



**Directions:** Please complete the questions in this application to the best of your ability. The questions are designed to help us understand and assess your current situation.

Upon completion, you may submit your application in the following ways:

- A.) Print and mail it with attention to TAY office at 838 S. Main Street, Suite A, Salinas, CA 93901
- B.) Print and fax to (831) 754-4733
- C.) Email to Steve Duran, Director of Programs, at [steve@peacockacres.org](mailto:steve@peacockacres.org)

Once received, please allow up to three business days and a Case Manager will contact you. Any questions can be directed to the TAY office or Steve Duran at (831) 754-3635.

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To which program are you applying?  THPP (16-18yrs.)  THP+FC (18-21yrs.)  PATH-Plus (18-21 emancipated)

### Client Information

Today's Date:

First Name:

Last Name:

Nickname:

Street Address:

City:

State:

Zip:

County of Origin:

Are you emancipated?

Phone:

Emergency Number:

Birth Date:

Social Security Number:

Name of current/last Social Worker:

Phone Number for current/last Social Worker:

Name of current/last Probation Officer:

Phone Number of current/last Probation Officer:

### Living Status

What is your current living situation? (check one)

- Homeless Shelter
- Parent/Legal Guardian's Home
- Other Parent's Home
- Transitional Housing
- Independent

### Family Information

Do you have children:            If yes, how many:            What are the ages of your children:

Are you pregnant:            If yes, when is your due date?            A female is pregnant with my baby:

### Employment & Education

Are you currently employed:            If yes, where?

Are you currently enrolled in school:            If yes, where?

### Legal Information

Are you now or have you ever been on probation?

If yes, please explain:

### Previous Services

Have you previously participated in any California THPP, THP+FC or THP+ Program?

If yes, explain why you left the program:

Character References

Please list up to three adult references. Please include a reference letter from one person listed.

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Goals

Please list 3 goals you currently have for yourself.

1.

2.

3.

## Program

How do you think this program can help you?