



Hanna Center Transitional Programs
17000 Arnold Drive
Sonoma, CA 95476
(707) 933-2538
transitionalhousing@hannacenter.org

THPP-M Referral and Application

Hanna Center THPP-M program is designed to provide save affordable housing and support towards independent living skills for former foster youth between the ages of 16-18 who are at risk of homelessness. The program serves only eligible participants who have completed, or are pursuing, a county approved Transitional Independent Living Plan. The program will not discriminate based on race, gender, sexual orientation or disability, and participants receiving psychotropic medications will not be automatically excluded.

The purpose of Hanna Center's housing program is to provide opportunities and support for program participants to work toward self-sufficiency and independence. Having a safe and stable place to live is a key factor in this process. While housed, participants are required to work actively with staff to help them access resources and services which will assist them in making the necessary changes in their lives to obtain and sustain permanent housing.

Participants in the program are partners in a communal living situation designed to foster cooperation and mutual support among participants working to transform their lives. All participants shall contribute positively to their community and are encouraged to derive motivation and tangible support from their community.

Hanna Center is committed to creating and maintaining a healthy, safe, and constructive living environment for all participants. This housing option is for young adults who are ready to obtain more self-sufficiency and independence while still wanting support in reaching their goals.

- Our THPP-M Participant will enter the program upon the recommendation from the county office, a social services caseworker, a parole officer, or other approved community agencies.
- Our THPP-M program offers individual, family, and group therapy, individual and group rehabilitation, and medication support.
- Hanna Center is committed to offering high-quality consistent supportive services targeted to meet the needs of individuals. Participants are essential ingredients to the success of each of our program participants.

Services are community-based, meeting participants in environments of their choice.

Additional Program Qualifications for Applicants:

Applicants must be capable of learning tasks related to daily living skills and reaching a minimal level of competence.

Applicants must be free of any medical condition, which requires specialized monitoring, or may require specialized interventions that inhibit the youth's ability to care for themselves independently.

Applicants must understand and agree that entry to the program includes participation in educational/vocational training and living skills training.

In order to be considered for admission to THPP-M, applicants must also have a job or other approved source of income.

Upon admittance to the program, participants will be assigned a staff member who provides ongoing assessment of the participant's progress in their Transitional Independent Living Plan.

***Applicants are encouraged to check on their status periodically, and update contact information as needed.**



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To: Referring Placement Worker
From: Hanna Center's Transitional Housing Team

RE: Intake Process

In order to process your referral of a young adult to one of our Transitional Housing Programs, there are several documents we need.

The follow is a list of documents and information that needs to be provided to us for evaluation of program appropriateness for your client:

- Initial and current court reports
- Discharge Report from past placements
- Psychological Evaluations *(if applicable)*
- Psychiatric Medication Summaries *(if applicable)*
- Most current I.E.P. *(if applicable)*
- Transitional Independent Living Plan *(TILP)*
- Referral Form *(included)*
- Risk Assessment Questionnaire *(included)*
- Participant Application *(included)*
- Letter from participant stating that they understand the THPP-M program and the reasons why they wish to participate

The following documentation must be provided upon intake:

- California ID--Please note that clients without a valid ID may be denied program
- Entrance Copy of Birth Certificate
- Proof of Medical Insurance
- Foster Care Verification form on County letterhead. Include dates of care and DOB
- Vaccination Record
- Medical Consent
- Health & Education Passport

Please include the above documents as part of a complete application so that a timely decision can be made.

Sincerely,
Hanna's Transitional Housing Team



Referral Form

Transitional Housing
Programs

Date of Referral	Referred by	Phone Number	Program
			THP-NMD THPP-M

Participant Information

Name		Birth Date		Age	
Gender	Ethnicity			Case Number	
Current Address					
Foster Parent/Group Home Contact (if applicable)			Phone Number		
Other Contact (CASA, Therapist, etc)		Phone Number		Other Contact (CASA, Therapist, etc)	
Current School		Project Graduation Date		Employment Status	
Currently Active in ILP			ILP Coordinator		
Yes No					

Participant's Strengths

--	--	--	--	--	--

Independent Living Goals

--	--	--	--	--	--

Completed referrals will be mailed or email to:
Hanna Center Transitional Housing Programs
17000 Arnold Drive
Sonoma, CA 95476
T (707) 933-2538
Email: transitionalhousing@hannacenter.org



To be completed by the referring party

The following questionnaire is designed to assist in identifying specific issues that may affect the placement of and/or services to be provided to prospective participants. Depending upon the needs of the young adult, additional information may need to be gathered prior to the placement of a young adult in the transitional housing program. The questions on this form should be reviewed by the participant's placement worker prior to admission. If the answer to any of the questions on this form is yes; the intake staff will gather information to determine whether or not the transitional housing program will be able to admit the client and meet his/her needs.

Today's Date: _____

Participant's Name: _____

Placement Status: CPS Probation Mental Health

A. ABUSE/NEGLECT

Does the applicant have a history as a victim of any of the following?

YES NO

Physical abuse

Sexual abuse

Emotional abuse

Abandonment

Neglect

Neglect Medical

Ritualistic abuse

Exploitation

If the answer to any of the above questions is yes, please describe the type and extent:

Any therapy the applicant has received or requires:

Any special precautions to be taken in the care of the applicant:

Names and relationships of any person the participant is to have NO contact with:

B. DELINQUENCY

Does the applicant have a history of any of the following?

YES NO

Offenses against people

Offenses against property

Drug or alcohol related offenses

Use of weapons

Arson

Sexual offenses

Truancy

Runaway

Gang activity

Stealing

If the answer to any of the above questions is yes, please describe the type and frequency of the activity:

The approximate date of the last involvement in the activity:

Gang affiliation, if any:

Is the participant in probation? ☐ Yes ☐ No

If yes, what are the conditions that may impact placement?

What were the charges?

C. Mental/developmental status

Do any of the following apply to the applicant?

YES NO

Mental disorder (DSM, current revision, diagnosis) Developmental

Disability

Deficits in self help skills

Requires psychotropic medications

Special education pupil, certified, Seriously Emotionally Disturbed

If the answer to any of the above questions is yes, please provide the pertinent information.

Is the applicant eligible for and/or receiving services through a Regional Center? YES NO

If yes, please give the provider name and summary of services:

Does the applicant have a DSM diagnosis? If yes, please list any past or current treatment: YES NO

Has the applicant ever been an inpatient of a mental health facility or developmental center? If yes, YES NO
please provide the dates, reasons, and location of hospitalizations:

D. HEALTH STATUS

Applicant's primary physician's name and phone:

Applicant's therapist's name and phone:

Does the applicant use any prescription medications? YES NO

If yes, please list prescription:

Does the applicant have any of the following?

YES NO

Asthma

Epilepsy

Allergies

Diabetes

Eating disorder

Visual impairment

Hearing impairment

Infectious disease

Special diet

Pregnancy

Chronic medical conditions

Are you experiencing any pain

Physical limitations

If the answer to any of the above is yes, please describe the type and severity of the condition:

The treatment the applicant is receiving for the condition:

Any limitations due to the condition:

Any special services required due to the condition:

E. ALCOHOL/DRUG USE

Does the applicant have a history of drug or alcohol use?

YES NO

If yes, please describe the types of drugs, alcohol or inhalants used:

Frequency of use:

Are there any current concerns regarding the use of drugs or alcohol?

YES NO

If the answer to any of the above is yes, please describe.

F. BEHAVIORS

Does the applicant have a history of any of the following?

YES NO

1. Non-compliance
2. Resistance to authority
3. Temper tantrums
4. Verbal abusiveness
5. Self-harm or suicide attempts
6. Restlessness or hyperactivity
7. Depression or withdrawal
8. Anxiety
9. Lying
10. Inappropriate sexual behavior
11. Medication non-compliance
12. Refusal of medical treatment

If the answer to any of the above is yes, please describe the behavior(s):

The frequency and duration of the behavior(s):

The approximate date of the last occurrence of the behavior(s):

Anything that seems to trigger the behavior(s):

Strategies to deal with the behavior(s):

Name of professional filling out this form

Date

Signature of professional filling out this form



Hanna Center
Participant Program Application
THPP-M

In order to help HC's THPP-M get to know and understand you better, please fill out this form as completely and honestly as possible. All information you provide us with is strictly confidential and private; no one outside this agency will be allowed to see any information that you give us except when you give permission!

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Cell#: _____ E-Mail: _____

Gender: Male Other _____ **Pronoun:** _____

Do you identify within the LGBTQI community? Yes No Decline to answer

Race/Ethnicity:

African American White Mexican American Asian American Latino/Hispanic
Native American Other: _____

Do you have children: Yes No How many: _____ Ages: _____

Religious Affiliation: _____

Referred by:

Social Worker ILSP Probation Officer Other: _____

Are you enrolled in ILSP? Yes No What day and time do you attend? _____

Current Placement:

Residential treatment Center: _____

THPP: _____ Foster Home: _____

SILP: _____ Other: _____

Social Worker / Probation Officer/CASA Worker Information:

Name: _____ Phone# _____

County:

Sonoma Marin Mendocino Napa Solano Other: _____

Education:

1. Are you enrolled in a High School diploma or GED program? Yes No
If yes, what school? _____
How many credits do you need to graduate? _____
- If no, have you graduated with a high school diploma or GED? Yes No
Graduated from: _____ Graduation date: _____
2. Are you enrolled or currently attending college? Yes No
If yes, what college? _____
How many completed units? _____
3. Do you have a learning disability? Yes No
If yes, please explain: _____
4. Do you have an IEP? Yes No
5. I am interested in the following: (*check all that apply*)
Barber College Technology Vocational Military Trade Training
Automotive Junior College State/University Other: _____

Employment:

Are you currently working? Yes No

Please list your employment history, including your current job:

Employer	Hourly Wage (\$)	Number of hours (per week)	How long employed? (wk/mo/yr)

Do you have an updated resume? Yes No

Emancipation Planning:

Do you have a bank account? Yes No

If yes, what bank? _____

Do you have a valid:

California Identification Card (Real ID)	Yes	No
Birth Certificate (not a copy)	Yes	No
Social Security Card (not a copy)	Yes	No
Legal Court Documentation for NMD/THP	Yes	No
CA Driving Permit	Yes	No
CA Drivers License (Real DL)	Yes	No
Immunization Record	Yes	No
School Transcript	Yes	No

Do you have any reason to believe that you might have bad credit? Yes No

Please explain:

Has anyone/you ever put bills (phone, PG&E, water, or cable) in your name? Yes No

Health Information:

Do you have Medi-Cal? Yes No

Number: _____

Do you have any other insurance? Yes No

Name: _____ Number: _____

Are you experiencing any physical pain? Yes No

Are you under a Physicians Care? Yes No

When was your last Medical/Doctor's Visit: _____

When was your last Dental Visit: _____

Have you ever had glasses? Yes No Possibly

Have you been to the eye doctor in past 6 months? Yes No

Have you ever seen a Counselor/Therapist? Yes No

How often do you see him/her? Daily Weekly Monthly

Name: _____ Phone: _____

Please list all medications (prescriptions) you may have ever taken?

Medication Name:	Reason/Purpose:	Length Taken:
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going
	Physical Health Mental Health Other:	30 days 1-3 months 1-2 years On-going

Have you been hospitalized in the last 2 years? Yes No

Please explain why:

Please answer the following questions: Often Sometimes Rarely Never

- 1.) I am doing great
- 2.) I feel at ease
- 3.) I feel helpless
- 4.) I feel sad
- 5.) It feels like things are out of my control
- 6.) I struggle with depression/anxiety
- 7.) Medication helps me feel better
- 8.) I struggle with my anger
- 9.) I get aggressive when people push me to far
- 10.) I have used self harm as a coping method
- 11.) I have thought of hurting others
- 12.) I have wanted to hurt myself
- 13.) I have experienced suicidal ideation/attempted suicide
- 14.) I have in the past 6 months suicidal ideation/
attempted suicide

Please fill in the following chart:

Substance	On the average, how often have you used this substance in the last 6 months?			
	Never	Once	Daily	Weekly
Alcohol				
Marijuana				
Downers				
Uppers				
Cocaine				
Inhalants				
Psychedelics				
Heroin				
Crystal Meth				
Crack				
Ecstasy				
Tobacco				
Vape/E-Cig				

Have you ever been in a treatment program for substance abuse? Yes No

Name of program and length of stay? _____

Have you ever been a survivor of domestic violence/sexual abuse? Yes No

Please explain:

Do you have people in your life that you can rely on? Yes No

Please explain who:

Have you ever been arrested? Yes No

If yes, what was the reason?

Drinking alcohol

Possession or use of illegal drugs

Driving violation

Violence (fighting or battery)

Theft

Truancy (skipping school)

Running away from placement or home

Vandalism

Curfew violations

Other: _____

Are you currently on probation?

Yes

No

Are you enrolled in any court-mandated programs?

Yes

No

If yes, please list them:

Do you have any outstanding traffic tickets/violations?

Yes

No

Do you have any unpaid fines and restitutions due to the court?

Yes

No

Please explain why:

Personal Goals: _____

List your top 3 goals:

1.) _____

2.) _____

3.) _____

Tell us 2 things about yourself, that you are most proud of:

1.) _____

2.) _____

Why do you want to participant in the THPP-M program?

What areas do you feel you need the most support in?

Education Counseling Job Training/Skills Time Management
Employment Cooking Money Management Emancipation Planning

What skills/strengths do you have that will make you successful in the THPP-M program?

I have answered the questions to the best of my knowledge and understand that any false or misleading information can hinder my acceptance into the THPP-M program.

Applicant Signature:

Date:

Below are the basic THPP-M program expectations:

- 1.) Attend a school program regularly (min. 6 units or GED program)
- 2.) Meet at least once a week with a THPP-M Case Manager; Transitions Advocate, Follow- On Rep
- 3.) Work at least 20 hours per week
- 4.) Comfortable with public transportation

I understand that if I am accepted into the THPP-M Program, I will be required to meet the above expectations.

Applicant Signature:

Date: