

Application for Transitional Living



CHAMBLISS CENTER FOR CHILDREN
RESIDENTIAL SERVICES

315 Gillespie Road
Chattanooga, TN 37411
(423) 698-2456

Applicants are considered for the program without regard to race, color, religion, gender, or national origin.

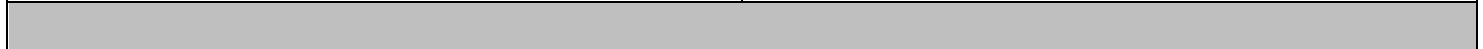
Please read the following BEFORE completing the application

- ✓ You must be at least 18 years of age to enter the program.
- ✓ You must be enrolled or planning to attend an educational program at the next available opportunity.
- ✓ You must be eligible for Extension of Foster Care (EFC) Services in the State of Tennessee.

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| Date of application: | How did you hear about us? |
| Name: | Date of Birth: |
| Gender: | Social Security Number: |
| Current Address: | |
| Phone Number: | Email Address: |
| Are you currently in DCS custody? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, when did you exit custody? |
| Name of last or current DCS case worker: | Telephone Number of last or current DCS case worker: |
| Have you completed a driver's education class? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EDUCATIONAL BACKGROUND | |
| High School- check the highest grade completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED/HiSet | |
| High School Name: | |
| High School Address: | |
| Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give graduation date: |
| Vocational School/College- check years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Not yet enrolled | |

| | | | |
|--|-----|--|----------------|
| Vocational School/College Name: | | | |
| Vocational School/College Address: | | | |
| What are you studying? | | | |
| What are your educational goals? | | | |
| Do you have any skills or talents that you could see translating into a career? | | | |
| LEGAL HISTORY | | | |
| Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please describe the incident below. | | | |
| Date | Age | Charge | What happened? |
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| EMPLOYMENT HISTORY | | | |
| Please check all that apply: | | | |
| <input type="checkbox"/> I am currently employed | | <input type="checkbox"/> I quit my job | |
| <input type="checkbox"/> I am not currently employed | | <input type="checkbox"/> I have never held a job | |
| <input type="checkbox"/> I was fired | | <input type="checkbox"/> I am unable to work | |
| <input type="checkbox"/> I was laid off | | <input type="checkbox"/> I am currently looking for work | |
| Current or Last Employer: | | | |
| Address: | | | |
| Employment Dates: | | Pay: | |
| Average weekly hours: | | Job title: | |
| Reason for leaving: | | | |
| Previous Employer: | | | |
| Address: | | | |
| Employment Dates: | | Pay: | |
| Average weekly hours: | | Job title: | |
| Reason for leaving: | | | |
| Do you have any volunteer or community service experience? | | | |
| HEALTH | | | |
| Are you prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, do you know what these medication(s) are for? | |
| Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please list: | |
| Do you require any special accommodations and/or additional services due to a medical or mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please tell us more about your needs: | |

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| Are you willing to take a drug test today? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing to take drug tests while enrolled in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No |



What are your personal goals in the next 12 months?

How do you deal with peer pressure?

How do you deal with anger and stress?

Please use 500 words to describe yourself and why would like to be part of this program.

REFERENCES

Please list three people who can provide a character reference
(teacher, case worker, former foster parent, employer, etc...)

Name:

Telephone Number:

Relationship:

Name:

Telephone Number:

Relationship:

Name:

Telephone Number:

Relationship:

I hereby certify that the information given in this application is factual to the best of my knowledge. I authorize the Chambliss Center for Children to verify any or all facts given in this application.

Signature:

Date:

Please return completed applications to Matt Davis
email mgdavis@chamblisscenter.org or fax (423) 648-2637