| Application |
| --- |
| Applicant Information |
| Name: |
| Date of birth: |  | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Employment Information |
| Current/Previous employer: |
| Employer address: | How long? |
| City: | State:  | ZIP Code: |
| Phone: | Hourly Salary (Please circle) |  |
| Position: | If you are no longer there, why did you leave?  |  |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| legal status |
| Are you a US citizen? Y / N | If no, what is your legal status? |  |
| general questions |
| Do you have a Driver’s License? Y / N If no Reason: |
| Do you owe fines and or Child Support? Amount: $ | Do you have a cell phone: Y / N |
| Have you had a TB test in the past 6 mo.? Y / N  | Date | Was it positive or negative?  |
| Do you have your own transportation? Y / N | Do you have any allergies? |  |
| Do you have any medical problems, including illness or injuries? Y / N | If so, explain |  |
|  |
| Are you willing to sign a STEPS Guidelines Form? Y / N |  |  |
| Do you understand this is an 8 week program? Y / N  |  |  |
| Are you willing to do daily chores/tasks? Y / N |  |  |
| Are you willing to submit to a initial and random drug test? Y / N |  |
| Do you take prescription medications? Y / N |  |
| Have you used illegal drugs in the past: (circle one): month 6 months 1 year | Have you ever had an STD Y / N |
| Have you engaged in homosexual activity? Y / N | Have you been tested for Hepatitis Y / N |

***STEPS***

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| Usual living arrangements |
| **Circle your answer** : - On your own - with other people - group homes - homeless shelter  |
| – just released from custody – Half- way house - home owner/long term lease  |
| Why are you seeking entrance into the STEPS Program?  |
| legal history |
| Have you ever been arrested? (Does not disqualify you) YES / NO |
| In order by date, list each of your involvements with the law or legal system.  |  |
| Year | City & State  | Name the type of offense |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Education |
| What is your highest completed grade level? (CIRCLE ONE) 9 - 10 - 11 - 12 some college? College degree? |
| Can you read and write at a high school level? Y / N |
| Do you have basic knowledge of computers? Y / N |  |  |
| Completion of STEPS requires extensive reading and completing workbooks. Will you have difficulty doing assignments? Y / N |
|  |  |
|  |  |  |
| How did you hear about this program? |  |  |
| Do you understand the program requirements? Y / N |  |  |
| Signatures |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I will abide by URM rules/guidelines. |  |  |
| Signature of applicant: | Date: |  |
| office Use Only |
| Date Application Received : | Interviewed by : |
| Interview Appointment Date: | Time: |
| Accepted / Denied By: |
| Reason for being denied:  |  |
| May reapply at a later date Y / N  | Additional notes: |