



Youth Independent Living (YIL) Application

Instructions

Please read and complete each section carefully. Your answers to these questions will help Crossnore staff and residents get to know you. Our goal is to help you identify if this program is the right fit for you!

Once your application is completed and submitted to Crossnore's Referrals and Admissions department (referrals@crossnore.org) it will be reviewed and a staff person will contact you to schedule an interview. This interview may be in person or done virtually.

Your information

Full name (first, middle, last)

Prefers to be called

Current Address

City, State, Zip

Phone

Email

Date of birth

Your interest in the YIL Program:

Why are you interested in the Youth Independent Living Program?

What are some of your strengths or things that you like about yourself?

What are your goals for the next 12 months?

What is something that you would like the interview team to know about you?

Who are some people you have as supporters?

Your living situation:

With whom do you currently live?

In which county were in foster care (currently or in the past)?

Are you currently in foster care? Yes No

Do you currently have a Voluntary Placement Agreement? Yes No

Do you have a driver's license? Yes No

Do you have a car? Yes No

Your Education:

What is the highest level of education you have completed?

What are your future educational goals?

Your Work History:

Are you working? Yes No If so, where?

What are your future job goals?

Your Health History:

Do you have any physical limitations that the agency should be aware of that might impact your ability to navigate the program? Yes No

If yes, please explain

Do you have any medical needs that the agency should be aware of that might impact your ability to navigate the program? YES No

List any medical conditions and current medications

Are you currently in mental health or substance use treatment? Yes No

Have you been in treatment in the past? Yes No

Do you have any diagnosed intellectual or developmental disabilities? Yes No

Are you currently pregnant or parenting? Yes No

Your Legal History:

Are you currently on probation or under any court supervision? Yes No

If so, please explain

References:

Please share at least two references below. They can be from work, school, or any other person who knows you well and would recommend you for this program.

Reference Name	Title
How you know them	Phone Number
Reference Name	Title
How you know them	Phone Number
Reference Name	Title
How you know them	Phone Number

Applicant Agreement

I have truthfully and completely given the information requested in this application.

Signature

Date