

## Participant Application

*Street's Hope serves adult women (18+) who have experienced sexual exploitation associated with human trafficking, the commercial sex industry or street involvement. Street's Hope does not provide housing 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".

Street's Hope programming is designed to meet the needs of adult women. We do not discriminate on the basis of race, ethnicity, sexual orientation, 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

Phone: 303.433.2712

Fax: 720.420.9951

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

### 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: \_\_\_\_\_

Probation/Parole Officer or Case Manager email (if applicable): \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### 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 and/or certification you possess: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, where: \_\_\_\_\_

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 or 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? \_\_\_\_\_

**EXPERIENCE OF SEXUAL CHOICE & EXPLOITATION**

Please select all that apply to you:

- Prostitution  Escorting  Dancing  Survival Sex  Sex Trafficking  Online Sex Work  
 Online Personal Ads  Sexual Servitude  Sex Trading  Forced Marriage  Street Based Prostitution  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  Other: \_\_\_\_\_

**LEGAL BACKGROUND**

Have you ever been arrested *and/or* 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

(If yes- NOTE that completing the Street's Hope program cannot be listed as the only option for services on conditions)

Are you currently involved with any other kind of law enforcement (FBI, local PD, Task Force)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**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**

What are your three biggest needs?

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

What are your three top goals in entering the program?

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

What are your plans upon completing the program?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_

\_\_\_\_\_

As a sober living community, Street's Hope asks participants to be clean and sober prior to entering treatment and for the duration of selected programming.

**Agreement:** I acknowledge that I am applying to be considered for participation in Street's Hope programs. I certify that the information I provided in this application is honest and correct to the best of my knowledge. Street's Hope reserves the right to verify all information provided in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date