



Are you currently in Foster Care?  Yes  No

Are you enrolled in MYOI?  Yes  No

Are you employed or receiving unemployment benefits?  Employed  Unemployed/Receiving Benefits  
 Unemployed/not receiving benefits

What is your income? \$ \_\_\_\_\_ (circle one) Weekly/Biweekly/Monthly

Are you YAVFC eligible?  Yes  No

Are you a registered sex offender?  Yes  No

*Answering yes does not disqualify you from our programs and services but may affect your eligibility for transitional housing due to zoning laws that are set by the U.S. and State registry guidelines*

### What Supports are you here for?

Out Service Foster Care Peer Support (For current foster care youth and alumni)

1 on 1 Sessions  Group Support  Family Support

Who is receiving this?  Myself  Another Person(s) \_\_\_\_\_

Transitional Housing (18-21 yrs old)

Yes  No

Parent Support

1 on 1 Sessions  Group Support

### What services are you here for?

Please check if any of these are services you are interested in or may need resources for

Transportation  Emergency Shelter

Life Skills  Emergency Food Services

Hygeine Products  Educational Connections

Clothing  Other

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_