

Y.E.S. Transitional Housing/Maternal Group Home Programs

Application Information



Description of Programs:

The transitional housing program and maternity group home program operated by Youth Emergency Services, Inc. are case-managed, independent living programs designed to assist young people move towards self-sufficiency. These programs provide help to homeless young people and their children, for a period of up to 18 months. These programs differ from standard rental housing. For example:

- Besides housing, these programs offer a wide variety of support services which help participants to stabilize, strengthen and develop skills toward independent living.
- All participants are required to work with program staff on meeting goals. Home and office visits are required.
- Participants must be willing to follow the guidelines of the program and have a willingness to work.

Admission Criteria:

Applicants must meet the following criteria in order to be accepted into the program:

- Must be 16 to 21 years of age (16-18 year olds must either be legally emancipated or have parental/guardian consent, and must meet with the program Coordinator prior to being admitted into the program).
- Must be homeless (living on the streets, in a shelter, in a transitional living program, couch surfing, or being evicted/kicked out of current living situation).
- Must be committed to active participation in the program, including case management and support services.
- Must be willing to work/and or attend school and participate in community service.

Program Fees:

Participants pay monthly rental fees. The first month is free. Rent is increased every month until the participant is able to pay the full rental amount for three consecutive months, at which time they are eligible for graduation from the program (pending other criteria are met). When the participant leaves the program, 80% of all rents paid (less any charges for damages) will be returned to the participant.

Admission Process:

- Youth must complete and sign the application.
- Return this application to 2679 Farnam Ste, Suite 205, Street, Omaha, NE 68131. Fax: (402) 345-6704. email: sarah@yesomaha.org or janelle@yesomaha.org.
- This application will be forwarded to the admission staff.
- Program staff will contact you within one week of receiving this application. A phone interview will be done to verify that you meet all criteria.
- If you are a minor (18 or younger), permission to participate in the program or proof of emancipation must be obtained.
- If it is determined that you meet the eligibility requirements, program staff will notify you if there is an opening or if you will be placed on a waiting list.
- If there is a vacancy, program staff will contact you and set up an interview to discuss goals and go over program guidelines.
- If it is determined that you do not meet the admission criteria, your application will be held for three months. It is up to you to contact us with updated information that may affect eligibility.
- If we are not able to contact you after three attempts, your application will be held for up to three months.
- Y.E.S. staff can be reached at (402)345-5187. The website is www.yesomaha.org

Income

What is your monthly income (total before taxes):

- \$0 \$1-\$250 \$251-\$500 \$501-\$750 \$751-\$1000 \$1001+

Are you currently employed? YES NO

If yes, what is the name of the company you work for? _____

Supervisor's Name: _____

Work Address: _____ Work Phone: _____

Current wage \$ _____/hourly Hours per week: _____

Current source(s) of income (check all that apply):

- Child Support Social Security Public Assistance
 SSDI Food Stamps WIC
 Medicaid TANF Employment Income
 Unemployment Assistance from family Other (please specify) _____

Education

Do you have your high school diploma? YES NO

If yes, date of graduation ___/___/_____

What was the last grade you attended? _____

What school did you last attend? _____

Please explain why you left:

Do you have your GED? YES NO If yes, date of completion: ___/___/_____

Legal Status: Adult Minor Emancipated

Have you ever been in CPS (Child Protective Services) Custody? Yes No

If you are a minor (18 years old or younger), who is your current Guardian?

- Parent Other Relative Foster Parent Child Protective Services Other (_____)

Name of Guardian: _____ Phone: _____

Legal History

Have you ever been charged with a crime(s)? YES NO

If yes, please specify: _____

Have you ever been convicted of a crime(s)? YES NO

Are you currently on probation or parole? YES NO

Name of probation/parole officer: _____ Phone: _____

Name of Public Defender /attorney: _____ Phone: _____

Do you have any outstanding warrants? YES NO

If yes, please specify: _____

Do you have any court dates pending? YES NO

If yes, please explain: _____ Date: _____

Have you ever applied for a protection order? YES NO Date filed: _____

Name and relationship of person order filed against: _____

Medical History

Have you ever been hospitalized? YES NO

If yes, please explain: _____

Do you have any current physical health problems? YES NO

If yes, please explain: _____

Are you currently taking any medication for a physical condition? YES NO

Name of medication(s): _____

Do you have any allergies? YES NO

If yes, please describe: _____

Do you have any special needs we should be aware of? YES NO

If yes, please explain: _____

Are you currently pregnant? YES NO

If yes, what is your expected due date: _____

Doctor's Name: _____ Phone: _____

Child Care

Do you have full custody of your children? YES NO

If not, who does? _____

Please list your daycare name and phone number: _____

Age of children: _____

Transportation

What is your current means of transportation?

Bus Personal Vehicle Friends/Relatives

Referral Source

Who referred you to these programs?

Name: _____ Agency: _____ Phone: _____

Goals

What do you hope to accomplish while in this program?

Signature or Applicant:

I certify that the information included in this application is true to the best of my knowledge.

Applicant Signature

Date

Printed Name of Applicant

For office use only:

Date received: _____

Date application reviewed: _____

Applicant contacted: _____

Interview date & time: _____ Location: _____