



*California Impact Coalition
Transitional Housing Program Application*

Full Name: _____

Pronouns/Sexual Orientation: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Current Address: _____

(Street Address, City, State, ZIP Code)

Do you have children? ☐ Yes ☐ No

If yes, please list their ages and indicate if they are living with you:

Age: _____

Social Worker Information:

- Name: _____
- Phone: _____
- County: _____
- Email: _____

Are you currently on probation or have been on probation?

- ☐ Yes
- ☐ No

If yes, provide the following:

California Impact Coalition

www.caimpactcoalition.org

Phone: (925) 300-6039

Email: info@caimpactcoalition.org

- Probation Officer Name: _____
- Phone: _____
- County: _____
- Email: _____

Referral Source: _____

Referring Person's Information:

- Name: _____
- Relationship: _____
- Agency: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Current Housing Situation

Do you have safe, stable housing?

- ☐ Yes
- ☐ No

If no, do you need emergency shelter?

- ☐ Yes
- ☐ No

What best describes your current housing situation?

- ☐ Living with someone and paying rent
- ☐ Renting your own space
- ☐ Participating in a THPP program
- ☐ Unstable housing (please describe):

Have you ever lived with a roommate?

- ☐ Yes
- ☐ No

If yes, please describe that experience:

Placement Preferences:

- Preferred neighborhood or city: _____
- Any unsafe neighborhoods or cities for you: _____

Ethnic Identity (Optional)

Please select all that apply:

- ☐ 1. American Indian or Alaskan Native
- ☐ 2. Black, non-Hispanic, including African
- ☐ 3. Mexican American, Mexican, Chicano
- ☐ 4. Central American
- ☐ 5. South American
- ☐ 6. Cuban
- ☐ 7. Puerto Rican
- ☐ 8. Other Latino
- ☐ 9. Chinese
- ☐ 10. Japanese

- ☐ 11. Korean
- ☐ 12. Laotian
- ☐ 13. Vietnamese
- ☐ 14. Filipino
- ☐ 15. White
- ☐ 16. Pacific Islander

Education and Employment

Have you obtained any of the following?

- ☐ GED
- ☐ High School Diploma

Current Education Status:

- ☐ In high school
- ☐ Community College
- ☐ 4-Year College
- ☐ Enrolled in a GED program
- ☐ Enrolled in adult education

Are you interested in enrolling in school?

- ☐ Yes
- ☐ No

If enrolled, what school are you attending? _____

Current Employment Status:

- ☐ Employed (Full-time/Part-time): _____
- ☐ Unemployed

If employed, please list:

- Employer: _____
- Position: _____

If unemployed, what is your primary source of income? _____

Financial Skills:

- Do you have experience creating and following a monthly budget? ☐ Yes ☐ No
- Are you able to pay bills on time? ☐ Yes ☐ No
- Do you have a credit card? ☐ Yes ☐ No
- Do you have a bank account? ☐ Yes ☐ No

Transportation and Mobility:

- Do you know how to use public transportation? ☐ Yes ☐ No
- Do you own a vehicle? ☐ Yes ☐ No

Other:

- Do you have pets? ☐ Yes ☐ No

If yes, what kind? _____

Personal Goals

How will entering the Transitional Housing Program help you achieve your short-term or long-term goals?

Applicant Certification

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge. I also consent to the release of my court report and understand that this information will only be used to determine my eligibility for the program.

Applicant Signature: _____

Date: _____

Submit completed materials to:

Email: info@caimpactcoalition.org

California Impact Coalition

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Walnut Creek, CA 94598