CEDARS YOUTH SERVICES
NEW FUTURES AND BRIDGES TRANSITIONAL LIVING PROGRAM
APPLICATION FOR ADMISSION

CEDARS

Date_____

Name_____
First Name Middle Name Last Name

Address_____

City_____ **State**_____ **Zip**_____

Phone_____ **Alternate Phone/ E-mail**_____

Date of Birth _____/_____/_____ _____ ____ _____
Mo. Day Year Age Sex Social Security Number

Are you pregnant? Y N Due Date:____/____/____ Are you parenting? Y N # of children_____

Names & Ages of children who will be living with you_____

Do you currently have a safe place to live? Y N If not, what have you tried in order to find housing and how can CEDARS assist you?

_____

_____

_____

How did you hear about this program?_____

Are you currently a ward of the state? Y N **Are you on probation or parole**? Y N
Worker's/Officer's Name_____

Have you even been a ward of the state? Y N **If so at what age**? _____

If you are 19 or younger please provide the following information on your parent(s)/legal guardian

_____
Name

_____
Address City State

_____
Telephone Number Alternate Number

Please provide two personal references:

_____
Name Address Telephone

_____
Name Address Telephone

SOURCES OF INCOME **Monthly Income $**_____

Are you employed? Y N If yes, who is your employer?_____

How many hours do you work per week?_____Hourly Wage_____

Do you receive public assistance? Y N If yes, what? ADC/TANF MEDICAID SSI TITLE XX/ CHILD CARE
Other_____

Do you receive any assistance from anyone else, including child support? Y N
If yes, from whom?_____

OTHER INFORMATION
Are you attending school? Y N If yes, where?_____ Grade_____

Do you have any current legal charges? Y N Have you ever been charged with a crime? Y N
Explain_____
_____

Have you ever seen a psychologist, psychiatrist, therapist or counselor? Y N If yes, please explain.:___
_____
_____

Do you currently use illegal drugs or alcohol? Y N

Have you been in, or been told that you need, drug/alcohol treatment? Y N If yes, did you successfully complete treatment? Y N Where?_____

Please complete and return to: CEDARS
Attn: Admissions (TLC/TLP)
6601 Pioneers Blvd., Suite 1
Lincoln, NE 68506

If you have questions or need assistance please call **(402) 436-5437** and ask for **ADMISSIONS** (TLC/TLP). Once we receive your application it will be reviewed and program staff will be in contact to inform you of the status of your application.

Important Information:

If you are under 19 years of age your parent or legal guardian will need to give their permission for you to be in the program. We want you to be aware that CEDARS Youth Services will conduct background checks through Child Abuse/Neglect Central Registry, Adult Protective Services Central Registry, Sexual Offenders Registry and Law Enforcement. Other checks will include school records and contacts with your former and current employers, counselors, family and friends. Verification of income may be required.

_____ _____
Signature Parent/Guardian Signature