



Youth Building Alternatives

181 Brackett St. • Portland, ME 04102 • 207-775-0105 • 207-780-1701 Fax

Interview ___ / ___ / ___

Entered into Websta: ___ / ___ / ___

DOC? Y ___ N ___

Entered into Demographics: ___ / ___ / ___

Re-entry? ___ Instead of incarceration? ___

Application for Admission

Please answer the following questions. If you have questions, please let us know. Thanks!

*Name: _____ Today's Date: _____
First Middle Last

Where did you hear about the Youth Building Alternatives program? _____

Background Information

Mailing Address: _____

City / State / Zip: _____

County: _____

Telephone: (home) _____ (other) _____

*Date of Birth (Month / Day / Year): _____ Age: _____

*Gender Male _____ Female _____

Social Security Number: _____ / _____ / _____

Are you Medicaid eligible? Yes _____ No _____ Medicaid Number _____

Legal Guardian:

Name: _____ Relationship to you: _____

Address: _____

State / City / Zip _____

Phone: _____ Other: _____

***Racial or Ethnic Origin** (Mark all that apply):

1. _____ American Indian / Alaskan Native
2. _____ African American (Not Hispanic)
3. _____ Asian / Pacific Islander
4. _____ White (Not Hispanic)
5. _____ Hispanic / Latino
6. _____ Other (Specify) _____
7. Primary Language _____

Are you a **U.S. Citizen**? Yes _____ No _____

Marital Status? Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Please estimate the gross income in the household where you live during the last 12 months. Include job wages, pension, social security, retirement income, alimony, unemployment compensation, child support, AFDC, general assistance, other welfare, SSI, and SSDI payments. Include earning for **all family** members, **not roommates**. (CHECK ONLY ONE)

_____ \$0 - \$5,000	_____ \$30,001 - \$35,000
_____ \$5,001 - \$10,000	_____ \$35,001 - \$40,000
_____ \$10,001 - \$15,000	_____ \$40,001 - \$45,000
_____ \$15,001 - \$20,000	_____ \$45,001 - \$50,000
_____ \$20,001 - \$25,000	_____ Over \$50,000
_____ \$25,001 - \$30,000	

***Number of people** living in your household including you: _____

Do you live in Public Housing ?	Yes _____	No _____
Do you have a Section 8 Housing Certificate ?	Yes _____	No _____
Do you live in a halfway house or group home ?	Yes _____	No _____
Do you live in a shelter ?	Yes _____	No _____
Are you homeless ?	Yes _____	No _____
Have you ever been homeless ?	Yes _____	No _____

Education

Please provide a copy of GED, Diploma and/or high school transcript.

*Do you have: _____ a **GED** _____ a **High School Diploma**?

Why are you not in the public school system? _____

Did you **drop out** of school and plan not to return? Yes _____ No _____

What is the highest grade level you have **completed**? _____

What school did you last attend? _____

Work Experience

Are you currently employed? Yes _____ No _____

Name of company where employed: _____

Number of hours worked per week: _____ Pay rate per hour: _____

Benefits: Yes _____ No _____

In the last 12 months, have you been employed? Yes _____ No _____

Name of company where employed: _____

Date last job ended _____

Number of hours worked per week: _____ Pay rate per hour: _____

If unemployed, are you currently looking for a job? Yes _____ No _____

Dependents and Public Assistance

*Who do you live with? (*Parent, Grandparents, your child(ren), friends, etc.*)

How long have you lived at your current address?

Less than 6 months _____ 6 to 12 months _____ Over 12 months _____

Are you a **parent**? Yes _____ No _____

If yes, how many children do you have? _____

What are **their** birth dates? _____

Do you live with your children? Yes _____ No _____

If no, does your child(ren) receive TANF/AFDC? Yes _____ No _____

*Are you a **foster child**? Yes _____ No _____

Are you in **DHS custody**? Yes _____ No _____

If yes, how long have you been in DHS care? _____

Name of DHS caseworker: _____ Telephone _____

*(*Please check one or both*) Do you _____ or does **someone else** _____ in your household

receive (check all that apply):

_____ **AFDC**

_____ **Food Stamps**

_____ **General Assistance / General Relief**

_____ **SSI**

_____ None of the above

_____ don't know

Correctional System Experience

Have you ever been arrested? Yes _____ No _____

If yes, how many times? _____

**Did you participate in an Intensive Aftercare program? Yes ___ No ___

**Have you ever been incarcerated? Juvenile Detention Y/N _____ Adult Detention Y/N _____

**Are you currently incarcerated? Yes ___ No ___

List offenses that resulted in your incarceration: _____

Dates of detention: _____

Length of time spent in detention: _____

Have you ever been on probation? Yes ___ No ___ **or** conditional release Yes ___ No ___?

Are you currently on probation Yes ___ No ___ **or** conditional release Yes ___ No ___?

Explain Reasons for probation/conditional release:

When were you placed on probation/conditional release: _____

When do you get off probation/conditional release: _____

Do you have any court dates coming up? _____ When _____

Have you ever been convicted of a felony? Yes ___ No ___

Have you ever been convicted of a misdemeanor? Yes ___ No ___

Name of Probation Officer: _____ Phone: _____

Name of Lawyer: _____ Phone: _____

Other Background Information

The following questions are for our records only. Please note that your past history will not prevent you from being accepted into our program.

Do you have a **history of alcohol or drug misuse or abuse**? Yes _____ No _____

Have you ever received **treatment** for alcohol or drug related problems?

Yes (Specify) _____ No _____

Do you have a **substance abuse counselor**?

Yes (Specify) _____ No _____

Is there a history of alcohol or drug abuse **in your family**?

Yes (Specify) _____ No _____

Do you have any type of **disability besides substance abuse**? (This question is optional):

Yes (Specify) _____ No _____

Do you see a counselor? Yes _____ No _____

Name of counselor: _____ Phone Number _____

What day and time do you go to the counselor _____

Are you connected with any other services? Yes _____ No _____

If yes, please list the name(s), reason(s), and phone number(s) of all services.

If you were enrolled in any other programs before Youth Building Alternatives, please specify:

Do you have a **driver's license**? Yes _____ No _____ N/A _____

Do you have a **drivers permit**? Yes _____ No _____ N/A _____

Are you registered to **vote**? Yes _____ No _____ N/A _____

Are you registered for the **selective service**? Yes _____ No _____ N/A _____

Are you an **emancipated minor**? Yes _____ No _____

