



Youth\Young Adult Client Application

Personal Information (Please Print)

Name: _____
Last First Middle Initial

Telephone #: _____ Cell #: _____

E-mail: _____

Address: _____
Street Apt. City Zip Code

Mailing Address (if different): _____
Street Apt. City Zip Code

Date of Birth: _____ Age: _____ Social Security #: _____

U.S. Citizen? Yes No Resident Alien Doc. #: _____

Alternative Contact Name: _____

Relation: _____

Telephone #: _____ Cell #: _____

E-mail: _____

Do you have a valid CA Drivers License? Yes No CA ID card? Yes No

Driver's License/CA ID Number: _____

Legal History

Are you currently on: Probation Parole

Probation/Parole Officer's Name: _____ Phone #: _____

Physical Information

Do you have a history of substance abuse (drug or alcohol)? Yes No

If yes, are you attending group meetings or counseling to help you overcome it? Yes No

Do you have any other disability? Yes No

Type of Disability: _____

Family

Single Married Parent Of Dependents Under The Age Of 18 Number In Family: _____

Has either of your parents ever been incarcerated? Yes No

Income

How much was your (family's) income for the last six months? \$ _____

Are you currently employed? Yes No If yes, where? _____

What types of income do you have at this time? Employment AFDC/TANF

Family Income (Spouse) SSI Unemployment Insurance

Food Stamps Other: _____

Education

Last School Attended: _____ Highest Grade Completed: _____

High School Diploma GED

How did you hear about our program?

Probation/Parole Officer Friend: _____

Advertisement: _____ Other: _____

Applicant Signature _____ Date _____