

Chautauqua Opportunities, Inc.  
Transitional Independent Living Program  
Program Application

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

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

Current Contact Phone Number(s): \_\_\_\_\_

If no Contact Number available how may COI contact you? \_\_\_\_\_

How did you hear about the TILP Program? \_\_\_\_\_

**Current Living Situation:**

Where are you currently living? \_\_\_\_\_

Do you have an immediate need for emergency shelter: Yes \_\_\_\_ No \_\_\_\_ In the near future \_\_\_\_\_

**Previous Living Situations:**

Where have you resided in the last two years? \_\_\_\_\_

\_\_\_\_\_

Have you ever been a ward of the court? Yes \_\_\_\_ No \_\_\_\_

If yes, please state when and where: \_\_\_\_\_

Have you ever been placed in a Group Home or Juvenile Detention Facility? Yes \_\_\_\_ No \_\_\_\_

If yes, please state when and where: \_\_\_\_\_

Have you ever rented an apartment by yourself or with others? Yes \_\_\_\_ No \_\_\_\_

If yes, please state when and where: \_\_\_\_\_

**Employment**

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_ If yes, please state where and whether full time or part time \_\_\_\_\_

Chautauqua Opportunities, Inc.  
Transitional Independent Living Program  
Program Application

Have you held any job position or participated in a work program over the last two years?

Yes \_\_\_\_ No \_\_\_\_ If yes, please state where \_\_\_\_\_ Are you able to legally work in the United States? Yes \_\_\_\_ No \_\_\_\_ Need Assistance with working papers/Identification \_\_\_\_

**Medical:**

Do you currently have any medical needs that need to be addressed? Yes \_\_\_\_ No \_\_\_\_

If yes, may we provide a referral for immediate services? Yes \_\_\_\_ No \_\_\_\_

Do you have any medical needs that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please share this information: \_\_\_\_\_

Do you have any known allergies to environment or medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please share this information: \_\_\_\_\_

Do you have any current medical coverage? Yes \_\_\_\_ No \_\_\_\_

If no, would you like assistance in obtaining medical coverage? Yes \_\_\_\_ No \_\_\_\_

Are you currently on any medication? Yes \_\_\_\_ No \_\_\_\_

Are you currently in a treatment program/plan of any kind? Yes \_\_\_\_ No \_\_\_\_

If so may we inquire as to the basics of your treatment plan? \_\_\_\_\_

Are you currently receiving or previously received any mental health counseling? Yes \_\_\_\_ No \_\_\_\_

If so may we inquire as to the basics of your treatment plan? \_\_\_\_\_

**Education:**

Are you currently enrolled in high school or college? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide your school enrollment information including school name, location and grade/level: \_\_\_\_\_

Are you a high school graduate? Yes \_\_\_\_ No \_\_\_\_

If yes, where did you graduate from? \_\_\_\_\_

If no, and not attending high school are you enrolled in GED prep classes or obtained your GED?

In prep classes \_\_\_\_ Information needed on how to enroll in GED prep classes \_\_\_\_

Scheduled for testing \_\_\_\_ Waiting for test results \_\_\_\_ Obtained GED \_\_\_\_

Chautauqua Opportunities, Inc.  
Transitional Independent Living Program  
Program Application

What are your future education plans/goals? Include any specialized trainings, tech classes, college:

---

---

**Identification and Services:**

Do you have any of the following documents? Please check the appropriate boxes

<input type="checkbox"/>	State ID/Driver's License	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Immunization Record	<input type="checkbox"/>	Copy of High School Diploma	<input type="checkbox"/>	Copy of GED

Do you need assistance in obtaining any of the above? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

---

Do you receive any of the following services? Please check the appropriate boxes

<input type="checkbox"/>	SNAP (food stamps)	<input type="checkbox"/>	Social Security (SSI or SSD)	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	Other:

Do you need assistance in obtaining any of the above? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

---

What does the term financial literacy mean to you? \_\_\_\_\_

---

Do you have any bank accounts currently or in the past? \_\_\_\_\_

In our effort to provide you with the most effective case management service please provide information for any other service providers you are currently working with:

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

Chautauqua Opportunities, Inc.  
Transitional Independent Living Program  
Program Application

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Number: \_\_\_\_\_

**Legal Issues:**

Have you ever been arrested and/or convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently in trouble with the law or having any legal cases pending/in process?

Yes \_\_\_\_ No \_\_\_\_ If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently on probation/paroled? Yes \_\_\_\_ No \_\_\_\_

If yes please provide the following: Probation \_\_\_\_ Parole \_\_\_\_ Term \_\_\_\_\_

Parole/Probation Officer Name : \_\_\_\_\_

Office Location: \_\_\_\_\_ Number: \_\_\_\_\_

**Miscellaneous:**

Explain why you are interested in the Transitional Independent Living Program:

\_\_\_\_\_

\_\_\_\_\_

Please list any Independent Living Skills you expect to learn from this program:

\_\_\_\_\_

\_\_\_\_\_

Describe any alternative living arrangements you currently have if you are not accepted into TILP, or if you are placed on the TILP waiting list:

\_\_\_\_\_

\_\_\_\_\_

Chautauqua Opportunities, Inc.  
Transitional Independent Living Program  
Program Application

Where do you want to be in life in five years?

---

---

---

Tell us about your interests and hobbies. Tell us what else you would like us to know about you.

---

---

---

References:

When providing references, please make sure the contact information is current. You may not be considered for this program if we are not able to contact your references.

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

Address: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

The above information, to the best of my knowledge, is true and correct.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date