



Stepping Up Sober Living Program
 104 S Main
 Scott City, KS 67871

Program Application

Please print.

Do not leave any unanswered questions.

Stepping Up is not zoned for anyone required to register as a sex offender.

Personal Information			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:		Alternate Phone:	
Veteran?		Branch:	
Date of Birth:		Social Security Number:	
DOC#:		PO's name and number:	
How did you hear about our program/ who referred you?			
Program Information			
Expected Move-In Date:			
Do you have any criminal charges pending? If yes, please explain:			
Have you ever been arrested for a sex crime? If yes, please explain.			
Do you now or have you ever had any gang affiliation? If yes, please explain:			

Do you have children that would be living with you? If yes, please list names and ages.	
Do you have an open DHS custody case? If yes, please give name and number of your case worker.	
Are you required to undergo home checks through DCF or SRS?	

What is or was your drug of choice?	When was the last time you used drugs or alcohol?
Can you pass a drug and/or alcohol test today?	
Have you ever entered a drug/alcohol treatment center? If yes, please give name, location, and contact number.	
Have you ever lived in any other "sober living community"? If yes, please give name, location, and contact number.	

Medical Information	
Do you have any disabilities and/or medical issues program staff should be aware of? If yes, please explain.	
Do any of your children have any disabilities and/or medical issues program staff should be aware of? If yes, please explain.	

What prescription medications are you currently taking? Please list all medications and give name of prescribing doctor.	
If you are being prescribed a narcotic, barbiturate, or any other substance that will show up on a drug screening test, are you willing to explore other options?	

Employment Information

What is your source of income?		What is the approximate amount of your monthly paycheck?	
Employer Name:			
Employer Address:			
	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Besides program fees, what other financial obligations will you be responsible for monthly?			

Emergency Contact Information

Person to contact in case of emergency:			
Relationship:		Phone Number:	

Faith Information

Do you understand that Stepping Up is a faith-based program?			
Do you believe in Jesus Christ?		Have you accepted Jesus Christ as your Lord and Savior?	

I certify that the above information is true and accurate to the best of my ability. I understand that if anything has changed, I have a duty to disclose the corrected information.

Date:

Signature:

Upon full completion of this application please return to Amanda Hestermann, Director at Stepping Up Ministry, 104 S. Main Street, Scott City, KS 67871. Your application will be reviewed and you will be contacted to schedule an interview with two or more board members of Stepping Up, Inc. If you are accepted into the program, a \$50.00 deposit will be required.