



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 YAES (Youth Advocate and Engagement Specialist), Rosie Benser?
___ yes ___ no If yes, for how long have you been working with her? _____
- Are you being referred to the GLBT HHP by a case manager/youth worker/advocate who is not Rosie?
___ yes ___ no
If yes, what is their name and where do they work? _____

*Note: If you have **no** youth worker/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. Rosie's number is 612-750-9503. Thank you!*

*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. Thanks!*

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)? ___ yes ___ no
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 goal plan and work towards your goals together with your YAES/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?

14) Do you have any outstanding citations/warrants? ____ yes ____ no ____ don't know

Our YAES will need to check this before you can move into a host home and, if there is one, assist you with next steps.

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 youth worker/advocate send this completed form along with his/her/their completed referral form to:

Ashley Morgan or Rosie Benser * Avenues for Homeless Youth * GLBT HHP * 1708 Oak Park Ave. N., Minneapolis, MN 55411 * Fax 612-522-1633 * amorgan@avenuesforyouth.org * rbenser@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 Katherine Meerse, Executive Director of Avenues for Homeless Youth to discuss your grievance.