PATHWAYS TRANSITIONAL LIVING WORKER APPLICATION

Youth's Name: _____DOB: _____

Sex: ◯M ◯F Identified Gender: ◯M ◯F ◯Other: _____

Current Placement: _____

Contact Person at Current Placement:_____Phone:_____

Date Placement is needed: _____

Social Security Number:_____Race:_____ Hair: _____

Eyes:_____Tattoos/Scars: _____

Primary Medical Insurance:_____Health ID#:_____

Secondary Medical Insurance:_____ID#: _____

Allergies to food/medication/materials:

Current Medical Problems:

Current Medications:

Name	Dosage	Frequency (morning, night or both)

Placement record (include foster care, detention/correction and hospitalizations):

Location	Beginning Date	End Date	Reason for Discharge

Services that the youth currently has/will need:

- ☐ Individual therapy
- ☐ Group/family therapy
- ☐ Substance abuse treatment
- ☐ Medication management
- ☐ DBT or another type of therapy (describe):

Mental Health Diagnosis:

- ☐ Anxiety ☐ Posttraumatic Stress Disorder ☐ Depression
- ☐ ADD/ADHD ☐ Oppositional Defiant Disorder ☐ Mood disorder
- ☐ Autism Spectrum disorder
- ☐ Other (Please list)

Full Scale IQ, if known: _____
Is the youth a sex offender? ☐ Yes ☐ No
Is the youth on the sex offender registry? ☐ Yes ☐ No
Is the youth on the violent offender registry? ☐ Yes ☐ No
If the youth is a sex offender, have they successfully completed treatment? ☐ Yes ☐ No
Has the youth ever successfully completed Independent Living Classes? ☐ Yes ☐ No

Current school: _____ Home School District: _____

Does youth have: ☐ GED ☐ HS Diploma Special education? ☐ Yes ☐ No
IEP/504B Plan? ☐ Yes ☐ No Enrolled in GEAR UP/Youththrive? ☐ Yes ☐ No

Case Manager: _____ Phone: _____ Fax: _____

Email: _____

Family Support Worker: _____ Phone: _____ Email: _____

Supervisor: _____ Phone: _____ Email: _____

Guardian Ad Litem: _____ Phone: _____

Agency Address: _____ County: _____

Custody: ☐ DCF Parents ☐ Mother ☐ Father ☐ Agency

Other (please describe): _____

Date custody granted: _____
Probation/Conditional Release (CR)? ☐ Yes ☐ No If yes, please list terms of probation/CR and when youth will be finished with probation/CR:

Is the youth on house arrest? ☐ Yes ☐ No
Does the youth have a "Do Not Run" order? ☐ Yes ☐ No
Does youth have debt/restitution? ☐ Yes ☐ No If yes, Amount: _____

Emergency Contact: Name:_____

Emergency Contact Phone Numbers:_____

After-hours Emergency Number: _____

Please include as many of the following items as possible when returning the application. **Please check what will be returned for review:**

- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of Insurance card
- ☐ Medical History
- ☐ School Records (IEP, transcripts, and immunization records)
- ☐ Psychiatric Evaluation
- ☐ Discharge Summaries from previous placements
- ☐ Pre-Sentence Investigation
- ☐ Youth Level of Service
- ☐ Proof of completion of sex offender treatment, if applicable

~~***Applications and referral materials can be sent to:***~~

~~Shelia Rancatore~~
~~Shelia.Rancatore@cornerstonesofcare.org~~
~~300 E 36th St Kansas City, MO 64111~~
~~(p) 816-508-6226 (f)816-508-6255~~