



## BAYC - Real Alternatives for Adolescents- RAFA

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### Application Check List

**In order to process your application you need to submit the following documents:**

- Completed application
- School Transcript (must be dated within the last 30-days)
- School Attendance Record (must be dated within the last 14-days)
- 2 Letters of Support (attached)
- ILSP letter of Recommendation- (Ken Shaw)
- Letter of recommendation from County Social Worker

### **Steps to Housing:**

1. Submit Application
2. Submit Supporting Documents
3. Interview with RAFA Staff
4. Peer Interview (current youth in the program)



## ***RAFA Transitional Housing Placement Program Application***

*In order to help BAYC get to know and understand you better, please fill out this form as completely and honestly as possible. All information you provide us with is strictly confidential and private; no one outside this agency will be allowed to see any information that you give us except when you say its okay!*

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

### **Background Information**

**Gender:**  Male  Transgender  
 Female  M to F or F to M

**Race/ Ethnicity:**  
 African American  Other Latino  
 White  Pacific Islander  
 Mexican American  Other \_\_\_\_\_  
 Asian American

**Do you have Children:**  Yes  
 No

**How many :** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Referred by:**  Social Worker  School/ Church  
 ILSP  Shelter  
 Family/ Friend  Other  
 Probation Officer

**Are you enrolled in ILSP?**  
 Yes  
 No

#### **Social Worker/ Probation Officer Information:**

**Name:**  
\_\_\_\_\_

**Phone #:**  
\_\_\_\_\_

#### **What is your emancipation date?**

\_\_\_\_\_

#### **Which location/ Site are you interested in living?**

- Oakland  
 Hayward

#### **County:**

- Alameda  
 San Mateo  
 San Francisco  
 Contra Costa  
 Other: \_\_\_\_\_

#### **Current Placement:**

Group Home: \_\_\_\_\_

THPP: \_\_\_\_\_

## Education

Are you enrolled in School? Yes No

If yes what school? \_\_\_\_\_

How many credits do you need to graduate? \_\_\_\_\_

Please circle all that apply:

|   |                                    |   |  |
|---|------------------------------------|---|--|
| I have issues with reading                | I am good with my hands            | I was never suspended from school                 | I was placed in special education classes  |
| I study better with help                  | I don't feel comfortable at school | I like to read                                    | I like going to school                     |
| I have issues concentrating in classrooms | I enjoy math                       | If I could play sports I would attend more school | I have issues with math                    |
| I don't like school                       | I usually skip school              | I don't have support at school                    | My favorite class is art                   |
| I get into fights at school               | I get teased/ harassed at school   | My school is too far                              | I have good relationships with my teachers |

Do you have a learning disability? Yes No

Please list type \_\_\_\_\_

I have interest in the following schools:

- Hair/ Beauty College
- Computer Training
- Childcare Training
- Automotive Training
- Jr. College
- State / University
- Other \_\_\_\_\_

## Employment

Are you currently working? Yes No

Please list your employment history, including current job:

| Employer | Hourly Wage<br><i>(\$)</i> | Number of Hours<br><i>(Per week)</i> | How long<br><i>(wk/mo/yr)</i> |
|----------|----------------------------|--------------------------------------|-------------------------------|
|          |                            |                                      |                               |
|          |                            |                                      |                               |
|          |                            |                                      |                               |

Do you have an updated resume/ cover letter Yes No

## Emancipation Planning

Do you have a bank account? Yes No

If yes what bank? \_\_\_\_\_

Do you currently have?

|                                      |     |    |
|--------------------------------------|-----|----|
| California Identification Card       | YES | NO |
| Birth Certificate (not a photo copy) | YES | NO |
| Social Security Card                 | YES | NO |
| Passport                             | YES | NO |
| CA Driving Permit                    | YES | NO |
| CA Driver's License                  | YES | NO |
| Immunization Record                  | YES | NO |
| School Picture Identification        | YES | NO |

Do you have any reason to suspect that you might have bad credit? Yes No

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone ever put bills (phone, PG& E, water, or cable) in your name? Yes No

### Wellness/ Health

Do you have Medi-Cal? Yes No

Number \_\_\_\_\_

Do you have any other medical insurance? Yes No

Name and Number \_\_\_\_\_

Do you have a doctor? Yes No

Name & number \_\_\_\_\_

Please list all medication (prescription) you have ever taken?

| Medication Name | Reason/ Purpose                           | Length   |
|-----------------|---|--|
|                 | Physical Health<br>Mental Health<br>Other | 30 days<br>1-3 months<br>1-2 years<br>On-going |
|                 | Physical Health<br>Mental Health<br>Other | 30 days<br>1-3 months<br>1-2 years<br>On-going |
|                 | Physical Health<br>Mental Health<br>Other | 30 days<br>1-3 months<br>1-2 years<br>On-going |

Have you been hospitalized in the last two (2) years? Yes No

Please explain why

\_\_\_\_\_

\_\_\_\_\_

When was your last?

Medical/ Doctor's Visit: \_\_\_\_\_

Dental Visit: \_\_\_\_\_

Are you pregnant right now? Yes No Possibly

Are you currently using any form of birth control? Yes No

Have you ever seen a counselor / Therapist? Yes No

Name & number \_\_\_\_\_

How often do you see him / her? Daily-Weekly-Monthly

How are you feeling emotionally? (check all that apply):

- I am doing great! I just need some help finding housing and/ or a job.
- Sometimes I feel helpless because of my living situation.
- If I had a job life would be good.
- I am cool, no problems.
- It feels like everyday something doesn't go my way.
- I have never wanted to hurt myself
- Sometimes I cut on myself, to make me feel better
- I have never felt suicidal
- I would never think of hurting myself or others
- When I take my medication life is easier to deal with
- I can get violent when people push me too far.

Please fill in the following chart:

| Substance    | On the average how often have you used this substance in the last 6 months? |      |       |        |
|--------------|---|------|-------|--------|
|              | Never   | Once | Daily | Weekly |
| Alcohol      |   |      |       |        |
| Marijuana    |   |      |       |        |
| Downers      |   |      |       |        |
| Uppers       |   |      |       |        |
| Cocaine      |   |      |       |        |
| Inhalants    |   |      |       |        |
| Psychedelics |   |      |       |        |
| Heroin       |   |      |       |        |
| Cigarettes   |   |      |       |        |
| Crystal Meth |   |      |       |        |
| Crack        |   |      |       |        |
| Ecstasy      |   |      |       |        |

Have you ever been in a treatment program for substance abuse? Yes No

Name of program & length of stay \_\_\_\_\_

Have you ever been a survivor of domestic violence? Yes No

Please explain  
\_\_\_\_\_  
\_\_\_\_\_

Do you have people in your life that you can rely on? Yes No

Please explain who  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a partner who...

- Put you down?
- Acted in a controlling jealous manner?
- Restricted or monitored your life?
- Discouraged or prevented you from going to school, work, and/ or visiting family and friends?
- Hit, kicked, or slapped you?
- Forced you to have sex?
- Threatened to hurt or kill you?
- Used a gun, knife or other weapon against you?

Have you ever been arrested?

Yes No

If yes, what was the reason?

- Drinking alcohol
- Possession or use of illegal drugs
- Theft
- Driving violation
- Violence (fighting or battery)
- Truancy (skipping school)
- Running away from placement or home
- Vandalism
- Curfew violations
- Other: \_\_\_\_\_

Are you currently on probation?

Yes No

Are you enrolled in any court mandated programs?

Yes No

Please list them:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you have any outstanding traffic tickets?

Yes No

Do you have any unpaid fines or restitution due to the court?

Yes No

Please explain why

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### Personal Effectiveness

List your top 3 goals:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Tell us 2 things about yourself, that you are most proud of:

- \_\_\_\_\_
- \_\_\_\_\_

Why do you want to participate in the RAFA program?

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What areas do you feel you need the most support in?

*Education      Counseling      Job Training/ Skills      Time Management*  
*Employment      Cooking      Money Management      Emancipation Planning*

What skills/ strengths do you already have that will make you successful in the RAFA program?

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***I have answered the questions to the best of my knowledge and understand that any false or misleading information can hinder my acceptance into the RAFA program.***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

BAYC  
 Real Alternatives for Adolescents- RAFA  
*Letter of Support*

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**Candidate Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**To the individual completing this form:**

The youth above is applying for admission to the RAFA program. The RAFA program is a transitional housing program for foster care youth, who are approaching emancipation. The program will provide them with housing, independent living skills, money management, and mental health services. If you would like to know more about the RAFA, program please visit our website at [www.baycyouth.org](http://www.baycyouth.org) or call us at 510.727.9401 Ext. 139.

**Your Name:**  
 \_\_\_\_\_

**Position:** \_\_\_\_\_

**School/ Organization:**  
 \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How long have you known the candidate?** \_\_\_\_\_

**Based on your knowledge of the candidate, check how you rate his/ her academic skills.**

|                      | Outstanding | Above Average | Average | Need Improvement |
|----------------------|-------------|---------------|---------|------------------|
| Academic Achievement |             |               |         |                  |
| Writing Skills       |             |               |         |                  |
| Reading Skills       |             |               |         |                  |
| Math Skills          |             |               |         |                  |
| Academic Potential   |             |               |         |                  |

**Based on your knowledge of the candidate, check how you rate his/ her characteristics and motivation.**

|                        | Outstanding | Above Average | Average | Need Improvement |
|------------------------|-------------|---------------|---------|------------------|
| Highly Motivated       |             |               |         |                  |
| Level-headed           |             |               |         |                  |
| Positive Self Image    |             |               |         |                  |
| Self-Reflective        |             |               |         |                  |
| Honest/<br>Trustworthy |             |               |         |                  |
| Determined             |             |               |         |                  |

**Based on your knowledge of the candidate, what do you believe to be his/ her strengths?**

- Education
- Family Support
- Employment Skills
- Interpersonal Effectiveness Skills
- Attitude
- Leadership Skills
- Peer Relationships (friends)
- Personal Relationships (boyfriend/ girlfriend)
- Hardworking
- Ability to bounce back quickly
- \_\_\_\_\_

**Please elaborate:**

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**Based on your knowledge of the candidate, what do you believe may be challenges to his/ her success?**

- Education
- Family Support
- Employment Skills
- Interpersonal Effectiveness Skills
- Attitude
- Mental Health
- Peer Relationships (friends)
- Personal Relationships (boyfriend/ girlfriend)
- Anger Management
- Substance Abuse
- \_\_\_\_\_

**Please elaborate:**

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**Please provide any additional information you believe to be helpful when working with this youth:**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE MAIL LETTER TO:**  
BAYC  
ATTN: Dir. of Transitional Housing  
22245 Main St. #200  
Hayward, CA 94541

**FAX LETTER TO:**  
BAYC  
ATTN: Dir. of Transitional Housing  
510-727-9405

**Please seal letter if youth is hand delivering**

BAYC  
 Real Alternatives for Adolescents- RAFA  
*Letter of Support*

---

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**Please elaborate:**

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- Substance Abuse
- \_\_\_\_\_

**Please elaborate:**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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510-727-9405

**Please seal letter if youth is hand delivering**



## ***RAFA Transitional Housing Program Expectations***

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Below are the basic RAFA program expectations

1. Attend school program regularly
2. Participate in and attend ILSP regularly
3. Meet at least once a week with Youth Development Clinician (YDC)
4. Meet at least once a week with Youth Development Specialist (YDS)
5. Attend RAFA Community every Tuesday evening
6. Participate in roommate meetings and mediations
7. Work or volunteer at least 10 hours per week

*I understand that if I am accepted into the RAFA Program, I will be required to meet the above expectations.*

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**Applicant Signature**

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**Date**