

Participant Application

Street's Hope serves all adults (18+) who have experienced sexual exploitation associated with human trafficking, the commercial sex industry or street involvement.

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".

BASIC INFORMATION

First: _____ Middle: _____ Last: _____

Self-Identified Gender: _____ Preferred Gender Pronouns: _____

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: _____

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, BEHAVIORAL 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: _____

Do you identify as someone who struggles with addiction?

Yes/Currently Yes/In the past No

EXPERIENCE OF SEXUAL CHOICE and/or EXPLOITATION

Street’s Hope wants you to know that we understand the sensitivity of this information. If you would prefer to follow-up with a staff member directly please check this box.

Please select all that apply to you:

- Prostitution Escorting Dancing Survival Sex Sex Trafficking Online Sex Work
- Online Personal Ads Sexual Slavery Sex Trading Forced Marriage Street Based Prostitution
- Gender Based Violence Sexual Assault Sexual Violence Other: _____

LEGAL BACKGROUND

Are you currently on parole, probation, or diversion? Yes No

If yes, please name your officer and contact info: _____

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, drug court, trauma court, mental health court etc.)? Yes No

If yes, please explain: _____

PRIOR PROGRAM PARTICIPATION

Have you previously applied to or participated in the Street’s Hope program? Yes No

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) _____

Is there anything else you would like us to know?

Street's Hope programming is designed to meet the needs of adults. 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 will protect your information and privacy.

Agreement: *I acknowledge that I am applying to be considered for participation in Street's Hope program. 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

Thank you for your interest in Street's Hope and please contact us if you have further questions regarding this application or the program. Your application will be reviewed and processed during hours of operation.

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

Hours of Operation:

Monday- 11:00am-5:00pm

Tuesday- 9:00am-5:00pm

Wednesday- 9:00am-5:00pm

Thursday- 9:00am-12:00pm

Friday- 9:00am-5:00pm