| 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***

| Application | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | |
|  |  | | |  | | | | | |
|  |  | | |  | | | | | |
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|  |  | | |  | | | | | |
| 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: | | | | | | | |