



Youth Independent Living Application

Instructions

Please read and complete each section carefully. Your answers to these questions will help Crossnore staff and residents get to know you. Our goal is to help you identify if this program is the right fit for you!

Once your application is completed and submitted to Crossnore's Referrals and Admissions department (referrals@crossnore.org) it will be reviewed and a staff person will contact you to schedule an interview. This interview may be in person or done virtually.

Your information

Full name (first, middle, last):

Date of birth

Prefers to be called:

Gender Expression Pronouns

Current Address:

City, State, Zip:

Phone:

Email:

Why are you interested in the Youth Independent Living Program?

What do you think the YIL program can provide that you are not currently receiving where you are now?

What are some of your strengths or things that you like about yourself?

What are your goals for the next 12 months?

What is something that you would like the interview team to know about you?

Who are some people you have as supporters?

Placement History:

With whom do you currently live?

In which county were you in foster care (currently or in the past)?

Are you currently in foster care?	Yes	No
Do you currently have a Voluntary Placement Agreement?	Yes	No
Do you have a driver's license?	Yes	No
Do you have a car?	Yes	No

List below each of the Foster Home, Group Home, or Other places you have lived:

Name:	Phone No.:
Address	City, State, Zip:
Type of Placement:	Dates in Care:

Name:	Phone No.:
Address	City, State, Zip:
Type of Placement:	Dates in Care:

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Education

What is the highest level of education you have completed and from where?

If in High School, do you have an IEP or 504 Plan?	Yes	No
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What are your future educational goals?

Work History:

Are you working?	Yes	No	If yes, where?
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What are your future job goals?

Health History:

Describe any physical limitations or medical conditions that the agency should be aware of that might impact your ability to navigate the program? *(if none write N/A or None)*

List any chronic or current medical conditions you have ever been diagnosed with:

Are you currently pregnant or parenting? Yes No

List all current medications you are taking (including daily over the counter medications):

Medication	Frequency	Prescribed by:	Reason Prescribed

Do you have any diagnosed

Intellectual or Developmental Disabilities (IDD)? Yes No
 Mental Health Disorder (MH)? Yes No
 Substance Use Disorder(SUD)? Yes No

Are you currently participating in services for IDD MH SUD None

If yes, name and phone number of current provider(s) or therapist(s)?

Have you been in mental health treatment in the past? Yes No

If yes, which services & with who?

Do you currently use tobacco products? If so, what kind and how often?

Do you currently use any other substances (alcohol, illegal drugs)? If so, what substance and how often?

Daily Living:

Do you get up for school/work on your own?	Yes	Sometimes	No
Do you get to school/work on time daily?	Yes	Sometimes	No
Do you get along with peers?	Yes	Sometimes	No
Do you get along with adults?	Yes	Sometimes	No
Do you follow adult directives with one prompt?	Yes	Sometimes	No
Do you take initiative for completing daily tasks (hygiene, chores, cleaning up)?	Yes	Sometimes	No
Are you able to speak up and advocate for yourself?	Yes	Sometimes	No
Can you take criticism and direction without losing your temper?	Yes	Sometimes	No
Do you think about how my choices impact others?	Yes	Sometimes	No
Do you deal with anger without hurting others or damaging things?	Yes	Sometimes	No
Do you currently keep your living space clean?	Yes	Sometimes	No
Do you believe you can influence how my life will turn out?	Yes	Sometimes	No
Do you believe that your relationships with others will help you to succeed?	Yes	Sometimes	No
Most days, are you proud of the way you are living your life?	Yes	Sometimes	No

What areas in daily living do you currently struggle to be independent with?

- | | |
|-------------------------------|--|
| Getting up in the morning | Money management |
| Taking medication | Transportation |
| Making own appointments | Hygiene (showering, brushing teeth, changing clothes daily etc.) |
| Completing daily chores/tasks | |
| Making meals | |

Please provide more details about any of the areas you struggle with:

Legal History:

Are you currently involved with the courts in any way? Yes No
 If yes, please explain

Have you ever been on court supervision, probation, or diversion contract? Yes No
 If yes, please explain

References:

Please share at least two references below. One needs to be from an adult you live with (if applicable). One can be from work, school, or any other person who knows you well and would recommend you for this program.

Reference Name & Title *(If applicable):*

Relationship (How you know them)

Phone Number:

Email Address:

Reference Name & Title *(If applicable):*

Relationship (How you know them)

Phone Number:

Email Address:

Reference Name & Title *(If applicable):*

Relationship (How you know them)

Phone Number:

Email Address:

Applicant Agreement

I have truthfully and completely given the information requested in this application.

Signature

Date