

THP-PLUS

Transitional Housing Placement Program (18-24 yo with a closed case)

FACT Sheet

*Los Angeles County Department of Children and Family Services
Transitional Housing Program Plus*

What is the Transitional Housing Program Plus (THP - Plus)

In 2001, the Transitional Housing Program Plus was created by the California State Legislature in response to the alarming rates of homelessness among former foster youth. The Los Angeles County Transitional Housing Program Plus is a 170+ bed transitional housing opportunity for young adults who exited from foster care (including those supervised by probation) on or after their 18 birthday. There is no cost to the youth for this program.

GOALS

- The program provides a safe living environment while helping youth to develop life skills for successful independent living.
- It supports youth by providing stable housing and services such as education assistance, counseling, employment support and training, and case management.
- The program provides supervised transitional living housing and supportive services based on a Supportive Transitional Emancipation Program – Transitional Independent Living Plan (STEP-TILP).

TARGET POPULATION

- Eligible youth are those who exited foster care at or after age 18.
- Youth that are able to work full-time, attend school full-time or work and attend school on a part-time basis. (includes secondary, post-secondary, and accredited vocational school)
- Youth that are homeless or at risk of being homeless

LENGTH OF PROGRAM

- Time and age limits for THP-Plus participation are 36 cumulative months or age 25, whichever comes first.

HOUSING

- This transitional housing program is available throughout Los Angeles County.
- Youth will share an apartment with another THP-Plus participant, but will have their own bedroom.
- The apartments are completely furnished with paid utilities.

THP-PLUS

Fact Sheet Continued

PROGRAM DESCRIPTION

- As a condition of participation, youth must be actively pursuing the goals of their Supportive Transitional Emancipation Program – Transitional Independent Living Plan (STEP-TILP).
- Youth are expected to contribute a portion of their income into a Savings Plan (30% - 50%). The entire amount saved, plus interest will be returned to the youth upon exit from THP-Plus.
- Youth will receive a monthly food stipend and a bus pass.
- Housing provider will deposit \$50.00 a month for the youth into an Emancipation Savings Fund.
- Youth will receive bi-weekly face-to-face visits from the case manager.

TRAINING

Youth are required to attend 120 minutes (two hours) a month of individual or group life skills training sessions. All trainings are designed to promote overall personal growth, and will focus on money management, daily living skills, employment and housing.

APPLICATION PROCESS

Youth must complete the THP-Plus Housing Application and ILP Verification of Emancipation Status. The application must be completed and submitted directly to the DCFS Supportive Housing Division who will check eligibility and will forward applications to the housing providers. All youth will be screened and interviewed by housing providers prior to acceptance into the program. It is recommended that youth apply to multiple housing providers.

ADDITIONAL INFORMATION

For additional information, including if a youth from another County other than Los Angeles County wants to enter THP-Plus or if a youth from Los Angeles County wants to be placed in another County's THP-Plus, please contact:

- Christine Chang, DCFS Program Manager (213) 763-9302 THP-PLUS-CLOSEDCASES@dcfs.lacounty.gov
- Gregory Lindsey, Probation (323) 549-4111 gregory.lindsey@probation.lacounty.gov
- Michael Scoggins, DCFS Housing Director (213) 763-9334 scoggm@dcfs.lacounty.gov

THP-PLUS

Transitional Housing Placement Program

THP-Plus provides fully-funded housing and comprehensive supportive services to youth up to the age of 24 and who have closed DCFS cases. Housing is provided by non-profit providers, and support services include counseling, case management, 24-hour crisis intervention, education and job advocacy and support, allowance to purchase food and necessities, life skills training, and assistance finding affordable housing upon exiting the program. Youth are eligible as long as they have not turned 25 and exited care on or after their 18th birthday.

Eligible Housing Models

- Remote Site
 - Provider owns or leases residences in the community. Provider staff check in with the youth regularly for support
- Single Site (Staffed)
 - Provider owns or leases a single family building or complex. Staff check in regularly for support.
- Host Family
 - Provider finds and arranges youth to live in a rented room with a family. Provider staff check in with the youth regularly.



[Click here](#)
[to learn](#)
[more](#)

If you feel you meet eligibility, contact your housing coordinator by visiting the website above, or submit the THP-Plus application below.

ILP Verification of Emancipation Status/Consent For Release of Information

LA County Department of Children & Family Services/ Department of Probation

IDENTIFIED SPA: _____

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ Date: _____

SERVICE AGENCY INFORMATION (Please Print)

Agency Name: _____ Email: _____

Agency Address: _____

Phone Number: _____ Fax Number: _____

Employee Name: _____ Employee Title: _____

I, _____, an employee of _____, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: _____ Date: _____

SERVICE AGENCY TO SEND COMPLETED FORM:

DCFS Youth

to THP-Plus-ClosedCases@dcfs.lacounty.gov

Probation Youth

to Gregory Lindsey at (213) 637-0036 Gregory.Lindsey@probation.lacounty.gov**TO BE COMPLETED BY LA COUNTY DCFS SHD OR DEPT. OF PROBATION STAFF ONLY**☐ ILP THP Housing (For youth, ages 18 up to 21)☐ TLP/ CoC Housing (For youth, ages 18 up to 24)

The above mentioned client is/was a current/former foster youth or received services from either the L.A. or _____ County Department of Children and Family Services or the Department of Probation.

Yes: _____ No: _____

☐ THP+ Housing (For youth, ages 18 up to 24)

The above mentioned client aged-out of foster care from either the L. A. or _____ County Department of Children and Family Services or the Department of Probation.

Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.

Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ No: _____ Projected Term Date if known: _____

Case Termination Date: _____ ILP Eligible: Yes: _____ No: _____

DCFS/PROBATION HOUSING SPECIALIST NAME

DCFS/PROBATION HOUSING SPECIALIST SIGNATURE

Title

Date

ILP Eligibility criteria can be found on www.ILPOnline.org

TRANSITIONAL HOUSING PROGRAMS APPLICATION**Supportive Housing Division**

1933 Broadway 6th Floor

Los Angeles, CA 90007

Tel: (213) 763-3849

General Information*(Please Print)*

Name: _____ Application Date: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____ Gender: ☐ Female ☐ Male ☐ Transgender

Cell/Pager: _____ Home Phone: _____ Work Phone: _____

E-MAIL: _____ Date of Birth: _____ Age: _____

Last Four Social Security Number: _____ Primary Language: _____

Did you age-out of foster care? ☐ Yes ☐ No Date you aged-out: _____Living situation: ☐ Homeless ☐ Family ☐ Shelter ☐ Friends ☐ Other _____Do you have a mentor or other significant adult relationship? ☐ Yes ☐ NoDo you have children? ☐ Yes ☐ No If yes, how many children do you have? _____Do you have a California ID/Driver's License? ☐ Yes ☐ No ID/Driver's License No. _____

In which city/cities are you willing to live? List in order of preference: 1) _____

2) _____ 3) _____ 4) _____ 5) _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Referral/Agency Source

Name of person who referred you to transitional housing: _____

Relationship: _____ Agency: _____

Work Phone: _____ E-Mail: _____

Education

Check Highest Grade Completed:

Elementary: ☐ 5 / ☐ 6Junior High: ☐ 7 / ☐ 8High School: ☐ 9 / ☐ 10/ ☐ 11/ ☐ 12

Last School Attended: _____

Do you have an Individual Education Plan? ☐ Yes ☐ NoDo you possess one of the following? ☐ High School Diploma ☐ GED ☐ Other _____

Date of High School Graduation: _____ Date Passed GED: _____

Last College/Trade School Attended: _____ Units Completed: _____

Employment/Financial InformationAre you currently employed? ☐ Yes ☐ No☐ Full Time ☐ Part Time

How many hours per week do you work? _____

Name of Employer: _____

Address: _____ City: _____ Zip Code: _____

Supervisor: _____ Supervisor's Phone: _____

Date Hired: _____ Hourly Salary \$ _____ Monthly Salary: \$ _____

Title and Description of Duties: _____

If not employed, what is your primary source of income?

☐ General Relief☐ Social Security Insurance☐ No Income☐ Other (Explain): _____Do you have a savings account? ☐ Yes ☐ No Balance: _____Do you have a checking account? ☐ Yes ☐ No Balance: _____

**Medical/Psychiatric/Substance Abuse History**Do you have Medi-Cal? ☐ Yes ☐ NoDo you have private insurance? ☐ Yes ☐ No

Doctor's Name: _____

Phone No. _____

Dentist's Name: _____

Phone No. _____

Please list any medical conditions past or present: _____

Please list any mental health issues past or present: _____

Please list any prescribed medications that you are currently taking: _____

Have you ever been hospitalized? If yes, please explain: _____

Do you drink alcohol? ☐ Yes ☐ No If yes, how often? _____Do you currently use drugs? ☐ Yes ☐ No If yes, what types and how often do you use them?

Do you smoke cigarettes? ☐ Yes ☐ No**Legal/Gang History**Are you or have you ever been on Probation/Parole? ☐ Yes ☐ NoIf yes, please check the appropriate box: ☐ Juvenile ☐ Adult

Please provide the name and contact number of your Probation/Parole Officer: _____

If you are on Probation/Parole, please explain the nature of the incident? _____

Are you now or were you ever affiliated with a gang? ☐ Yes ☐ No

What gang? _____ Current status: _____

Life Skill Knowledge

Do you know how to cook? ☐ Yes ☐ No

Please give an example of a well-balanced meal you know how to cook? _____

Do you know how to clean? ☐ Yes ☐ No

Please describe how would you clean a kitchen? _____

Have you ever had a roommate? ☐ Yes ☐ No

If yes, was the experience positive or negative? (Explain): _____

- | | | |
|---|------------------------------|-----------------------------|
| • Can you make a monthly budget? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you pay bills on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you own credit cards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you owe money on school loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you know how to use public transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have any pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Personal Goals

Please describe how getting into a transitional housing program will help meet your short and long term goals?

I hereby certify that the information I have completed is true and correct to the best of my knowledge,

Applicant's Signature

Date

****The Transitional Age Youth Housing Application and supporting documentation/information is privileged and confidential. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal or misuse of this information is punishable by fine and/or imprisonment.**