



STAR TRANSITIONAL PROGRAM APPLICATION

Interviewing CM Name: _____

Date of Intake: ___ / ___ / ___

- Family Individual
 Pre-Screen Wait List

Program Candidate Information (list all individuals that will be living with you)

	Name	Gender	Age	DOB
Head of Household:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____
Child:	_____	_____	_____	_____

Contact Information

Phone Number: _____ Email Address: _____
 Emergency Contact Name: _____ Emergency Contact Number: _____

Pre-Screening Questions

- Do you agree to gain and/or maintain employment while in our program? Yes No
 a. What is your primary source of income? _____
- Can you commit to at least 6-8 months to complete the program? Yes No
- Are you willing and able to meet with a STAR Case Manager bi-weekly during normal operating hours of Monday-Friday, 9-5? Yes No
- Are you willing and able to attend mandatory workshops, usually held on weekday evenings? Yes No
- Are you willing to learn how to budget, open a savings account and maintain both for the duration of your program? Yes No
- Are you able and willing to pay program fees monthly and continually upon move-in? Yes No
- If a partner was listed, are you married (legally or common law)? Yes No N/A
- If children were listed, do you have legal custody? Yes No N/A
- Are you currently homeless? Yes No
- Have you ever participated in any Denver Rescue Mission program before? Yes No
 a. When? _____ Are you a graduate? _____
- Have you been convicted of a felony? Of a misdemeanor assault?** Yes No
 a. If so, what charge(s)? _____
- Do you have pending felony, misdemeanor assault, or other charges? Yes No
 a. If so, what charge(s)? _____
- Are you a registered sex offender?** Yes No
- Do you, or anyone in your family, have a disability? Yes No
 a. If so, do you require any ADA accommodations? Explain: Yes No N/A
- Have you or **any member of your family** used any substance (prescription, illegal OR Synthetic substitute) within the past 30 days? Yes No
 If so, who? _____
- Medication List: _____
- This is a drug and alcohol free facility - are you willing and able to comply with random/ reasonable suspicion drug and alcohol testing for the duration of your program?** Yes No
- Do you have an ADA-approved service animal? (must provide paperwork)** Yes No
- Do you have an emotional support animal? (must provide paperwork PRIOR to move in)** Yes No
- Can you provide the license, vet paperwork and vaccination records for your dog or cat? Yes No N/A
- Do you understand that your emotional support/service animal cannot move in without the required documentation and a kennel? Yes No N/A

Applicant Initials: _____ Date: _____ Case Manager Initials: _____ Date: _____

Background Questions

1. What is your marital status?

- Single Married (or common law) Divorced Separated Widowed

2. What is your employment status?

- Head of Household Full Time Part Time Unemployed
 Spouse Full Time Part Time Unemployed

3. Are you a U.S. citizen?

- Head of Household Yes No Spouse Yes No Children Yes No (If no, who?) _____

4. Are you a veteran?

- Head of Household Yes No Spouse Yes No

5. Are there any physical, mental, or medical conditions that we need to be aware of? Yes No **If so, please share:**

6. Education level (highest level completed):

Head of Household:

- 8th grade or below Some high school (no diploma) High school graduate (diploma or equivalent)
 Some college credit (no diploma) Associate degree Bachelor's degree Other _____

Spouse:

- 8th grade or below Some high school (no diploma) High school graduate (diploma or equivalent)
 Some college credit (no diploma) Associate degree Bachelor's degree Other _____

Child: _____

- No schooling Nursery-4th 5th-6th 7th-8th 9th 10th 11th
 High school diploma High school GED Post-secondary Don't know Refused

Child: _____

- No schooling Nursery-4th 5th-6th 7th-8th 9th 10th 11th
 High school diploma High school GED Post-secondary Don't know Refused

Child: _____

- No schooling Nursery-4th 5th-6th 7th-8th 9th 10th 11th
 High school diploma High school GED Post-secondary Don't know Refused

7. Race (select all that apply):

<i>Head of Household</i>	<i>Spouse</i>	<i>Child:</i> _____	<i>Child:</i> _____	<i>Child:</i> _____
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> American Indian/ Native Alaskan	<input type="checkbox"/> American Indian/ Native Alaskan	<input type="checkbox"/> American Indian/ Native Alaskan	<input type="checkbox"/> American Indian/ Native Alaskan	<input type="checkbox"/> American Indian/ Native Alaskan
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Native Hawaiian/ Pacific Islander
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

8. Ethnicity (please choose one):

<i>Head of Household</i>	<i>Spouse</i>	<i>Child:</i> _____	<i>Child:</i> _____	<i>Child:</i> _____
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino

9. Where have you been sleeping the last few weeks?

10. How long have you been staying there?

- 1 week or less 1 week-1 month 1-3 months 3 months-1 year 1 year or more

11. How many times have you been homeless including now?

- 0 1 2 3 4 5-7 8-10 11+

12. How many times have you been homeless in the last 3 years?

- 0 1 2 3 4 5-7 8-10 11+

13. Reasons or contributing factors to homelessness (check all that apply):

- Eviction Debt Addiction Divorce Job Loss Legal Issues Domestic Violence
 Medical Issues Loss/Death Disability Release from a correctional facility N/A / Other _____

By signing below, you certify that all information in this application is true and correct to the best of your knowledge. Note that if you falsify any information in this form, you will not be eligible for the STAR Transitional Program. By signing this form you are agreeing to enter the STAR Transitional Program with the understanding that this program is for those who are seeking to move into permanent housing & are willing to gain/maintain employment. Applications will not be accepted from individuals who are not interested in completing the program. If you have been convicted of violent felonies or sex crimes, you are not eligible for the STAR Transitional Program.

Applicant Signature _____ Date: _____ Case Manager Signature _____ Date: _____