



STRIVE Application  
Transitional Living Program  
Safe Harbor Children's Center Inc.  
Brunswick, GA

Transitional Living assists clients for 18 months to develop skills leading to self-sufficiency and independence while providing a safe living environment. In order to be considered for entry into the Transitional Living Program operated through Safe Harbor, the following criteria must be met:

- Be a female from age 16 - 20 years of age at the time of application
- Be considered homeless, defined as: living in places not meant for human habitation, shelters, transitional housing and exiting an institution they lived in for up to 90 days. The term also includes people losing their primary residence within 14 days who lack the resources to obtain housing.
- Seeking single living during the program; not actively caring for children/dependents

Priority will be given to those who have best utilized any past services through Safe Harbor or any other agencies. It is in an applicant's best interest to answer honestly so that the most appropriate recommendations for services can be made.

Please submit this application by email [lidings@safeharborcenterinc.org](mailto:lidings@safeharborcenterinc.org) or by fax to 912-289-9140 Applications may also be sent to P.O. Box 1313, Brunswick, GA 31520 attention Transitional Living or delivered in person to our administrative offices at 1526 Norwich St.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years \_\_\_\_ months

**CONTACT INFORMATION** (Please complete all that apply.)

Contact Phone Number #1: \_\_\_\_\_

This number is:

\_\_\_\_ my phone    \_\_\_\_ friend/family phone    \_\_\_\_ somewhere to leave a message  
\_\_\_\_ Other \_\_\_\_\_

Contact Phone Number #2: \_\_\_\_\_

This number is:

\_\_\_\_ my phone    \_\_\_\_ friend/family phone    \_\_\_\_ somewhere to leave a message  
\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_

**HISTORY OF SERVICES**

Have you received services from Safe Harbor or other agencies in the past? Yes\_\_\_ No\_\_\_

If yes, what types of services have you had?

- Housing
- Food/Nutrition
- Transportation
- Medical
- Other \_\_\_\_\_

Have you ever been in the custody of the Department of Family and Child Services (DFCS)?  
Yes\_\_\_ No\_\_\_

If yes, what were the approximate dates? mo/yr \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Who was your most recent case worker? \_\_\_\_\_

**HOUSING STATUS**

- Facility/program      Anticipated exit date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Foster care            Anticipated exit date from DFCS care \_\_\_\_/\_\_\_\_/\_\_\_\_
- Shelter
- Friend/relative
- None
- Other \_\_\_\_\_

Have you previously been homeless? Yes\_\_\_ No\_\_\_

What were those circumstance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION STATUS**

- High School                      Anticipated or actual graduation: Month\_\_\_ Year\_\_\_  
Do you have an IEP for Special Education? \_\_\_\_\_  
Do you have a Section 504 accommodation plan? \_\_\_\_\_
- GED                                      \_\_\_completed      \_\_\_in progress
- Vocational Program              \_\_\_completed      \_\_\_in progress
- College                                  Major/Program\_\_\_\_\_
- No current status
- Other \_\_\_\_\_

If attending a school or program, what is its name and contact information?

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH & WELLNESS**

Do you have any medical needs? \_\_\_\_\_  
\_\_\_\_\_

Do you require any medications or special equipment? \_\_\_\_\_  
\_\_\_\_\_

Do you currently (in the last 6 months) use recreational drugs or medications that were not prescribed for you? Yes\_\_\_ No\_\_\_

Do you struggle with alcohol abuse? Yes\_\_\_ No\_\_\_

Have you had periods of feeling depressed? Yes\_\_\_ No\_\_\_

Have you ever contemplated suicide? Yes\_\_\_ No\_\_\_ Are you currently experiencing those feelings? Yes\_\_\_ No\_\_\_

Are you currently involved in therapy services?

**EMPLOYMENT** (select all that apply)

- I currently have a paying job  
\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time When began? Mo/yr \_\_\_\_\_  
Where? \_\_\_\_\_
- I have had a job in the past  
Where? \_\_\_\_\_  
Why did you not stay at this job? \_\_\_\_\_  
\_\_\_\_\_
- I currently volunteer or have an unpaid job
- I am currently looking for a job
- I have not worked

**TRANSPORTATION**

How have you been able to transport yourself?

- I have a car
- I have a bike or walk
- I get rides from people
- I have no transportation options
- Other \_\_\_\_\_

**COURT STATUS**

Do you have a current court case or are you on probation? Please explain.

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Have you been convicted of any:

- Felony crimes
- Misdemeanor crimes

**DOCUMENTATION**

Which of the following do you have in your possession?

- Birth Certificate
- Driver's License
- State ID
- Social Security Card
- Health/immunization records
- School transcript or diploma

**FAMILY OF ORIGIN**

Mother's Name: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

When did you see your mother last? \_\_\_\_\_

Do you still have contact with her? \_\_\_ Yes \_\_\_ No If yes, how often?: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

When did you see your father last? \_\_\_\_\_

Do you still have contact with him? \_\_\_ Yes \_\_\_ No If yes, how often? \_\_\_\_\_

How is your relationship with your parents and close family members?

**MORE ABOUT YOU**

What made you apply for the Transitional Living Program?

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What are some of the things you would want to work on with a Life Coach that would help you to become more independent?

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Where would you like to see yourself in one year?

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By signing this application, I confirm that the information above is true to the best of my knowledge.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Application Date