



ILP Youth Application Form

(This form must be completed by the youth being referred to the Independent Living Plus Program.)

Legal Name:	Preferred Name:
Birthdate:	Age:
Gender Identification:	Pronouns:
Are you currently employed? Yes No If yes, where? How long? How many hours per week do you work? What is your favorite part of your job?	
Are you currently in school? Yes No If yes, where? How many credit hours are you taking? What are your strengths in school?	
How do you feel the Independent Living Plus program would prepare you for living independently? (Future)	
Where do you see yourself in 5 years? (Future)	
How do you handle disagreements with others? (Emotions)	
What do you need in your community to feel safe? (Safety)	



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What are you most excited for in transitioning to an Independent Living Plus program? (Loss/Emotions)
What are the things you feel like you are leaving behind if you transition to DABSJ (both positive and negative)? (Loss)
Is there anything you want us to know about you as we consider your application?