

**Sipe's Orchard Home
Transitional Living Program Application**

Name _____
 First Middle Last Preferred/Other

Prior known address, if any, or placements: _____

How did you hear about the Transitional Living Program? _____

Date of Birth: _____ Gender: M or F
Hair Color: _____ Height: _____ Weight: _____

Last School Attended: _____ Last grade completed: _____

School Address (city, state) _____

What is your current living situation? _____

Are you 18 yrs of age or older? Yes or No

Who is your legal guardian? _____

What was the date of your last physical exam? _____
Dental exam? _____

Are you currently taking any medications? Yes or No
If so what are they? _____

Do you have any unresolved legal issues? (Warrants, court dates, probation, etc.) Yes or No
Please explain: _____

Are you using or have you ever used any illegal drugs or alcohol? Yes or No
If so what are/were they? When was the last time you used them? _____

Have you had any involvement with the Department of Juvenile Justice? Yes or No
Please explain: _____
Name & phone # of your probation officer: _____

Do you work with any inpatient programs? (psychiatric hospitals, drug treatment, etc) Yes or No
Please explain: _____

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Are you working with any other agencies or receiving services? Yes or No

If so, what agencies/services? _____

Are you ready for a change in your life? Yes or No

If so, why? _____

Are you willing to make a six month commitment to the program to better your life? Yes or No

What do you hope to gain from this program? _____

What skills do you possess? What skills would you like to acquire? _____

What are some of your interests? (Reading, Sports, Hiking, etc.) _____

Please list any questions or concerns that you have or would like to ask: _____

Please attach a copy of your immunization record.

Approved Contact List:

Name	Address	Telephone #
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Resident's Signature		Date
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Parent/Legal Guardian's Signature		Date
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