☐ No

Religion/Faith

Are you affiliated with any church/mosque/synagogue?

Other: _____

YASS Pre- Assessment Packet

The Pre- assessment packet is used to gauge individual residents' needs and personal goals as well as areas of deficiencies in need of immediate support. (*This will be done in a confidential manner*)

Name: _____ DOB: _____

Phone#: _____ Referral Agency: _____

Case manager: _____ Phone: _____

PERSONAL HISTORY

(Please check if any of these topics apply to you or have at any time in the past)

- ☐ Alcohol Abuse ☐ Mental Health Issue ☐ Victim of Domestic Abuse
☐ Drug Abuse ☐ Gang Affiliations ☐ Victim of Sexual Abuse
☐ Victim of Physical Abuse ☐ Victim of Emotional Abuse ☐ Sexual Offender
☐ Anxiety ☐ Depression ☐ Eating Disorder

Are you presently in counseling? _____ Therapist: _____
Phone: _____

Have you ever been placed out of your home (Group Home, Foster Care, Detention, Residential Care,) _____

List all placements in order starting with the most recent first:

Dates	Placement Name	Reason Placed	Discharge Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

1. _____
2. _____
3. _____
4. _____
5. _____

EMPLOYMENT INFORMATION Employment Status: (circle one)Employed: ☐ Part-time ☐ Full time ☐ Seasonal ☐ SporadicUnemployed: ☐ In School ☐ Looking ☐ Unable to work☐ Not lookingHave you ever been fired from a job? ☐ YES ☐ NO

If yes, explain: _____

List all jobs you have had starting with the most recent first.

Dates	Employer	Wages	Title	Why Left
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

MEDICAL / MEDICATIONDo you have medical insurance? ☐ YES ☐ NO

If yes, medical # _____

Name of Insurance Company: _____

When was your last thorough medical exam? _____

Doctor: _____

When was your last dental exam? _____

Doctor: _____

When was your last eye exam? _____

Doctor: _____

Do you have any disability? ☐ YES ☐ NO

If yes, explain: _____

Do you have any medical concerns or needs? ☐ YES ☐ NO

Please list _____

Are you currently taking medications? ☐ YES ☐ NO

Name of Medication Dosage and Reason for Taking: _____

Are you currently prescribed medication(s) that you are not taking?

☐ YES ☐ NO If yes, explain why:

Do you think you need to be on medications to help you manage?

☐ YES ☐ NO

If yes, explain what & why:

***All psychotropic/ medications need to be cleared with YASS Staff.**

All medication prescribed by a physician must be kept in a locked box.

****Due to the nature of our program, medical marijuana is prohibited.**

Review by _____

Date of Review: _____

LEGAL INFORMATION Have you ever been arrested?

Detained? _____

Have you ever been charged with a Misdemeanor? _____

Felony? _____

Have you ever been convicted with a Misdemeanor? _____

Felony? _____

Date: _____ Charged: _____

Outcome: _____

Date: _____ Charged: _____

Outcome: _____

Probation Officer's Name: _____

Phone: _____

Upcoming Court Date: _____

County Court is held in: _____

PERSONAL OPINION

What are your reasons for applying to the Jacobs Transitional Safe House Youth Aging Support Services (YASS)?

List three things you like about yourself:

List three things about yourself that you feel need improvement /attention: _____

List one of your biggest fear in life? _____

INDEPENDENT SKILLS

On a scale of 1-5, how would you rate yourself or your ability to do the following: (not good at doing that = 1, sometimes good at = 2, usually good at = 3, most of the time good at = 4, always good at = 5)

Rate		Rate		Rate	
Wake up on my own:		Household chores:		Hygiene:	
Being on time:		Purchasing food		Using banks	
Budgeting money:		Finding jobs:		Library:	
Purchasing clothing:		Use hospital		Colleges:	
Taking care of others		Find a doctor:		Telephone	
Make a doctor's appointment		Have a driver's license		Find rental insurance	
Preparing well-balanced meals		Find auto insurance		Where to find help when	

Using public transportation		Find medical insurance		Holding jobs	
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On a scale of 1-5, how do you get along with? (1 = I don't, 5 = very good)
n/a = not applicable

Mother: _____ Father: _____ Siblings: _____ Peers: _____

Teachers: _____ Bosses: _____ Co-Workers: _____ Roommates: _____

Police: _____ Landlords: _____

PROBLEM SOLVING

1. What do you do when you get angry?

2. What do you do when you are faced with peer pressure?

3. What is your reaction when people of authority tell you what to do?

4. What do you do with your free time?

5. How do you feel about sharing common living spaces (kitchen, living room, etc.) with roommates? _____

6. What are your hobbies?

7. What kind of things really frustrate you?

GOALS

1. What is your dream job?

2. What would make it difficult for you to find and keep a job?

3. What is your future educational/training plan?

4. What is your plan for the future?

PERSONAL OBJECTIVES: Why do you feel you would benefit from participating in Jacob Transitional Safe House YASS?

If you are accepted what do you wish to accomplish while in our program?

PERSONAL PLAN

Review by _____
Date of Review: _____

Short Term (1-6 months):

Long Term (6 months and more):

Acknowledgement

I, the undersigned, understand that the above information is being considered for my acceptance into Jacob Transition Safe Housing- Youth Aging Support Services (YASS). I also understand that this is only one part of the application process. Final acceptance into the program is based on all parts of the application process (interview, tour, documents received, etc.)

Applicant Signature _____ Staff Signature: _____

Date: _____ Date: _____

I understand and agree that if I am accepted into YASS Transitional Living Program that it is not just a place to live, it is a program of services, and I am willing to work all parts in order to be successful.

Applicant Signature _____ Staff Signature: _____

Date: _____ Date: _____

Thoughts you wish to share

