

Safhavens of Shreveport

TLP Application for **Admission**

Items To Complete Prior to Admission to the Safehavens TLP

We are glad that you are interested in the Kennedy Center of Louisiana's Safehavens of Shreveport TLP. There are several steps for you to complete in order to be considered for admission to Safehavens. The following is a list of items necessary for you to be considered as a candidate for the program:

- Application Packet – Fill this out and complete as soon as possible—take the back of this packet (the part you are filling out) and turn it back in to The Kennedy Center of Louisiana.
- Goals – On the attached form, write out 3 short term goals for the next six months and 3 long term goals for the next six months to two years.
- Autobiography – On the attached form, write a short history of your life so far. It should be one to three pages and should include how you got to where you are now.

Once we receive these items, the Safehavens program director will contact you to set up an initial interview. Either prior to or shortly following admission, you will need to do the following:

- Daniel Memorial Independent Assessment – You will need to schedule with your case manager.
- Ansell-Casey Life Skills Assessment – You will need to schedule with your case manager.
- Global Assessment of Functioning – You will need to meet with your case manager.
- You will need to provide a copy of the following documents for our records: Original Birth Certificate, a copy of your Social Security Card, a copy of your Driver's License or Louisiana Identification Card, a copy of your High School Diploma or GED, and copies of your Medical Card or Insurance Card. If you don't have these we will help you obtain them.

Based on availability, bed space will be offered to youth after going through the application . If you have any questions about the process, feel free to contact Safehavens of Shreveport at the information listed below:

Rebecca Lowe
TLP Program Director
The Kennedy Center of Louisiana
809 College St
Shreveport, LA
Office 318-675-1112
Fax 318-675-1124

**Safehavens of Shreveport Transitional Living Program
Youth Application**

Today's Date _____

Name: _____ Date of Birth: _____

Age: _____ Race: _____ Ethnicity: _____

Social Security Number: _____ Referred by: _____

Medical Card Number/Name of Insurance: _____

Where are you currently living? _____

Current Address: _____ Current Phone: _____

How did you hear about the Safehavens Program: _____

Reason for applying for the Safehavens Program:

Have you ever been in state's custody? If so, please list any information related to custody:

Parent/Guardian Name: _____

Address: _____ Phone: _____

School History

Current School: _____ Grade: _____

Type of Diploma: _____ Graduation Date: _____

Honors and Awards: _____

What do you like best about school? _____

What do you like least about school? _____

If you are not attending school tell us what is the highest grade completed and what is your plan for completing your education?

What are your goals for your education? _____

Work History

Are you employed? _____ Current Employer: _____

Phone Number: _____ Length of employment: _____

Previous Employer: _____ Length: _____

Previous Employer: _____ Length: _____

What type of work do you want to do for a living? _____

Medical/Mental Health

Do you have a medical or mental health diagnosis? _____

Have you received treatment? _____

Are you receiving treatment currently? _____

Have you ever been in Therapy or Counseling? If yes, with who and how long?

Have you ever tried to harm yourself or someone else? Please give details: _____

Do you take any medications? What are the medications for? Do you take medications as prescribed?

Please be as honest as you can on the following questions. Responses will not necessarily prevent your entry into the program, but will only help us determine how we can additionally help you.

Drug/Alcohol Abuse

What is the extent of your drug and alcohol history, if any? _____

When was the last time you used drugs or alcohol? _____

What treatment have you received? _____

Did you successfully complete treatment? _____

What did you learn from the treatment program? _____

Criminal Record

Do you have any current or past legal charges? _____

What did you do that resulted in this record? _____

What is the current status of your record – on parole, probation, etc?

Do you have any outstanding tickets, court cases pending, or warrants? If yes, explain.

Goals

Please write down three goals you would like to accomplish in the next six months.

Goal 1 _____

Goal 2 _____

Goal 3 _____



