

**Texas A&M University-Corpus Christi Supervised Independent Living Application
ISLAND HARBOR**

Applicant Information

Enter a date:

Name:

Address:

State:

Phone:

City:

Zip Code:

Email:

Date of Birth:

Social Security Number:

Medicaid Id Number:

Emergency Contact Name:

Emergency Contact Phone Number:

Have you already been accepted to Texas A&M University-Corpus Christi? **Yes** **No**

T-Shirt Size:

History

Have you had any history of violence in the past two years? **Yes** **No**

If yes, please explain:

Have you had any history of mental health treatment in the past two years? **Yes** **No**

If yes, please explain:

Have you had any history of physical illness in the past two years? **Yes** **No**

If yes, please explain:

Do you have a history of suicidal thoughts? **Yes**
 No

If yes, please explain:

Do you have a history of homicidal thoughts? **Yes**
 No

If yes, please explain:

Do you have a history of drug and alcohol abuse? **Yes**
 No

If yes, please explain:

Are you on any current medication (prescribed, over the counter or supplements)? **Yes**
 No

If yes, please list:

About You

What are your strengths?

What are your weaknesses?

Why do you want to come to Texas A&M University Corpus Christi?

What do you want to major in at Texas A&M University Corpus Christi?

Please explain your study habits in high school.

What challenges do you anticipate as a student?

What do you see as your greatest strengths as a student?

Describe your experience using a budget to manage your own personal money.

Describe how you handle conflict with your peers.

Describe how you handle conflict with authority figures.

Describe your experiences with managing your own schedule.

Describe your experiences with managing your daily activities.

Is there anything else we should know about you?

Important People

Please list those who are important people to you, in your life, and the role that they play.

Name: Phone Number:
Role:

May we contact the person listed above in case of emergency? Yes No

Name: Phone Number:
Role:

May we contact the person listed above in case of emergency? Yes No

Name: Phone Number:
Role:

May we contact the person listed above in case of emergency? Yes No

Foster Care

How long have you been in CPS care?

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to acceptance in Island Harbor, I understand that false or misleading information in my application or interview may result in my release.*

Signature: Date: