



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.**



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

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](mailto: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, please provide the dates, reasons, and location of hospitalizations:	YES	NO
---	-----	----

## 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