



## **Enhanced Horizons Transitional Living Program**

Thank you for your interest in Enhanced Horizons Center for Advancement . The Enhanced Horizons transitional living program is designed to help teens and young adults move toward self sufficiency and successful adult living (*this includes single mothers with children*) .

By providing housing, transportation and other services, each young adult is given an opportunity to develop and work on individualized independent living goals in a positive, safe and supportive living environment.

***How long is the program?*** The length of time in the Enhanced Horizons program varies depending on the individual needs of the young adult. To obtain maximum benefit from the program, we anticipate that most residents will stay anywhere from 9 to 18 months.

***What is expected of residents?*** All residents will be required to:

- Participate in the development of a *personal service plan* that outlines the goals and objectives that they hope to accomplish while in the program.
- Engage in a *minimum* of 35 hours per week of productive activities such as attending school, working a full-time or part-time job, community service, and/or independent living skills training.
- Will be expected to actively seek employment and to work at least part-time. Residents will pay a small portion of their paycheck for living expenses and will be expected to save funds during their stay at Enhanced Horizons.
- Follow program guidelines and expectations.

***What does it take to succeed in the program?*** Participants must have a certain level of maturity and a strong willingness to work with program staff and other residents to accomplish their individual program goals and objectives.

***What are the eligibility requirements?*** To be eligible for the program, you:

- Must be *18 to 24 years of age*
- Must be in need of a dependable, safe place to live .
- Must be committed to actively participating in EH program services.
- Must be willing to follow program guidelines and expectations.
- *NOTE: Couples and/or on-campus romantic relationships are not allowed.*

***What are the application requirements?*** Applicants must submit the following:

1. An Enhanced Horizons Application Form
2. An Enhanced Horizons Release of Information Form to obtain educational, medical, and other relevant records.
3. A consent form for a Criminal History Check



**PART II: LIVING SITUATION**

Where do you currently reside? \_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_

With whom do you currently live? (Circle One)

ALONE PARENTS RELATIVE FRIEND SPOUSE BOYFRIEND/GIRLFRIEND OTHER

Where did you live *before your current place of residence*? \_\_\_\_\_

\_\_\_\_\_

Over the past year, where have you lived the longest? \_\_\_\_\_

\_\_\_\_\_

**PART III: EDUCATION**

1. Highest grade you have completed in school (Circle One)

Less than grade 5 Grade: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

2. If you did not complete elementary or high school, please indicate why: (Circle One)

I dropped out I was suspended I was expelled

3. Do you have a high school diploma? (Circle One) YES NO

4. Did you complete the GED? (Circle One) YES NO

5. Have you taken college courses? (Circle One) YES NO

6. Are you currently attending school? (Circle One) YES NO

7. If you are currently attending school, please complete the information below:

\_\_\_\_\_  
Name of School Hours attended per week

8. What is the name of the last school that you attended?

\_\_\_\_\_  
Name of School Did you attend fulltime or parttime?

**PART IV: WORK, FINANCIAL STATUS & TRANSPORTATION**

1. Are you currently employed? (Circle One) YES NO

2. If YES, please list the name of your current employer(s) and indicate the number of hours you work per week at each job:

\_\_\_\_\_  
Name of Employer Hours worked per week

\_\_\_\_\_  
Name of Employer Hours worked per week

3. If you are NOT working, please check the statement below that best describes your current situation:

I am not employed and am actively looking for employment.

I am not employed because I am in school.

I am unable to work due to a physical disability, a developmental disability, or an illness.

I am not employed and am not currently looking for work.

4. What are your other sources of income or public assistance (Check All that Apply)

Child Support     Food Stamps     Medicaid     Medicare

Scholarships     Federal Financial Aid through a college or university

Personal savings or checking account     Money from friends / family

Other sources of income/assistance: \_\_\_\_\_

5. Are you currently in debt? (Circle One) YES NO

If "YES" please explain what type of debt & the amount owed: \_\_\_\_\_

\_\_\_\_\_

6. Please indicate your current means of transportation: (Check All that Apply)

I own my own car/ truck/ motorcycle     My friends/family take me places

I ride with a co-worker or fellow student to get to and from work and/or school

Transportation is provided by either the place I live or the place I go to school

Please list any other means of transportation that you use: \_\_\_\_\_

\_\_\_\_\_

## **PART V: SOCIAL HISTORY**

1. Have you ever been in trouble with the law? (Circle One) YES NO If "yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been arrested? (Circle One) YES NO If "yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever had trouble with drugs or alcohol? (Circle One) YES NO If "yes", please explain:

\_\_\_\_\_

4. Have you ever received counseling? (Circle One) YES NO Was it helpful? YES NO

**PART VI: MEDICAL/MENTAL HEALTH HISTORY**

1. Have you had any serious illnesses during the past 5 years? (CIRCLE ONE) YES NO  
If yes, please describe: \_\_\_\_\_

2. What is the present state of your physical health? (CIRCLE ONE) Good Fair Poor

3. Please list any physical problems or conditions that you may have:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking and the reason for the medication (including birth control.)  
\_\_\_\_\_

**PART VII: MARITAL AND FAMILY**

1. Are you (Circle One): Single Married Divorced Separated

2. Are you expecting a child? (Circle One) YES NO  
If you answered "YES", when is the due date: \_\_\_\_\_  
Are you under a doctor's care? YES NO Doctor's Name: \_\_\_\_\_

3. Do you have children? (Circle One) YES NO  
If you answered "YES", how many children do you have? \_\_\_\_\_

Please provide the following information about your children:

- a. Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_  
(Circle One) Boy Girl Do you have custody? (Circle One) YES NO
- b. Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_  
(Circle One) Boy Girl Do you have custody? (Circle One) YES NO
- c. Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_  
(Circle One) Boy Girl Do you have custody? (Circle One) YES NO

4. Do any of your children have medical problems? (Circle One) YES NO

5. List any medications your children may be taking and the reason for the medication:  
\_\_\_\_\_

**PART VIII: PERSONAL STATEMENT**

Please tell us why you would like to enter the Enhanced Horizons Program. What are your personal goals and how can this program help you achieve these goals? (If more room is needed, continue on the back of this page.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RELEASE OF INFORMATION FORM

By signing this form, I, \_\_\_\_\_ am giving  
First Name Middle Last  
informed consent and hereby authorize the release of client information and approve two way  
communication between Enhanced Horizons and the persons and/or organizations listed  
below:

\_\_\_\_\_ Phone: \_\_\_\_\_  
Enter Name of Referring Organization

\_\_\_\_\_ Phone: \_\_\_\_\_  
Enter Name of Person Making the Referral

Email: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
Name of any other person/organization (if needed)

Email: \_\_\_\_\_

### These individuals/entities may disclose records and information concerning:

Applicant Name: \_\_\_\_\_  
First Middle Last

Applicant Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

For the purpose of determining eligibility for Enhanced Horizons services.

This informed consent may be revoked by the person giving authorization by signing and dating a revocation statement or through written notice of revocation duly served upon Enhanced Horizons. This consent to disclosure, unless revoked sooner, will expire 6 months from the date of signature.

Also, by signing below, the person giving authorization for release of information acknowledges that they understand the meaning of "Informed Consent".

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff or Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT: Please return this signed release with your Enhanced Horizons application form. If you have any questions about the form, please call (830) 367-4330 / 5668/**

**A COPY OF THIS AUTHORIZATION IS AS VALID AS AN ORIGINAL.**