



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 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

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.