



Tenant Application

To be considered as a future Resident at a Jeremiah's Promise home, you must complete ALL parts of the application. Please be assured that all personal information you share will be kept confidential and will be used only in determining your eligibility to move in. If you have any questions, feel free to call us at 408.962.0630 or email us at admissions@jeremiahspromise.org.

PERSONAL INFORMATION

Last Name		First Name		Middle Name		Date	
Address				City		State	Zip
Phone		Alternate Phone		Email			
<small>HM / WK / CELL</small>		<small>HM / WK / CELL</small>					
Birth Date			Social Security Number			Gender	
____ - ____ - ____			____ - ____ - ____			Male / Female	

PLACEMENT INFORMATION

Foster Parent(s) Name(s) or Placement Name	How long have you been at your current placement?
	____ Years ____ Months

Please provide information regarding your last two placements (before your current placement) including how long you were there and a brief description of the reason you left.

Foster Parent(s) Name(s) or Placement Name	How long were you at this placement?
	____ Years ____ Months

What is the reason you left this placement?

Foster Parent(s) Name(s) or Placement Name	How long were you at this placement?
	____ Years ____ Months

What is the reason you left this placement?

If invited to live in a Jeremiah's Promise home, when would you be available to move in?	How long would you plan to stay?
	____ Years ____ Months

COUNTY CONTACT INFORMATION

Please provide names and contact information for all applicable contacts listed below. Please note that these references may be contacted in the process of determining your eligibility to move into a Jeremiah's Promise home and may also be contacted periodically during and after your stay with us to ensure continuity of the services provided for your benefit.

Social Worker / After-Care Manager	Phone Number	Email
ILP Coordinator	Phone Number	Email
Case Manager	Phone Number	Email
Therapist	Phone Number	Email
Probation Officer	Phone Number	Email
CASA Advocate	Phone Number	Email

PERSONAL CONTACTS

Please provide contact information for 3 people whom you rely upon for natural support and/or people whom you would wish to be contacted in the case of an emergency (relatives, foster parents, pastors, mentors, friends, teachers, etc.).

Contact Name	Phone Number	Address
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EDUCATION

Current Grade Level	Name of School Attending	When do you expect to graduate? (month and year)
School Address		Phone Number
Have you completed or are you working to complete a GED?	If so, where?	
What are your plans after high school?		

LEGAL HISTORY

Have you ever been arrested? If YES, please explain.	
YES / NO	
Have you ever been arrested for/convicted of a violent crime against person or property? If YES, please explain.	
YES / NO	
Have you ever been involved with a gang? Have you been active within a gang within the past year?	
YES / NO	

MEDICAL HISTORY

Do you have a current MediCal Card?	Please provide the name of your physician and the medical facility where s/he practices.
YES / NO	
Are you presently taking any medication and/or has any medication been prescribed for you within the past year? (Please list all medications prescribed for you by a doctor or psychiatrist within the past year. Circle any medications you are currently taking.)	
YES / NO	
Have you intentionally hurt yourself in the past 5 years? If yes, please explain.	
YES / NO	
Have you physically hurt someone else in the past 5 years? If yes, please explain.	
YES / NO	
Have you ever been hospitalized for any reason? (medical or psychological) If yes, please explain.	
YES / NO	

SUBSTANCE ABUSE HISTORY

Have you ever used drugs or alcohol or abused any other substances? If yes, what substance(s)	
YES / NO	
Have you ever been in a drug/alcohol dependency treatment program? If yes, for what substance(s)?	
YES / NO	
Have you participated in any 12-Step Programs? If yes, for what substance(s)?	
YES / NO	
Do you currently use drugs/alcohol or other substances? If No, how long have you been clean and sober?	
YES / NO	

INDEPENDENT LIVING SKILL INFORMATION

Have you participated in an ILP program?		Do you have experience cooking?	
YES / NO		YES / NO	
Do you have a bank account?	How long have you had the account?	How much money have you saved?	
YES / NO			
Do you currently have a job? If YES, where and for how long?			
YES / NO			
Please list other jobs you have had in the past (if any).			
Do you have experience using Public Transportation?		Do you have a driver's license?	
YES / NO		YES / NO	
Do you own a car?		Do you have a current insurance policy?	
YES / NO		YES / NO	

SIGNATURE AND SUBMISSION INSTRUCTIONS

I have voluntarily filled out this application and would like to be considered as a future Resident at a Jeremiah's Promise home. To the best of my knowledge, all of the above information is complete, true and correct. I understand that any or all of the county and/or personal contacts I have listed in this application may be contacted in the application process and/or during and after my stay at a Jeremiah's Promise home to ensure the continuity of the services provided for my benefit.

Applicant Signature: _____

Date: _____

Please mail/fax your completed application to:

*ATTN: Admissions
P.O. Box 1393, Palo Alto, CA 94302-1393
Fax 408.962.0633*

For questions or assistance, please call 408.962.0630 or email admissions@jeremiahspromise.org.

*Thanks so much for taking the time to fill out this form.
We sincerely look forward to meeting you! :)*