**Taylor Brown Residential Living LLC.**

2716 Manor Dr. NE Palm Bay, FL 32905

Tel. (516) 468-2898 Fax: (726) 223-7027

Email: management@taylorbrownrl.comWebsite: www.taylorbrownresidentialliving.com**INDEPENDENT LIVING APPLICATION**

Purpose: Use this form to have a FPOCF youth or young adult along with their caseworker request placement in a independent living setting.

Directions: Explain the purpose to the interested youth or young adult, and have youth or young adult complete, sign, and date the form, and return the form to you. Sign and date on the appropriate line and have your supervisor do the same.

After the form is completed by you and the youth/young adult, sign and have your supervisor sign and approve; then forward the following to Pathway to Everyday Life Admissions mailbox at management@taylorbrownrl.com. Questions about the form or program can be sent to the same mailbox:

- Completed Independent Living Application with required signatures.
- Risk Assessment

For Enhanced Case Management also attach the following:

- Most recent physical, dental, vision and hearing examination
- Most Recent Psychological or Psychiatric Evaluation
- Most Recent Service Level
- List of all current medications and/or prescriptions

INDEPENDENT LIVING PROGRAM**To be completed by the Caseworker:**

Select which program applying for:

- ☐ Supervised Independent Living (SIL)
- ☐ Independent Living (IL)

YOUTH/YOUNG ADULT'S INFORMATION

Date:

Applicant's Full Name:

Applicant's Last 4 SSN:

Applicant's Legal Region:

Date of Birth:

Age:

Applicant's Full Address, City, State, Zip code, and County:

Applicant's Email Address:

Applicant's Phone Number:



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PERSONAL IDENTIFICATION

Check what documents you have below:

☐ State Issued I.D

☐ Original Birth Certificate

☐ Original Social Security Card

☐ Health Insurance Card

☐ Permanent Resident Card

☐ None

CASEWORKER ONLY:

For all unchecked items, Caseworker will need to provide an explanation and a plan to obtain:

EMPLOYMENT/EDUCATION INFORMATION

Are you still in high school: ☐ Yes ☐ No

If yes what grade and when will you graduate:

Are you still in a GED program: ☐ Yes ☐ No

If yes what is the program and when will you be complete:

Are you currently attending a college, university, or vocational/training program: ☐ Yes ☐ No

If yes where are you attending and how many hours are you taking:

Are you currently working: ☐ Yes ☐ No

If yes briefly describe:



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CITY PREFERENCES

List your top three cities/areas of Brevard County where you would want to live:

- 1.
- 2.
- 3.

☐ No preference



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TYPES INDEPENDENT LIVING SETTINGS

There are different housing options that are considered an appropriate IL setting. These settings have been contracted by Pathway to Everyday Life and may include:

Apartment Setting. An apartment setting is a room or suite of rooms with kitchen facilities designed as a residence and generally located in a building occupied by more than one resident. This setting includes on- site management.

Shared Housing Setting. A shared housing setting is described as several people living cooperatively as an unrelated family in a house with an individual with one person to a bedroom. This involves people renting a house in the community, like an apartment situation. This includes on-site management.

Non-College Dorm Setting. A non-college dorm setting is a building containing several private or semiprivate bedrooms for housing several persons in a community whose inhabitants are either employed and/or in school and commute to these and other personal and social activities. This is like a college dorm without the relationship to an institution of higher learning. This includes on-site management.

Check your top two IL settings where you would want to live:

- ☐ Apartment Setting
- ☐ Shared Housing Setting
- ☐ Non-College Dorm Setting

Respond to the following questions in the space provided. Attach additional pages if needed.

1. Would you be willing to accept an IL setting outside of your top two above? ☐ Yes ☐ No;
2. Do you have any specific needs, requests and or accommodation, such as a wheelchair, for an IL setting?
3. The IL program does not provide daily supervision. Explain your level of readiness to live in a non-supervised setting?



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INDEPENDENT LIVING SKILLS

On a scale of 1 to 5, check how confident you are with performing the following task. Note: (1) is not confident and (5) is extremely confident. Also, indicate your experience with each task.

How confident are you with skills in self-care (Example: Bathing, dressing self)? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Applicant Comments:

Caseworker Comments:

How confident are you with cooking? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with cooking (Example: I can cook the following: I've never had a chance to cook; etc.)

Applicant Comments:

Caseworker Comments:

How confident are you with budgeting? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with budgeting (Example: I have a checking account; I know the difference between need and want; I save more than I spend; I've never had my own money; etc.)

Applicant Comments:

Caseworker Comments:



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How confident are you with grocery shopping? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with grocery shopping (Example: I can shop for vegetables, snacks, meats; I've never bought groceries; etc.)

Applicant Comments:

Caseworker Comments:

How confident are you with cleaning? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with cleaning (Example: I clean my room, clothes, kitchen, bathroom; I've never had to clean; etc.)

Applicant Comments:

Caseworker Comments:

How confident are you with transportation? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with transportation (—Example: I have a driver's license; I can access public transportation; etc.)

Applicant Comments:

Caseworker Comments:



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How confident are you with scheduling your own doctor's appointments?:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with scheduling doctor appointments (Example: I can make an annual doctor appointment; I know who to call when I need to see a doctor; etc.)

Applicant Comments:

Caseworker Comments:

How confident are you with Sharing a House? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

List your experience with sharing a space.

Applicant Comments:

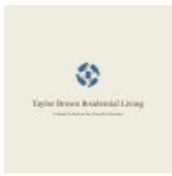
Caseworker Comments:

How confident are you in waking up in the morning, getting to work or school, following house rules, sharing a house? :

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Applicant Comments:

Caseworker Comments:



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Life Management:

Describe a challenge or difficulty that you have experienced in the last 6 months and how you handled the situation? (Example: Work, school, friendships, the balancing of a challenging schedule, getting along with difficult people).

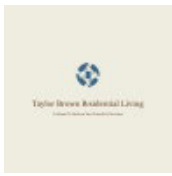
Applicant Comments:

Caseworker Comments:

Describe how you get along with others you live with and what makes a good house mate?

Applicant Comments:

Caseworker Comments:



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GOALS

In order to remain eligible for the Program, you must be employed or attending school, or enrolled in a program that removes barriers to employment. List one educational goal and one employment goal you would like to accomplish while in the IL setting.

Educational Goal:

How do you plan to accomplish this goal?

Employment Goal:

How do you plan to accomplish this goal?

What other goal(s) do you have for the next three years:

How do you plan to accomplish this goal?



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ENHANCED CASE MANAGEMENT SERVICES

This section is to be completed by the Caseworker only

Enhanced Case Management (ECM) services can be provided to eligible young adults that participate in the Independent Living (IL) Program when the young adult requires additional support or services to be able to adjust and maintain independence while residing in IL placement.

Young adults requiring enhanced case management services may have the following characteristics that include, but not limited to:

- Does not require 24-hour supervision while in the independent living program.
- Has basic skills in self-care and the ability to follow a daily routine.
- Has one or more of the following characteristics:
 - frequent, but non-violent, antisocial acts;
 - frequent or unpredictable physical aggression;
 - depressive behaviors including being markedly withdrawn and self-isolating;
 - major self-injurious actions, including attempting suicide in the last 12 months;
 - current abuse of alcohol, drugs, or other conscious-altering substances, that results in severe impairment due to the substance abuse and there is a primary diagnosis of substance abuse or dependency;
 - has an intellectual or developmental disability.

Provide the following information to determine need of service:

Date of last service level and level assigned:

Date of last hospitalization, if applicable:

Date of last physical aggression:

Explain:

Date of last self-harming incident:

Explain



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Date of last psychological or psychiatric evaluation:



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SIGNATURES

I, _____ do hereby acknowledge that the information in this document is true to the best of my knowledge. Furthermore, I authorize _____ to release this document and other relevant information to others only for the purposes of determining my eligibility for the IL Program.

Youth or Young Adult:

X

Date Signed:

Caseworker/Supervisor: By acknowledging below you affirm that that he/she has been pre-screened and consulted for admission into the IL program and have found that he/she can or continues to meet the State requirements and is appropriate for placement in the IL Program.

Caseworker:

X

Date Signed:

Pathway Representative: *(Name & Title)*

X

Date Signed:

Taylor Brown Residential Living OFFICE USE ONLY

Accepted to Pathway IL Program: ____ Yes ____ No

Why?: _____

Move In Date: _____ Time: _____ AM/PM 0

Address: _____

Admission completed by: _____ Date: _____

Copies of signed paperwork emailed to Caseworker: ____ Yes ____ No

Name: _____ Date sent: _____