



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



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:**