

Name:	Date:			
Birthdate:	Age:			
Phone:	Email:			
Marital Status:	Do you have a picture ID?			
How did you hear about Sa	ara's House?			
When would you like to mo	ove in?			
Do you commit to the full y	year program?			
Employer:	Job Title:			
Are you a registered/convid	cted sex offender? Yes No			
Do you currently smoke or	use any tobacco products? Yes No			
Are you on parole probation	on waiting on sentencing or awaiting a			

hearing/trial?
If yes, please explain:
Parole Officer's Name:
Phone Number:
Have you been diagnosed with any mental illnesses or disorders?
If yes, please list:
Are you currently taking medications? If yes, please list the name
of medications and purposes.
What is your motivation to apply for Sara's House?
Do you understand and agree to follow all Community Standards
Yes No

Do you understand and agree to fulfill all program requirements, including attending the required number of classes, working with a mentor and attending church services? Yes No

Signature:		
Printed Name:		
Date :		

## **Fees**

- •A non-refundable Intake and Administration fee of \$300 and the Weekly program fee for the first week of \$125 is required prior to entry to the program.
- •The weekly program fee of \$125 is due each week. A \$5 late fee will be charged for each day past due.
- The program fee is to be paid by card or money order.
- Following 10 days of failure to pay program fees will result in the resident being asked to leave the program.

Grants and limited scholarships are available to those who qualify.

Return by mail to:

Straight Street, P.O. Box 7001, Springfield, MO 65801

Return by email to: tina@straightstreetinc.org