



Enhanced Horizons Transitional Living Program

Thank you for your interest in Enhanced Horizons Center for Advancement . The Enhanced Horizons transitional living program is designed to help teens and young adults move toward self sufficiency and successful adult living (*this includes single mothers with children*) .

By providing housing, transportation and other services, each young adult is given an opportunity to develop and work on individualized independent living goals in a positive, safe and supportive living environment.

How long is the program? The length of time in the Enhanced Horizons program varies depending on the individual needs of the young adult. To obtain maximum benefit from the program, we anticipate that most residents will stay anywhere from 9 to 18 months.

What is expected of residents? All residents will be required to:

- Participate in the development of a *personal service plan* that outlines the goals and objectives that they hope to accomplish while in the program.
- Engage in a *minimum* of 35 hours per week of productive activities such as attending school, working a full-time or part-time job, community service, and/or independent living skills training.
- Will be expected to actively seek employment and to work at least part-time. Residents will pay a small portion of their paycheck for living expenses and will be expected to save funds during their stay at Enhanced Horizons.
- Follow program guidelines and expectations.

What does it take to succeed in the program? Participants must have a certain level of maturity and a strong willingness to work with program staff and other residents to accomplish their individual program goals and objectives.

What are the eligibility requirements? To be eligible for the program, you:

- Must be *18 to 24 years of age*
- Must be in need of a dependable, safe place to live .
- Must be committed to actively participating in EH program services.
- Must be willing to follow program guidelines and expectations.
- *NOTE: Couples and/or on-campus romantic relationships are not allowed.*

What are the application requirements? Applicants must submit the following:

1. An Enhanced Horizons Application Form
2. An Enhanced Horizons Release of Information Form to obtain educational, medical, and other relevant records.
3. A consent form for a Criminal History Check

3. If you are NOT working, please check the statement below that best describes your current situation:

I am not employed and am actively looking for employment.

I am not employed because I am in school.

I am unable to work due to a physical disability, a developmental disability, or an illness.

I am not employed and am not currently looking for work.

4. What are your other sources of income or public assistance (Check All that Apply)

Child Support Food Stamps Medicaid Medicare

Scholarships Federal Financial Aid through a college or university

Personal savings or checking account Money from friends / family

Other sources of income/assistance: _____

5. Are you currently in debt? (Circle One) YES NO

If "YES" please explain what type of debt & the amount owed: _____

6. Please indicate your current means of transportation: (Check All that Apply)

I own my own car/ truck/ motorcycle My friends/family take me places

I ride with a co-worker or fellow student to get to and from work and/or school

Transportation is provided by either the place I live or the place I go to school

Please list any other means of transportation that you use: _____

PART V: SOCIAL HISTORY

1. Have you ever been in trouble with the law? (Circle One) YES NO If "yes", please explain:

2. Have you ever been arrested? (Circle One) YES NO If "yes", please explain:

3. Have you ever had trouble with drugs or alcohol? (Circle One) YES NO If "yes", please explain:

4. Have you ever received counseling? (Circle One) YES NO Was it helpful? YES NO

PART VI: MEDICAL/MENTAL HEALTH HISTORY

1. Have you had any serious illnesses during the past 5 years? (CIRCLE ONE) YES NO

If yes, please describe: _____

2. What is the present state of your physical health? (CIRCLE ONE) Good Fair Poor

3. Please list any physical problems or conditions that you may have:

Please list any medications you are currently taking and the reason for the medication (including birth control.)

PART VII: MARITAL AND FAMILY

1. Are you (Circle One): Single Married Divorced Separated

2. Are you expecting a child? (Circle One) YES NO

If you answered "YES", when is the due date: _____

Are you under a doctor's care? YES NO Doctor's Name: _____

3. Do you have children? (Circle One) YES NO

If you answered "YES", how many children do you have? _____

Please provide the following information about your children:

a. Name: _____ DOB: ___ / ___ / _____

(Circle One) Boy Girl Do you have custody? (Circle One) YES NO

b. Name: _____ DOB: ___ / ___ / _____

(Circle One) Boy Girl Do you have custody? (Circle One) YES NO

c. Name: _____ DOB: ___ / ___ / _____

(Circle One): Boy Girl Do you have custody? (Circle One) YES NO

4. Do any of your children have medical problems? (Circle One) YES NO

5. List any medications your children may be taking and the reason for the medication:

PART VIII: PERSONAL STATEMENT

Please tell us why you would like to enter the Enhanced Horizons Program. What are your personal goals and how can this program help you achieve these goals? (If more room is needed, continue on the back of this page.)

Applicant's Signature: _____ Date: _____



RELEASE OF INFORMATION FORM

By signing this form, I, _____ am giving
First Name Middle Last
informed consent and hereby authorize the release of client information and approve two way
communication between Enhanced Horizons and the persons and/or organizations listed
below:

_____ Phone: _____
Enter Name of Referring Organization

_____ Phone: _____
Enter Name of Person Making the Referral

Email: _____

_____ Phone: _____
Name of any other person/organization (if needed)

Email: _____

These individuals/entities may disclose records and information concerning:

Applicant Name: _____
First Middle Last

Applicant Social Security Number: _____ DOB: _____

For the purpose of determining eligibility for Enhanced Horizons services.

This informed consent may be revoked by the person giving authorization by signing and
dating a revocation statement or through written notice of revocation duly served upon
Enhanced Horizons. This consent to disclosure, unless revoked sooner, will expire 6 months
from the date of signature.

Also, by signing below, the person giving authorization for release of information
acknowledges that they understand the meaning of "Informed Consent".

Applicant's Signature: _____ Date: _____

Staff or Witness Signature: _____ Date: _____

**APPLICANT: Please return this signed release with your Enhanced Horizons application form.
If you have any questions about the form, please call (830) 367-4330 / 5668/**

A COPY OF THIS AUTHORIZATION IS AS VALID AS AN ORIGINAL.



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First Name Middle Last
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_____ Phone: _____
Enter Name of Referring Organization

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Enter Name of Person Making the Referral

Email: _____

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Name of any other person/organization (if needed)

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These individuals/entities may disclose records and information concerning:

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First Middle Last

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**Enhanced Horizons
Center for Advancement**
149 Camp Scenic Loop
Ingram, Texas 78025

CRIMINAL RECORDS CHECK AUTHORIZATION
Please complete this application in its entirety.

Date: _____

Last Name:	First Name, Middle Initial:	Maiden Name:
Any other names by which you have been known:	Social Security Number:	
	Date of Birth:	
Current Address:	City, State Zip:	
Daytime Phone #	Home Phone #	
Texas Drivers License #:	Other State Drivers License #	
List any moving violations you have had in the last three (3) years, and dates received:		
Have you ever been charged or convicted of a felony and/or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any crimes involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. <i>A false statement will automatically disqualify you.</i>		
Please list all Texas cities where you have had residency:		

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

1. I certify that all the information provided by me in connection with my application, whether on this document or not is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for denial of this application.
2. I understand that HCYR Enhanced Horizons conduct a criminal history check and I grant authorization and approval for this criminal history check.
3. I understand that services provided by Enhanced Horizons, including residential and nonresidential, may be terminated at any time, by either party.
4. I authorize release of all information concerning my driving and criminal record. I release all such parties from all liability from any damages which may result from furnishing such information.

This application must be signed

_____ Date

Applicants Signature