



Hi! We're so glad you are interested in the THRIVE! Host Home Network. Here are some initial questions that will help us figure out how best to move forward.

Are you already working with a New Horizons case manager/student advocate?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what is their name? \_\_\_\_\_

How long have you been working with them? \_\_\_\_\_

Are you being referred to the THRIVE! Program by a case manager/youth advocate who is not with New Horizons? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what is their name and what organization do they work for? \_\_\_\_\_

Note: If you have no case manager/advocate and you are **self-referring**, please know that you will need to contact Maureen Walker, Program Administrator at [maureen@shipfrederick.com](mailto:maureen@shipfrederick.com) or (240) 215-3465.

Another note: If you are being referred by a youth worker/case manager, please give them this form once completed so they can send it to us along with their referral form. Thanks!!



...Now to the more interesting stuff (information about you!)

Your name \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

1. Pronouns Used (she/her, he/him, they/them, other):
  
2. Where did you grow up?
  
3. How long have you been in Frederick County?
  
4. Where are you currently living (e.g. friend's house, shelter, family, foster care, squatting)?
  
5. Do you have a **GED** or **high school diploma**?                    \_\_\_\_\_ yes    \_\_\_\_\_ no

If yes, from where?

6. What are some of the things you are working on (i.e. getting a job, finishing school)?
  
  
  
  
  
  
  
  
  
  
7. How do you think the THRIVE! Host Home Network will support you?
  
  
  
  
  
  
  
  
  
  
8. What are some of the strengths that you would bring into the program (e.g. great sense of humor, artistic abilities, hard work)?



9. Are you willing to develop a case plan and work towards your goals together with your case manager/advocate and host volunteers? \_\_\_\_\_ yes \_\_\_\_\_ no
10. What kind of host volunteers would you like to live with? What qualities are most important to you?
11. Do you have any allergies?
12. Once you're in a host home, who would you like us to contact in case of an emergency?



### RELEASE OF INFORMATION

Please sign here to authorize SHIP of Frederick and THRIVE! Host Home Network staff and potential hosts to respectfully share relevant information about you with each other. This will help us find the best match possible for you and also provide you with on-going support. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have your case manager/advocate send this completed form along with his/her/their completed referral form to:

SHIP of Frederick  
Re: Maureen Walker  
P.O. Box 1629  
Frederick, MD 21702

[Maureen@shipfrederick.com](mailto:Maureen@shipfrederick.com)

### GRIEVANCE

If you have a grievance about this program, please speak to your case manager/advocate. They can set up a time to talk with Ed Hinde, Executive Director of SHIP of Frederick to discuss your grievance.