

BALTIMORE CITY DEPARTMENT of SOCIAL SERVICES
3007 East Biddle Street
Baltimore, Maryland 21213

AFTERCARE SERVICES APPLICATION FORM

Youth name: _____ Sex: Male Female

Date of birth: ____/____/____ Age: _____ SSN: _____

Address: _____

Telephone number: (Home) _____ (Work) _____

(Cell) _____ E-mail: _____

Marital Status: Single Married Separated Divorced

Children: None One Two Three, or more

Name, address, telephone of adult providing emotional support (example, former foster parent or relative):

EDUCATION: Completed high school/GED Enrolled in GED or vocational training
 Attending college Other
Receiving tuition waiver? Yes No Receiving ETV? Yes No

Education Goals: _____

EMPLOYMENT: Full time Part time Participating in job training/internship
 Armed forces Unemployed Other

Employment Goals: _____

CURRENT HOUSING: Living alone Living with relatives Living with friends
 Homeless Other

Housing Goal: _____

HEALTH: Have health care problems/need healthcare Have health insurance
 Have past due medical bills Other

Health Goal: _____

What aftercare service are you requesting from Baltimore City Department of Social Services?

FINANCIAL ASSISTANCE: BGE turn-off Telephone turn-off notice Other
 Water bill Emergency clothing & personal items

Explain: _____

HOUSING ASSISTANCE: Eviction notice Rent/Room & Board Other
 Security deposit Household Items/Furniture

Explain: _____

EMPLOYMENT ASSISTANCE: Job readiness/Enhancement training Job search Other

Explain: _____

EDUCATIONAL ASSISTANCE: GED Enrollment College enrollment FAFSA Other
 College tuition waiver information College prep exams

Explain: _____

OTHER SUPPORTS: Substance abuse or addiction referrals Parenting
 Mental health referrals Food
 Day care referral and assistance Obtaining Social Security card
 Obtaining medical insurance or care Obtaining birth certificate
 Community support/mentoring Obtaining driver's license/ID
 Budgeting/other independent living skills Other

Explain: _____

Youth's Signature: _____ Date: _____

Independent Living Coordinator: _____ Date: _____

TO BE COMPLETED BY IL COORDINATOR:

Date of Closing: _____ Date of Opening: _____ Case #: _____