

Youth on the Move Application



Metro

Any information that we ask of you is for demographic reporting purposes only. We will NOT use any of this information to treat you differently or affect your work, school, personal, foster care or probation status. You also have the option to decline to state some responses

Section I – Applicant Information (to be completed by applicant)

Homeless or Lacking Permanent Address

First Name: _____ Last Name: _____ Birth Date: _____

Street Address: _____

City | State | Zip: _____ Last 4 of SSN: _____

Telephone Number: _____ Email: _____

Specify any other transit agency lines you need to ride REGULARLY: (example Santa Monica Big Blue Bus)

**for Foothill, Antelope Valley Transit & Santa Clarita – specify the line or zone you ride:* _____

Section II – More About You (and what the TAP Card will help you do)

Check the box that tells us which activity (no more than 2) you will be using the TAP Card to do most often:

- Attend High School Attend Vocational School Work Full-Time Attend Counseling/Treatment
 Attend College Work Part-Time Volunteer/Intern Job Search

Check the box that tells us which activities you will be using the TAP Card to do in addition to what you checked above:

- Visit Siblings Recreational Activities Getting to Court Getting to Assistance Agencies
 Visit Relatives/Caring Adults Visiting Friends Meeting my CSW/DPO Pursuing Hobbies/Interests

Section III – A Little More About You (voluntary, but helpful, information)

Age: 18 19 20 21

Race/Ethnicity: Black/African American Latino/Hispanic White/Caucasian Native American

Asian/Pacific Islander Other Decline To State

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Gender: Male Female Transgender Other Decline To State

County Where Your Case Is/Was: Los Angeles County Other County (or State): _____

Last DCFS/Probation Placement Type:

Foster Home Relative's Home Group Home Guardian's Home Decline To State

Current Living Situation:

Foster Home Relative's Home Group Home Guardian's Home Dorm Own Apartment
 Transitional Housing SILP Homeless or Lacking Permanent Address THP+FC Decline To State

Check Any of The Following That Apply To You:

Extended Foster Care/AB 12 DCFS Case Legal Guardianship/Kin-Gap Juvenile Probation Case

I understand that I *WILL* be terminated from the Youth on the Move program if I misuse the card, transfer the card to another person, sell the card, need multiple replacements, or if I mark, tag or damage transit agency property.

I hereby certify that the information provided above is true and correct.

Applicant Signature

Date

*****ILP COORDINATOR PLEASE COMPLETE*****

DCFS/Probation Staff Name (Print): _____

DCFS/Probation Eligible: Yes No

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Participant Responsibilities and Release of Data Annual Transit Access Pass (TAP)

I understand that the County of Los Angeles has partnered with Metro to provide Annual Transit Access Passes to current and former foster/probation (placement) youth between the ages of 18-21. The program is known as **Youth on the Move**.

I understand that Metro and the County of Los Angeles are making a financial investment in an Annual Transit Access Pass that is **to be used solely by me**. Cards cost between \$1,320 to \$4,224 each.

I understand that if a new card must be ordered because it was lost, stolen or never picked up, **I will be charged to replace it**. The cost for replacements are \$25 for the first and \$50 for the second. After that, I am no longer eligible for the program. If the card stops working through no fault of my own, I can turn in the malfunctioning card for a free replacement.

I understand that **I WILL be terminated** from the Youth on the Move program if I misuse the card, transfer the card to another person, sell the card, need multiple replacements, or if I mark, tag or damage transit agency property.

I understand that my **card usage information** is compiled and kept confidential by Metro and may be used by DCFS/Probation to determine my eligibility for continued participation in the Youth on the Move program.

I understand that by accepting the Annual Transit Access Pass, I hereby grant Metro **permission to release periodic reports of my card activity** including date, time and service used (bus route or rail station) to DCFS/Probation.

Youth on the Move Participant (Print Name)

Date