

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. Services cannot be offered to those who do not meet these specific criteria. 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".

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

Phone: 303.433.2712

Fax: 720.420.9951

Email: admissions@streetshope.org

PROGRAM OF INTEREST

- Residential Program: 3-4 months – daily programming provided within a residential community
- Non-Residential Program: 3-4 Months – weekly programming 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:** _____

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:** _____

Sexual Orientation: _____ **Marital Status:** _____

Race or Ethnicity: _____

Primary Language Spoken: _____

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

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

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: _____
 Dancing: _____ Online Sex Work: _____
 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? 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

LIFE HISTORY:

Please take a few minutes and share what brought you to Street’s Hope. Please write **ONLY** what you feel comfortable sharing **on a separate page** and feel free to make it as long or as short as you need to communicate this information. Reading your history 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. We appreciate your willingness to share with us and **please remember this information is kept CONFIDENTIAL.**

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?

Program Guidelines

Are you willing to participate in programming in individual and group settings? Yes No

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

As a sober living community, Street’s Hope asks participants to be clean and sober prior to entering treatment and for the duration of chosen program treatment. Are you able to provide proof of thirty (30) days of sobriety before entering our 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. I understand that I am submitting this application and my entrance into the Street’s Hope program is at the discretion of the staff. Street’s Hope reserves the right to verify all information provided in this application.*

Signature

Date