



Application for *Blossom Place*

General Information

Name: _____ Application Date: _____
Address: _____ Desired Start Date: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____
Last 4 Social Security Number: _____ Birth date: _____
Did you age-out of foster care: _____ Date you aged-out: _____
Social worker's name: _____ Phone: _____
Have you had experience with:
_____ A mentor _____ CASA _____ CSEC _____ other supportive adult relationship
Name: _____ Contact info: _____
Do you have a CA driver's license? _____
Do you have a car? _____ Insurance Co Name: _____
Make: _____ Model: _____ Color: _____ Plate #: _____

Important Stuff

Work

Are you currently employed: _____ Where: _____
How long on the job: _____ How many hours per week: _____

School

Did you graduate from high school: _____ Complete GED: _____
Are you currently in school: _____ Where: _____
Do you plan to go back to school: _____ When: _____
What are your educational goals: _____

Finances

What is your primary source of income:

Do you have a checking account:

Balance:

Do you have a savings account:

Balance:

Legal Stuff

Are you or have you ever been on Probation?

Probation/Parole Officer:

Phone:

Please explain the nature of the incident?

Medical Info

Please list any medical conditions past or present:

Please list any mental health issues past or present:

What prescribed medications are you currently taking:

Do you have a medical marijuana prescription? Yes No

Have you ever been hospitalized? If so, please explain:

A Little about You

List three things you like about yourself:

1.

2.

3.

List three things about yourself that you feel need improvement/attention:

1.

2.

3.

Goals

What are your plans for the future?

Social Skills

On a scale of 1-5 (1=Poor, 5=Best), how would you rate yourself at the following:

Hygiene: Wake up on your own: Communicating clearly:

Being on time: Getting along with others:

Independent Living Skills

On a scale of 1-5 (1=Poor, 5=Best), how would you rate your ability to:

Purchase Food:	Budget money:	Laundry:
Prepare well balanced meals:	Purchase clothing:	Household chores:
Take care of others:	Use banks:	Find jobs:
Hold jobs:	Use public transportation:	
Use hospital:	Knowledge of colleges:	Use computer:

Problem Solving

What has been your biggest road block to achieving your goals?

How do you deal with your anger?

How do you deal with peer pressure?

How do you deal with authority figures?

What do you do with your free time?

For Blossom Family House ONLY (If you have NO children skip this section)

I am pregnant _____ I have ____ child/children Ages _____

If you are pregnant, what is your due date?

Do you plan to parent your child or place him/her for adoption?

Are the people in your life supportive of your decision?

Does the baby's father plan to be involved?

Is there someone who cares for your child when you aren't able to?

Have you taken any parenting classes? Where?

What do you enjoy most about parenting?

What is the most challenging part of parenting?

Are you open to participating in parenting workshops/activities?

What do you think you need the most support with?

Why Blossom?

Why do you think Blossom would be a good place for you to live?

References

By listing names and phone numbers below, you are indicating that you agree to allow us to contact anyone listed as a reference to aid in our decision to accept you into Blossom Place. Please do not list family members or friends. List persons from other programs you have been in, counselors, school personnel, employers, etc.

Name: Phone: Relationship:

Name: Phone: Relationship:

Emergency Contact

Name: Relationship:

Phone:

By submitting this application, I agree that the preceding information is true and accurate to the best of my knowledge, I agree to allow my references to be checked and I agree to the application process.

Name:

Signature:

Date:

Email application to info@BlossomPlace.org

Or text a copy to 530-613-2822.