

# Next Steps Application

Revised 5/22/2020

Jackson Street Youth Services' Next Steps program is a transitional living program open to all young adults ages 18 - 20 in Linn and Benton counties, and the surrounding areas. The program includes housing for up to 18 months, case management, and life skills-building services.

For questions that are not applicable to you, write "N/A."

For a paper copy of this form, and general information about the program, go to:

<http://jacksonstreet.org/services/transitional-living>

Paper forms can be dropped off at or mailed to:

- Corvallis House: 555 NW Jackson Ave / PO Box 285, Corvallis, OR 97339

- Albany House: 1240 7th Ave SE / PO Box 1984, Albany, OR 97321

For help, please contact Program Manager at [Kevin.Grant@jacksonstreet.org](mailto:Kevin.Grant@jacksonstreet.org) or 541-207-6886.

**\* Required**

## Applicant Information

1. Applicant's Full Legal Name \*

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2. Other Name(s) Used

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3. Birth Date \*

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*Example: January 7, 2019*

4. Social Security Number

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5. Address (include city, state, and ZIP) \*

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6. Phone Number \*

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7. Email Address \*

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8. Race \*

*Check all that apply.*

American Indian/Native Alaskan

Asian

Black/African-American

Pacific Islander/Native Hawaiian

White/Caucasian

Prefer not to Answer

Other:  \_\_\_\_\_

9. Ethnicity \*

*Mark only one oval.*

Hispanic/Latino

Non-Hispanic/Non-Latino

Prefer not to say

## 10. Gender \*

*Mark only one oval.*

- Female
- Male
- Trans Female
- Trans Male
- Gender Non-Conforming
- Prefer not to say
- Other: \_\_\_\_\_

## 11. Sexual Orientation \*

*Mark only one oval.*

- Gay/Lesbian
- Straight
- Bisexual
- Questioning/Unsure
- Prefer not to say
- Other: \_\_\_\_\_

## 12. Referral: How did you hear about this program? \*

\_\_\_\_\_

## 13. Referral: Name

\_\_\_\_\_

14. Referral: Phone number

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15. Referral: Email address

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### Current Housing

Where are you living NOW?

16. Type of housing \*

*Mark only one oval.*

Private home

Shelter

Transitional housing

Camping/Street

Other: \_\_\_\_\_

17. City/County \*

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18. Are you on the Lease/Contract? \*

*Mark only one oval.*

Yes

No

N/A

19. Length of stay \*

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20. Reason for leaving \*

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21. Do you consider yourself homeless or at risk of being homeless? If Yes, please explain. \*

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Previous Housing

Where did you live right BEFORE your current housing?

22. Type of housing \*

*Mark only one oval.*

- Private home
- Shelter
- Transitional housing
- Camping/Street
- Other: \_\_\_\_\_

23. City/County \*

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24. Were you on the Lease/Contract? \*

*Mark only one oval.*

Yes

No

N/A

25. Length of stay \*

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26. Reason for leaving \*

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#### Household Information

27. Partner/Child 1: Name

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28. Partner/Child 1: Date of birth

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*Example: January 7, 2019*

29. Partner/Child 1: Are you the legal guardian?

*Mark only one oval.*

Yes

No

N/A

30. Partner/Child 1: Do they live with you?

*Mark only one oval.*

Yes

No

N/A

31. Partner/Child 2: Name

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32. Partner/Child 2: Date of birth

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*Example: January 7, 2019*

33. Partner/Child 2: Are you the legal guardian?

*Mark only one oval.*

Yes

No

N/A

34. Partner/Child 2: Do they live with you?

*Mark only one oval.*

Yes

No

N/A

35. Currently pregnant? If Yes, include due date.

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### Education

36. Last Grade Completed \*

*Mark only one oval.*

- Less than Grade 5
- Grades 5 or 6
- Grades 7 or 8
- Grades 9, 10, or 11
- Grade 12 / High school diploma
- School program does not have grade levels
- GED, some
- GED, completed
- Some College
- Associate's degree
- Bachelor's degree
- Graduate degree
- Vocational certification
- Don't know

37. Current School \*

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## 38. School Status \*

*Mark only one oval.*

- Attending school regularly
- Attending school irregularly
- Graduated high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- N/A

## 39. Have you ever had an Individual Education Plan (IEP)? If Yes, please explain. \*

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## 40. Have you ever been suspended or expelled from school? If Yes, please explain. \*

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## 41. Interested in further education or training? \*

*Mark only one oval.*

- Yes
- No
- Maybe

## 42. Educational goals \*

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## Employment

43. Currently employed? If Yes, include place of employment. \*

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44. Current employment: Position

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45. Current employment: Hours/Week

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46. Current Job: Start date

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*Example: January 7, 2019*

47. Interested in finding a(nother) job? \*

*Mark only one oval.*

Yes

No

48. Job Interests/Skills \*

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Finances

49. Do you have: \*

*Check all that apply.*

- Checking account
- Savings account
- Bills
- Credit Card debt
- Debt to family/friends
- Money owed to you
- None of the above

50. Enrolled in SNAP (food stamps)? If Yes, include monthly benefit amount. \*

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51. Other government benefits \*

*Check all that apply.*

- TANF
- WIC
- SSI
- SSDI
- Unemployment
- Worker's Compensation
- None of the above

Other:  \_\_\_\_\_

52. Other regular income (e.g. from family/friends) \*

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53. How do you organize your finances? \*

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54. Interested in learning more about budgeting/financial management? \*

*Mark only one oval.*

Yes

No

Maybe

### Ward of State

55. Have you been a ward of child welfare/foster care? If Yes, for how long? \*

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56. Have you been a ward of a state juvenile justice system? If Yes, for how long? \*

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### Family and Support Systems

57. Mental health issues in family? If Yes, please explain. \*

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58. Drug/alcohol dependence in family? If Yes, please explain. \*

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59. Physical/sexual/emotional abuse or neglect in family? If Yes, please explain. \*

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60. Divorce in family? If Yes, please explain. \*

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61. Death and other loss in family? If Yes, please explain. \*

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62. Describe your family's living situation, including who resides there. \*

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63. Describe relationships with parents/guardians and siblings. \*

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64. Who gives you emotional support, and how? \*

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65. How often are you in contact with your family? \*

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## Medical

66. Health Insurance \*

*Check all that apply.*

- Oregon Health Plan (OHP)
- Employer-provided insurance (yours or parents')
- Private paid insurance
- None

Other:  \_\_\_\_\_

## 67. General/Physical health status \*

*Mark only one oval.*

- Excellent
- Very Good
- Good
- Fair
- Poor

## 68. Dental health status \*

*Mark only one oval.*

- Excellent
- Very Good
- Good
- Fair
- Poor

## 69. Mental health status \*

*Mark only one oval.*

- Excellent
- Very Good
- Good
- Fair
- Poor

## 70. Last doctor visit: How long ago and purpose of visit \*

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71. Do you have any chronic (ongoing) health conditions? If Yes, explain. \*

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72. Names, Reasons, and Dosages of Medications you should be taking (include prescription, non-prescription, and birth control). \*

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73. Are you currently taking the above medications? If No, why not? \*

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74. Interested in receiving information about: \*

*Check all that apply.*

- Safe sex practices
- Birth control
- Abortion
- Adoption
- None of the above

75. Do you and your partner(s) use protection during sex? If yes, what type(s)? \*

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76. Have you ever been exposed to any of the following? \*

*Check all that apply.*

- Bed bugs
- Scabies
- Lice
- Bites, rashes, blisters
- Non-medical sub-dermal needles
- Received something in exchange for sex (e.g. money, food, drugs, shelter)
- Afraid to quit/leave work due to threats of violence to yourself, family or friends
- Promised work where work or payment was different than you expected
- None of the above

### Psychological and Emotional Background

77. Have you ever experienced: \*

*Check all that apply.*

- Anxiety
- Depression
- Trauma / PTSD
- Eating disorders
- Difficulty with stress
- Difficulty with anger
- Sleep disorder
- Self-harming
- Suicidal thoughts
- Suicide attempt
- Hospitalization
- None of the above

78. If you checked any of the above, please describe. \*

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79. Have you had Counseling? If Yes, include: Organization/agency/counselor name, city/county, your age, dates or length of time treated, and topics discussed. \*

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80. Are you interested in seeing a counselor now (or continuing to see current counselor)? \*

*Mark only one oval.*

- Yes
- No
- Maybe

### Drug and Alcohol History

81. When did you last use alcohol? \*

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82. When did you last use recreational drugs? (Do not include medications that were used as prescribed to you.) \*

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83. List all drugs you have tried. (Do not include medications that were used as prescribed to you). \*

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84. Have alcohol or drugs ever caused problems with: \*

*Check all that apply.*

- Relationships
- Friendships
- Parenting
- School
- Money
- Work
- Physical health
- Decision-making
- None of the above
- N/A

85. After using drugs or alcohol, have you ever experienced: \*

*Check all that apply.*

- Slurred speech
- Vomiting
- Passing out
- Victimization
- Blackouts
- Hangovers
- Hospitalization
- DUII
- Positive breathalyzer
- Positive UA
- Prolonged sleeplessness
- None of the above
- N/A

86. Have you ever experienced: \*

*Check all that apply.*

- Withdrawals from alcohol or drugs
- People suggesting you have a problem with alcohol or drugs
- Being in a treatment program
- None of the above
- N/A

87. Do you consider yourself an alcoholic or addict? \*

*Mark only one oval.*

- Yes
- No
- Maybe

88. Are you currently in a recovery program? \*

*Mark only one oval.*

- Yes
- No

89. Are you interested in receiving support to become sober and drug-free? \*

*Mark only one oval.*

- Yes
- No
- Maybe

## Legal History

90. Have you ever been involved with the juvenile justice system? If Yes, please describe. \*

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91. Have you ever been involved with the adult justice system? If Yes, please describe. \*

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92. Have you ever been affiliated with a gang? If Yes, please describe. \*

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93. Have you ever been adjudicated or convicted for a crime? If Yes, please describe. \*

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94. Do you currently have pending criminal charges? If Yes, please describe. \*

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95. Do you currently have an arrest warrant? If Yes, please describe. \*

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96. Do you have a probation officer? If Yes, please provide their name, location, and phone number). \*

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## Strengths and Goals

97. What are your strengths? \*

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98. What things would you like to improve about yourself? \*

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99. What do you want to learn from the Next Steps program? \*

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100. Why would you be a good fit for this program? \*

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101. What are your goals? \*

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102. If you are placed on the wait list or not accepted, what are your plans for housing?  
\*

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103. When you have problems with friends, family, coworkers, partners, and others what do you do? \*

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104. Are you willing to talk to a case manager about goals, life skills, and personal matters? \*

*Mark only one oval.*

- Yes
- No
- Maybe

### Additional Statements

105. Please include any additional information you would like considered as your application is reviewed.

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### References

Please list two PROFESSIONAL references (for example: mentors, program staff, caseworkers, teachers, probation officers) who can discuss your qualifications for this program. DO NOT include friends, family, or program participants. You may include the person who referred you (professionals only) as well as Jackson Street staff.

106. Reference 1: Name \*

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107. Reference 1: Relationship to you \*

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108. Reference 1: Phone number \*

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109. Reference 1: Email address \*

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110. Reference 2: Name \*

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111. Reference 2: Relationship to you \*

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112. Reference 2: Phone number \*

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113. Reference 2: Email address \*

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### Signature

114. Sign your name below (print, if electronic). By signing, you authorize Jackson Street Youth Services to contact the above references in order to obtain information that is pertinent to your acceptance into the Next Steps program. Your signature also confirms your statement that all information provided in this application is true and accurate to the best of your knowledge. \*

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115. Date \*

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*Example: January 7, 2019*

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