



Salt Lake County Division of Youth Services  
Milestone Transitional Living Program  
**Application/Referral Form**



Date \_\_\_\_\_

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Race \_\_\_\_\_  
 E-mail \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Have you ever been in the Military? Yes No If yes, when?  
 Do you have a driver's license? Yes No  
 Do you have reliable transportation? Yes No If yes, what?  
 Do you smoke? Yes No  
 What is your current housing situation? \_\_\_\_\_  
 Have you ever been evicted? Yes No If yes, why? \_\_\_\_\_  
 Have you been in DCFS custody? Yes No If yes, date of release \_\_\_\_\_  
 DCFS Workers Name (or other Agency) \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**INSURANCE/MEDICAL INFORMATION**

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
 Current Medications \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Medical Concerns \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ What Hospital \_\_\_\_\_

**EDUCATION INFORMATION**

Highest Level of Education Completed: \_\_\_\_\_  
 Are you currently a Student? Yes No If yes, where? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Work Place \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Hrs \_\_\_\_\_  
 Work Place \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Hrs \_\_\_\_\_

**MENTAL HEALTH INFORMATION**

Do you visit a therapist? Yes No If yes, where? \_\_\_\_\_  
 Name of therapist \_\_\_\_\_ Telephone number \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about our program (or from whom)? \_\_\_\_\_

**APPLICANT STATEMENT**

Briefly tell us how long you are expecting to stay at Milestone House and what your plan is:

I certify that the information provided is true, correct and complete.

Applicant Signature: **X** \_\_\_\_\_ (Applicant will sign in person with Case Manager.)

Save and email to YS-MilestoneTLP@slco.org

**OR**

Press the "Print" button to print and fax to 385-468-4498 or drop off/mail: Youth Services, 177 West Price Ave. SLC, Utah 84115