



YOUTH APPLICATION FORM

Hi! We're glad that you're interested in the GLBT Host Home Program (GLBT HHP). Here are some initial questions that will help us figure out how best to move forward:

- Are you already working with our GLBT HHP Case Manager, Rosie Benser?
• Are you being referred to the GLBT HHP by a case manager/youth worker/advocate who is not Rosie?

Note: If you have no case manager/advocate and you are self-referring, please know that you will need to contact Rosie and work with her for at least one month before being able to apply for the GLBT HHP.

Another Note: If you are being referred by a youth worker/case manager/advocate (not Rosie), please give this form to them after you've completed it so they can send it to us along with the referral form.

Now to the more interesting stuff (information about you)!

Your Name: Age: Date of Birth:

Email: Phone:()

Pronoun Used (he/him, she/her, they/them, other):

1) How do you self-identify (race, gender, ethnicity, etc.)?

2) Where did you grow up?

3) How long have you been in St. Paul or Minneapolis (please circle which)? Other City:

4) Where are you currently living (i.e. friend's house, shelter, family, foster care, squat)?

5) Do you have a GED or high school diploma (please circle which)? If yes, from where?

6) What are some of the things you are now working on (i.e. trying to get a job, GED)?

7) Why did you pick the GLBT Host Home Program over other housing programs?

8) How do you think the GLBT Host Home Program will support you?

9) What are some of the strengths that you would bring into the program (i.e. great sense of humor, artistic abilities, hard work)?

10) Are you willing to develop a case plan and work towards your goals together with your case manager/advocate and host volunteers? ____ yes ____ no

11) What kind of host volunteers would you like to live with?

12) Do you have any allergies? _____

13) Once you're in a host home, who would you like us to contact in case of an emergency?

RELEASE OF INFORMATION

Please sign here to authorize your advocate/agency, the GLBT Host Home Program staff and potential hosts to respectfully share relevant information about you with each other. This will help us find the best match possible for you and also provide you with on-going support. Thank you.

Signature: _____ Date: _____

If you are self-referring or already working with Rosie, please contact her so you can give her this completed form. If not, please have your case manager/advocate send this completed form along with his/her/their completed referral form to:

Raquel (Rocki) Simões or Rosie Benser * Avenues for Homeless Youth * GLBT HHP * 1708 Oak Park Ave. N., Minneapolis, MN 55411 * Fax 612-522-1633 * rsimoes@avenuesforyouth.org * jarcani@avenuesforyouth.org

GRIEVANCE

If you have a grievance about this program, please speak to your case manager. They can help you set up a time to talk with Deb Loon, Executive Director of Avenues for Homeless Youth to discuss your grievance.