



STAFF USE ONLY:  
\*initial/date all sign-offs\*  
Application Received: \_\_\_\_\_  
Application Reviewed: \_\_\_\_\_  
Able to Reapply? YES / NO

## Participant Application

*Street's Hope serves adult women leaving the commercial sex industry or sex trafficking and does not offer services to those who do not meet this specific criterion. Street's Hope does not provide short-term emergency shelter, nor do we offer residence for participants' family, partners, children or pets.*

**Instructions:** Please answer all questions as honestly and completely as possible. No answers are right or wrong. If something does not apply to you, write "N/A".

Streets' Hope does not discriminate on the basis of race, ethnicity, sexual orientation, gender, national origin, language, age, disability, or religious creed. Unless you give us specific permission to share, we protect your information and privacy.

After completing this application, staff will review it and contact you to set up an interview before making a final decision. Thank you for your interest in Street's Hope and please contact us if you have further questions regarding this application or the program.

Submit completed applications by email, fax, or postal mail:

Street's Hope  
P.O. Box 19416  
Denver, CO 80219

Fax: 720.420.9951

Email:  
[admissions@streetshope.org](mailto:admissions@streetshope.org)

Phone: 303.433.2712

### **PROGRAM INTEREST**

- Residential Program: 1 year – daily services provided within a transitional living community context  
 Non-Residential Program: 4-6 Months—weekly treatment and services for women with stable housing

### **BASIC INFORMATION**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Previous Name(s)/Alias: \_\_\_\_\_

Current Living Situation (i.e. – apartment, family, shelter, prison, homeless, motels, pending eviction)  
\_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

May we leave a message or email you identifying as Street's Hope?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I Don't Know Sexual Orientation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Religious/Spiritual/Philosophical Beliefs, if any: \_\_\_\_\_

**EDUCATION, EMPLOYMENT, & FINANCIALS**

**Do you have a high school diploma or GED?**     Yes     No

If not, what is the highest grade you completed in school? \_\_\_\_\_

Please list specialized education, training or certification you possess: \_\_\_\_\_

**Are you currently employed?**     Yes     No

Are you able to work?     Yes     No

Have you been previously employed?     Yes     No

**Other Income Sources** Are you currently receiving any of the following assistance? If yes, specify dates:

Unemployment: \_\_\_\_\_     Worker's Comp: \_\_\_\_\_

SSI/SSDI: \_\_\_\_\_     Food Stamps/TANF: \_\_\_\_\_

Medicaid/Medicare: \_\_\_\_\_     Rent Assist./Vouchers: \_\_\_\_\_

**PHYSICAL, MENTAL & EMOTIONAL HEALTH**

**Briefly describe your physical health including any issues/disabilities that affect your life:** \_\_\_\_\_

**Have you had or do you currently have mental health issues/concerns?**     Yes     No     Unknown

If yes, please explain, including diagnosis and date: \_\_\_\_\_

**Please tell us about any counseling, therapy, or hospitalizations for mental or emotional concerns:**

**Are you taking any medications for mental or emotional health currently?**     Yes     No

If yes, please list current medications and prescribing doctor/mental health center: \_\_\_\_\_

Please list medications used in the past for mental health: \_\_\_\_\_

**SUBSTANCE & ALCOHOL USE**

**Do you use any drugs?**     Yes/Currently     Yes/In the past     No

If yes, please list drug(s) of choice and length of use: \_\_\_\_\_

**Do you drink alcohol?**     Yes/Currently     Yes/In the past     No

**What date did you last use?** \_\_\_\_\_ **What substance did you last use?** \_\_\_\_\_

If you are in sobriety what/who has assisted you most in sobriety? \_\_\_\_\_

**HISTORY OF SEX INDUSTRY INVOLVEMENT**

Please specify history of involvement in the commercial sex industry now or in the past (*specify dates*):

Prostitution: \_\_\_\_\_     Survival Sex: \_\_\_\_\_

Escorting: \_\_\_\_\_     Sex Trafficking Survivor: \_\_\_\_\_

Exotic Dancing: \_\_\_\_\_     Pornography: \_\_\_\_\_

**LEGAL BACKGROUND**

**Have you ever been arrested *and* convicted of a crime?**       Yes       No  
If yes, please explain charge(s): \_\_\_\_\_

**Are you currently on parole, probation, or diversion?**       Yes       No  
If yes, please name your officer and county: \_\_\_\_\_

**Is programming a requirement of your parole, probation, or diversion?**       Yes       No

**PRIOR PROGRAM PARTICIPATION**

**Have you previously participated in the Street's Hope program?**       Yes       No  
If yes, please give exit date and reason for exit: \_\_\_\_\_

**Have you previously participated any other treatment program?**       Yes       No  
If yes, please provide name, length of stay, and treatment dates: \_\_\_\_\_

**STREET'S HOPE PROGRAM**

**Please tell us about how you learned about Street's Hope & what drew you most to participate?**

\_\_\_\_\_

**What are three ways you think Street's Hope can help you?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Program Guidelines & Expectations**

Are you willing to participate in individual/group therapy & case management?       Yes       No

Are you willing to adhere to all program guidelines/expectations & staff decisions?       Yes       No

Are you aware Street's Hope is faith-based & offers (*optional*) spiritual opportunities?       Yes       No

**Street's Hope asks participants to discontinue relationships with employers, friends, family, partners that discourage an individual from engaging in the recovery and healing process.** Are you willing to give up relationships (including romantic) that Street's Hope deems unhealthy?       Yes       No

**LIFE STORY**

Reading your story provides us with an opportunity to get to know you better and to find out where you're coming from and where you would like to go in your healing process. Please write your life story on a separate page and feel free to make it as long or as short as you need to communicate this information. Begin with the earliest time you can remember and continue to the present, expanding on the answers you provided in this application and sharing only what you feel comfortable. We appreciate your willingness to share with us and please remember this information is kept CONFIDENTIAL.

**Agreement:** *I acknowledge that I am applying to be considered for participation in the Street's Hope program. I certify that the information I provided in this application is honest and correct to the best of my knowledge. I understand that I am submitting this application and my entrance into the Street's Hope program is at the discretion of the staff. I acknowledge that Street's Hope is a safe house location and agree to maintain the confidentiality of Street's Hope.*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date