

Dear Applicant,

Enclosed you will find an application, program expectations summary, and a business card. Here are some popular questions about the Independent Living Preparation Program:

Who is eligible?

1. Must be homeless (unable to live with relative or parents / no permanent safe residence / abusive environment).
2. Must be age 16-20.
3. Cannot be actively using drugs / alcohol or have violent behavior.

What are the financial requirements?

1. Participants pay rent each month (\$230-\$330 per month).
2. All participants must work (min. 20 hours if going to school; min. 40 hours if not going to school).
3. All participants are given start-up groceries upon intake. Following this, youth are responsible for buying and paying for most items.

What services are available?

- | | |
|--|---|
| 1. Case management | 5. Education completion assistance |
| 2. Rent subsidy / safe, affordable housing | 6. Job preparation and maintenance skills |
| 3. Life skills education | 7. Mental and physical health care |
| 4. Interpersonal skill building | 8. Participation in Work Services Prog. |

Youth have the opportunity to earn incentives by meeting program expectations and making progress on case plan goals (i.e. going to work, school, and life skill trainings). These incentives include items such as overnight visits elsewhere, gift certificates, clothing, food, linens, dishes, bedding, and other house wares.

If you would like to apply or refer someone to our program, please complete the application enclosed and return to:

Attn: Stephanie Graeb, ILPP
Volunteers of America, Dakotas
P.O. Box 89306 / Sioux Falls, SD 57109
605-373-0370 (ph) 605-336-7759 (fax)

Once a completed application with supporting documentation is received, ILPP staff will schedule an interview and tour of the ILPP program with the applicant. Following the interview, formal determination regarding acceptance will be made. ***Only after this process is completed are individuals placed on the waiting list for an opening.***

I appreciate your interest in our program and look forward to working with you in the future! Please do not hesitate to call, should you have any questions.

Sincerely,

Stephanie A. Graeb, MSW, CSW
Independent Living Preparation Program Director



INDEPENDENT LIVING PREPARATION PROGRAM

APPLICATION CHECKLIST

PLEASE COMPLETE ALL FORMS THOROUGHLY AND SUBMIT ANY REQUESTED DOCUMENTS OR RECORDS. **THE APPLICATION PROCESS, INCLUDING AN INTERVIEW WITH ILPP STAFF, MUST BE COMPLETED BEFORE ADMISSION IS DETERMINED. SUBMITTING AN APPLICATION DOES NOT AUTOMATICALLY PLACE APPLICANT ON WAITING LIST.**

PLEASE MAKE CERTAIN YOU ARE SUBMITTING THE FOLLOWING:

- _____ 1. Completed Application
- _____ 2. Physical Examination and Comments Form (part of application) or equivalent
- _____ 3. Copy of Social Security card
- _____ 4. Copy of Medicaid or insurance card
- _____ 5. Copy of Medical and Immunization records
- _____ 6. Copy of birth certificate
- _____ 7. Copy of driver's license/id card
- _____ 8. Copy of car insurance (if applicable)
- _____ 9. Psychiatric evaluations or psychological testing, discharge summaries, group care or residential monthly reports (within the last year)
- _____ 10. Any recent chemical dependency assessments (completed within the last year)
- _____ 11. Most Recent School record / Documentation of GED OR DIPLOMA if received
- _____ 12. Completed Ansel Casey Life Skills Assessment. Instructions included in packet. *Once completed assessment will be emailed directly to program director. An additional paper copy is not necessary.*
- _____ 13. For DSS youth, a Prior Approval Form; for DOC youth, an Offender Intake Summary

C. HEALTH

Does Individual receive any medication at present? Yes_____ No_____

Name of Medication(s): _____

Prescribed by: _____ Date: _____

Name of Individual's physician: _____

Address and phone number: _____

Name of Individual's psychiatrist: _____

Address and phone number: _____

Name of Individual's dentist: _____

Address and phone number: _____

Name of Individual's therapist/counselor: _____

Address and phone number: _____

Date of last physical examination: _____

Date of last dental examination: _____

Is individual subject to fainting spells or seizures? Yes_____ No_____

If yes, describe: _____

Is Individual allergic to anything (i.e. Food, medicine) Yes_____ No_____

If yes, describe: _____

D. FAMILY

Family members: Age: Address & Phone: Frequency of Contact

Mother

Father

Marital status of parents: Married_____ Single_____ Divorce_____

Separated_____ Widowed_____

Siblings:

Name Age Name Age

Name Age Name Age

Name Age Name Age

Others in the Household

Name Age Relationship to Individual

Name Age Relationship to Individual

SOCIAL HISTORY

Applicant; please complete these questions on your own.

1. What events led you to apply to ILPP?
2. Describe your relationship with your family.
3. Who are the most influential people in your life? Are they positive or negative?
4. Describe what school is like for you?
5. Are you currently or have you received any of the following services in the last year? Please indicate places and dates to the best of your ability. Include copies of any psychiatric evaluations and psychological testing administered (within the last year.)

Drug/Alcohol Treatment: (inpatient/outpatient)

Mental Health/Counseling:

Legal Involvement: (JDC, Residential Placements; etc.)

INDIVIDUAL'S MEDICAL RECORDS FACE SHEET

Individual's Name: _____

Date of Birth: _____

Race: _____

Family History:

Name	Age	Living?	If deceased, cause of death:
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Siblings: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Refers to parents and siblings):

TB Contacts: _____

Allergies: _____

Mental Disorders: _____

Diabetes: _____

Convulsive Diseases: _____

Pregnancies:

Is referred individual pregnant? _____

Date pregnancy confirmed: _____ Expected due date: _____

Maternal complications: _____

Expected infant complications: _____

PHYSICAL EXAMINATION AND COMMENTS FORM

(To be completed by physician)

Name _____ Birth Date _____

Any complaints? _____

Height _____ Weight _____ Temperature _____

Skin _____ Scalp _____

Eyes *Pupillary Reaction _____

Eyes *Otoscopic Rt. ____ Left ____ Rt. ____ Left ____ Rt. ____ Left ____

Nose _____ Throat Pharynx _____

Tonsils _____ Adenoids _____ Glands _____

Thyroid _____ Chest _____ Heart _____

Lungs _____ Abdomen _____

Secondary Sex Characteristics _____

Genitals _____ Deep Reflexes _____

Superficial Reflexes _____ Extremities _____

Feet _____ Spine _____ Posture _____

Nutrition _____

Menstrual History since last visit _____

Signs of Endocrine Imbalance _____

Signs of Vasomotor Instability _____

Urinalysis-Color, Reaction, Sp. G. _____

Blood pressure _____ Other Tests _____

Blood Hemoglobin, Count Stc _____

Impression and Advice _____

Examining Physician _____ Date _____

Dear Doctor and Office Staff:

Please fax this completed form to:

Stephanie Graeb / Volunteers of America, Dakotas

Fax: 605-336-7759.

APPLICANT: please complete this page on your own. If you need additional space, please use the back of this page.

1. WHY DO YOU WANT TO ENROLL IN ILPP?

2. WHAT ARE YOUR OTHER OPTIONS?

3. WHAT DO YOU NEED TO DO IN ORDER TO BE READY TO LIVE ON YOUR OWN?

4. HOW LONG DO YOU WANT TO BE IN ILPP (1-12 MONTHS)?

5. WHAT DOES IT MEAN TO BE "SUCCESSFUL" IN ILPP?

6. IF ACCEPTED, WHAT ARE YOUR GOALS IN REGARD TO THE FOLLOWING:
SCHOOL-
WORK-
DRUG/ALCOHOL-
FAMILY-
TRANSPORTATION-
PREGNANCY/PARENTING-
RELATIONSHIPS-
BUDGETING-
LIFE SKILLS-

7. IF YOU CAN'T PAY RENT ONE MONTH, WHAT DO YOU THINK SHOULD HAPPEN?

8. IF YOU COME HOME LATER THAN YOUR CURFEW, WHAT DO YOU THINK SHOULD HAPPEN?

9. WHAT WILL YOU NEED FROM STAFF TO HELP YOU BE SUCCESSFUL?

Independent Living Preparation Program Applicant:

PLEASE COMPLETE THE LIFE SKILLS ASSESSMENT LOCATED ON THE FOLLOWING WEBSITE:

www.caseylifeskills.com

1. Click on "Assessment"
2. Click on bubble for ANCLSA (IV)
3. Click on "Begin Assessment"
4. View Terms and Conditions
5. Click on "Yes, I Agree"
6. Enter: Youth ID - create a 7 digit identification code using your LAST name, then as much of your FIRST name as will fit into space.
7. Enter Organization ID: **VOATP2001**
8. Click on "Next"
9. Enter matching e-mail address: s.graeb@voa-dakotas.org
10. Click on "Next"
11. Enter any other e-mail addresses to which you'd like scores sent.
12. Click on "Next"
13. Disregard "Special Code"
14. Click on "Next"
15. Please proceed with the assessment, answering each question.
Scroll down to finish each section, and click "Next"
Disregard section marked "additional questions"
16. Click on "Next"
17. Click on "I'm finished"
18. Print off all responses wanted for personal records. Exit by clicking upper right "x" to close browser.
19. The scored assessment will be sent via e-mail to Stephanie Graeb upon completion.
An ILPP application is not considered complete until this assessment is obtained.

Independent Living Preparation Program Expectations

It is the intent of the Independent Living Preparation Program to provide youth with affordable housing while preparing them to make the transition to independence. All youth are expected to adhere to the Terms and Conditions as defined in this document.

Note: Some participants may be subject to modifications of these terms, based on their needs.

TERMS AND CONDITIONS

1. HOUSING OPTIONS:

a.) 906 S. Phillips Ave: One efficiency apartment, and four bedrooms with a shared kitchen and bath in main house.

b.) 217 S. Spring Ave: 10 efficiency apartments, each with its own kitchen, bath, and main living area.

All tenants of these buildings pay their own phone and cable. Heat/gas, electricity, garbage, and water are all included in the rent. All entrances to building are to remain locked at all times, for security purposes. A staff office is also located at each location.

c.) Community: We can also assist any youth 18 or older in finding appropriate housing in the Sioux Falls community. Program requirements are the same for these youth as for the youth living in housing options a.) and b.)

2. **WORK AND SCHOOL:** You are expected to be involved in constructive activity at least 40 hours per week. This includes: (1) Work, (2) School and (3) Independent living skill trainings. You are expected to maintain your job and complete your educational program. Failure to make progress regarding these goals may result in discharge from the program.

3. **EMPLOYMENT:** If you are not already employed when you enter ILPP, you may enroll in the agency work services program to assist in this process. In addition, you are expected to submit five (5) applications each day to potential employers and meet with an Employment Specialist weekly.

4. **INDEPENDENT LIVING SKILLS TRAINING:** Independent Living Skill trainings are held weekly to discuss topics ranging from job preparation to mental and physical health care to meal preparation and budgeting. You are expected to attend Mondays 3:30 -5:30. ALL INFORMATION PERTAINING TO YOUR FELLOW ILPP PARTICIPANTS IS TO BE KEPT CONFIDENTIAL!

ADDITIONAL INDEPENDENT LIVING SKILL TRAINING: In addition to the Life Skills trainings, you may be asked to attend sessions dealing with drug/alcohol, employment and health issues. While we value consistent employment, we do expect that you plan accordingly to enable your schedule to fit these mandatory sessions.

5. **INCENTIVES:** Incentives (rewards) may be earned through positive behavior, demonstrating responsibility, and attending trainings, job interviews, appointments with case manager, etc. Items earned include additional food, new bed linens, bath products, toiletries, kitchen items, gift certificates, clothing, shoes, jewelry, and hygiene products (bath and laundry soap, shampoo.)

PASS CARDS: Pass cards are a type of currency used at ILPP. You can earn pass cards several ways, including passing apartment cleanliness checks, helping out in the building, participating in group activities, etc. Pass cards can then be redeemed (or spent) for several things including food, transportation, use of vacuum, etc.

6. **FOOD:** You are responsible for purchasing and preparing your own food. ILPP staff will provide you with some food upon intake. We have LOTS of food, to be earned by you, just by making progress on your case plan goals. You are responsible for washing the dishes and cleaning up your kitchen. We encourage participants to apply for food stamps, though this is not required.

7. **PHONE:** A phone is available for local use only and does not accept incoming calls. Long-distance calls can only be made using a pre-paid phone calling card, purchased by you.

8. **LAUNDRY:** Coin operated laundry facilities are available to tenants at Spring and Phillips. Detergent and quarters can be “purchased” with “pass card” incentives.

(#9- #29 are NOT APPLICABLE to community based participants)

9. **RENTAL SUBSIDY:** Tenants may earn up to \$100 in rent subsidy (the program will pay your rent), just by attending all work, school, and training hours. By doing so, rent will be \$230 instead of \$330.

10. **LIGHT BULBS/BATTERIES:** Check in staff office for light bulbs and batteries. Supplies vary. All tenants with dysfunctional smoke detectors will be fined up to \$50. Tampering with smoke detectors is against city fire code and is enforced by the Fire Marshall. If your smoke detector battery is low, you need to contact staff for a replacement battery.

11. **SECURITY DEPOSIT:** A \$200 security deposit will be required upon entering Independent Living housing. Upon discharge, this will be returned to you in full IF ALL RENT PAYMENTS HAVE BEEN PAID AND NO DAMAGE TO THE PROPERTY EXISTS. *If you are not employed at the time of intake the expectation is that you will make payments toward your deposit when you receive your first pay check.

12. **RENT:** The first rent payment should be made at or before intake (when you move in). Rent (\$330) will be **due on the 1st day of each month.** Make checks payable to: Volunteers of America, Dakotas.

13. **VISITORS:** Visiting hours fluctuate depending on the level of responsibility exercised by participants in the program. YOU are responsible for your guests’ behavior. YOU MUST accompany your guests EVERYWHERE in the building and take responsibility for their behavior. Intoxicated guests are NEVER allowed in the building or on the property. Please be sure your guests do not bother other residents in any way.

Visitors ARE allowed in the building when staff is not present, during the designated visiting hours only.

14. **WEAPONS or HUNTING EQUIPMENT:** NO firearms or ammunition, hunting knives, archery equipment, and/or other hunting equipment are allowed on the premises. This ensures your safety, as well as that of others. Failure to comply with this condition may result in immediate discharge from the program.

15. **DAMAGES:** You will be billed for any damages caused by you or your visitors. If, upon your discharge meeting, you have left the apartment well cleaned and intact, you will receive the security deposit back in full.

SMOKING: *Smoking is not allowed on any Volunteers of America, Dakotas property, regardless of age.* Evidence of smoking (staff SMELL smoke, ash trays found with butts in them) will result in disciplinary action.

16. **EXIT INTERVIEW:** An exit interview is required along with an exit cleaning inspection. Keys must be returned before any of the security deposit will be returned to you.

17. **PROPERTY:** Volunteers of America, Dakotas is not responsible for lost, stolen, or damaged property. Please keep your apartment door and car locked at all times and NEVER provide ANYBODY with your keys.

18. **BELONGINGS:** You must remove all of your personal belongings upon moving out of your apartment. Personal property must be removed within 10 days of moving out. Belongings not removed within this time frame become property of Volunteers of America, Dakotas and will be donated to charity.

19. **DISCHARGE:** ILP is a voluntary program, meaning you want to be here. If this is no longer the case please discuss your situation with staff. We can help make a plan. If you choose not to follow ILPP Program expectations, you will no longer be eligible for participation in the program. Serious violations may result in immediate discharge. The reasons for discharge will be provided to you in writing. You may appeal your discharge by talking with the Independent Living Preparation Program staff. The Executive Director of Volunteers of America, Dakotas will be responsible for making the final determination of appeals. See grievance procedure in program handbook.

20. **PARKING:** On street parking is available in front of the building. Limited off street parking is also an option.

A copy of your automobile insurance identification card and driver's license must be submitted to ILPP staff.

21. **CURFEW:** A curfew is assigned to each (non-community based) participant entering the program. If you are 17 or younger, your curfew will not be later than 11 p.m., which is the city's curfew. If you are 18 or older, your curfew may be past 11 p.m. Curfew times are assigned based on your individual progress with your Transition Plan goals, and negotiated with ILPP Staff.

22. **OVERNIGHT VISIT ELSEWHERE:** If you have attended all work, school, and training hours AND you have completed an overnight request 24 hours in advance, and it has been approved by your case manager and guardian ...THEN you may stay somewhere else

23. **CLEANING INSPECTIONS:** Upon arrival at ILPP, you will be asked to complete a living space cleanliness inspection on Monday, Wednesday and Friday for your first 30 days in the program. It is your responsibility to seek out staff to ask for cleaning inspections. Cleaning inspections cannot take place after 11 p.m., when you are sleeping or not home. After you have demonstrated the ability to keep your apartment clean, you will only be required to complete one cleanliness check per week. You will need to have completed your chore in order to pass your cleanliness inspection each week.

CHORES: Each participant is expected to select and complete a chore. These chores include cleaning inside and outside of the building. Chores are assigned through a random drawing at the beginning of each week.

24. **TRASH:** Please deposit your garbage in the appropriate bin. Recycling of plastics (#1 and #2) and aluminum is mandatory.

25. **WALLS:** Walls must be left in condition in which they were found.

26. **OVERNIGHT GUESTS ON PREMISIS:** Nobody may have overnight guests in their apartment. ANY failure to comply with this guideline could result in discharge.

27. **KEYS:** No duplicates may be made. Anyone found to have given keys to anyone or allowed their key to be copied will be charged a minimum of \$50-\$100 for lock changes on both building entrances and their apartment door. Keys **MUST be returned to staff** upon discharge from the program.

*There is a charge of \$25 if staff needs to let you into your apartment or building after hours because you locked yourself out or lost your keys.

LOST KEYS: \$10 charge per key, due prior to receiving a new key.

28. **SECURITY:** All doors and windows are to be locked at all times. Please **DO NOT** permit other people's guests into the building! All participants must receive their guests at the front door.

29. **LEGAL ISSUES:** We work closely with the Sioux Falls Police Department. Any violation of law (possession or use of alcohol/drugs, stealing, assault, etc.) on Volunteers of America property will be reported to law enforcement and may result in discharge from the program.

UTILITY INFORMATION/ MAINTENANCE

UTILITIES: Utilities are included with your rent. It is not necessary to establish service in your name.

EMERGENCY PROCEDURES: (FIRE OR EXTREME EMERGENCY)

LEAVE BUILDING IN AN ORDERLY MANNER ASAP AND CALL **911** FOR FIRE DEPARTMENT/POLICE/AMBULANCE.

THEN CALL THE ON CALL STAFF AT **366-6757**, If your call is not immediately answered leave a message. If your call is not returned within five minutes; call the number again.

MAINTENANCE NEEDS: Available for check out:

- A vacuum
- A plunger
- Screwdrivers/tools

IF THESE ITEMS ARE DAMAGED OR NOT RETURNED, YOU WILL BE CHARGED FOR THEM.

For more serious maintenance needs, submit a description of the damage/repair needed in writing to the office AND leave a voice mail for Stephanie (373-0370)

In case of an emergency maintenance need (your ceiling is collapsing etc.) Call the on-call number at 366-6757.

SOME MAINTENANCE TIPS:

****DO NOT FLUSH** – Anything except toilet paper. This includes other paper products (napkins, paper towels, Kleenex, etc.)

Regularly remove hair from all drains.

Do not put food down your sink drain! There is not a garbage disposal.

If you develop a leak in your apartment, put a bucket underneath to catch the water and inform staff.

Please use non-abrasive cleaning products on tubs and showers.

