



# Independent Living Program Application

(To be filled out by youth) - please answer all questions and **initial all \* questions**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthday: \_\_\_\_\_ Requested Placement date: \_\_\_\_\_

Have you been/currently in foster care? \_\_\_\_\_ DFCS County: \_\_\_\_\_

Current Placement/living situation: \_\_\_\_\_

\*Are you willing to commit to learn and participate in weekly life skills meetings, groups, and monthly ILP workshops? \_\_\_\_\_

Do you have a child(ren)? \_\_\_\_\_ Are they in your custody? \_\_\_\_\_ if no, please explain:

## **Education:**

Current level of education: \_\_\_\_\_ Credits needed to graduate? \_\_\_\_\_

Name of current school or graduate of: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Do you have any learning difficulties (have an IEP)? \_\_\_\_\_

What are your educational and career goals (college, technical school, learn a trade, career of interest):

## **Employment/Financial:**

Currently employed? \_\_\_\_\_ Last or current employer? \_\_\_\_\_

\*Are you willing to work part time, in order to save \$ for your goals and future? \_\_\_\_\_

\* If in DFCS, do you have an IDA account? \_\_\_\_\_ If not, are you willing to take the IDA financial literacy class and save a minimum of \$5 per month in your IDA? \_\_\_\_\_

Do you have a checking account? (bank name) \_\_\_\_\_ Savings? \_\_\_\_\_

## **Health:**

Are you under a physician's care for any illness or conditions? \_\_\_\_\_ If yes, please describe:

How do you manage your mental health (including medication if prescribed)? \_\_\_\_\_

Are you currently in counseling? \_\_\_\_\_ Would you like to be? \_\_\_\_\_

Last annual physical – Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Last dental cleaning – Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wear glasses or contacts? \_\_\_\_\_ Date of last eye exam: \_\_\_\_\_

\*Will you agree to maintain physical and mental healthcare for yourself (this includes making and attending all medically suggested appointments and managing medications)? \_\_\_\_\_

\*Will you agree to learn about and try to successfully live a healthy lifestyle (this includes healthy eating, exercise, no illegal drug or alcohol use, no risky sexual behaviors, etc.)? \_\_\_\_\_

Do you currently need help in creating healthy habits for any of the previous mentioned areas?

\_\_\_\_\_ If yes, which one(s)? \_\_\_\_\_

What life skills are you most interested in learning? 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

**Legal:**

Are you on probation or have pending charges? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please describe:

Past or Current Drug use? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, list drug(s) used and date of last use:

\*Are you willing to stay drug and alcohol free and uphold and abide by the law the duration of your stay at Northern Star or participate in a substance abuse program such as AA/NA? \_\_\_\_\_

**Transportation:**

Do you have learner's permit? \_\_\_\_\_ Driver's license? \_\_\_\_\_

Taken driver's education? \_\_\_\_\_ Have your own car? \_\_\_\_\_

I acknowledge that all above information is true. I understand I will receive notification within 3 business days after completing the interview & roommate questionnaire whether I will be accepted or denied admission.

\*Signature of Applicant \_\_\_\_\_

**Case Manager agreement (if in foster care):**

I am willing to support the above-mentioned youth, Northern Star staff, and any other parties directly involved in the youth's progress and success while participating in Northern Star. I will meet with Northern Star staff during the first 30-60 days of placement and every 90 days thereafter.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Interview Date with Youth: \_\_\_\_\_ Accepted: \_\_\_\_\_ Denial: \_\_\_\_\_

Reason: \_\_\_\_\_ If accepted, date of admission/ move in: \_\_\_\_\_