

**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 Peacock Acres Inc., 830 Park Row, Salinas, CA 93901
- B.) Print and fax to (831) 754-4733
- C.) Email to apply@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 (831) 754-3635

To which program are you apply	ing?   THPP (16-18yrs.)	☐ THP+FC (18-21yrs.)	□ PATH-Plus (18-	21 emancipated)	
	Client Inf	<u>formation</u>			
Today's Date:					
First Name:	Last Name:		Nickname:		
Street Address:		City:	State:	Zip:	
County of Origin:		Are you eman	cipated?		
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**

vvn	What is your current living situation? (cneck one)					
	Homeless Shelter					
	Parent/Legal Guardian's Home					
	Other Parent's Home					
	Transitional Housing					
	Independent					
		<u>Family</u>	<u>Information</u>			
Do	you have children:	have children: If yes, how many: What are the ages of your children:				
Are	you pregnant:	If yes, when is your due of	date?	A female is pregnant with my baby:		
		Employm	ent & Education			
Are you currently employed: If yes, where?						
Are you currently enrolled in school: If yes, where?						
<u>Legal Information</u>						
Are you now or have you ever been on probation?						
If yes, please explain:						
<u>Previous Services</u>						
Have you previously participated in any California THPP, THP+FC or THP+ Program?						
If y	es, explain why you left th	e program:				

Peacock Acres Inc., 830 Park Row, Salinas, CA 93901 | Phone: 831.754.3635 | Fax: 831.754.4733

## **Character References**

Please list up to three adult references. Please include a reference letter from one person listed.						
Name:	Relationship:					
Address:						
Phone:						
Name:	Relationship:					
Address:						
Phone:						
Name:	Relationship:					
Address:						
Phone:						
	<u>Goals</u>					
Please list 3 goals you currently have for yourself.						
1.						
2.						
3.						

<u>Program</u>
How do you think this program can help you?

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