



RESIDENT APPLICATION

Date: _____

Name of Applicant: _____

Who is completing this application?

☐ Myself ☐ A legal guardian appointed by the court

☐ Someone else _____

- Completion of this application assumes the candidate consents to allow the Referring Agency to provide the following information in consideration for her residency at Greenlight Operation.
- Greenlight Operation does not discriminate based on the responses provided on this form. Your candid, factual, and complete responses assist the referral process.
- ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Program Restrictions

Please be advised that Greenlight Operation is not resourced to provide services for a candidate who meets any of the following conditions. We are unable to accept your candidate if she:

Is fewer than 90 days sober
Has physical custody of child(ren)
Is not ambulatory

Is not biologically female
Is prescribed narcotic medication
Is unable to self-manage

1. Referrer

What is your relationship to the candidate?

- ☐ Law Enforcement ☐ Legal Counsel ☐ Social Worker/Case Manager
☐ Court Official/Advocate ☐ Safe House
☐ Anti-Trafficking Agency / Task Force ☐ Friend /Family member
☐ Self (Skip to Part 2)

Referrer Name: _____

Agency Name: _____

City: _____ State: _____

Contact Email: _____

Contact Phone: _____

How long have you known the candidate?

Years _____ Months _____ Weeks _____ Days _____

2. Candidate Information

Last Name: _____ First Name: _____

MI: _____

Cell Phone: _____ DOB (MM/DD/YYYY): _____ Age: _____

Hometown City: _____ Hometown State: _____

If international: Country of Origin: _____

Legal U.S. Residency: ___Yes ___No ___Pending

English Proficiency: ___Fluent ___Conversational ___None

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Gender Non-Conforming

☐ Self Describe: _____

Sexual Orientation: ☐ Heterosexual/Straight ☐ Gay/Lesbian ☐ Bi-Sexual

☐ Pansexual ☐ Self Describe: _____

Race/ Ethnicity (Check all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Middle Eastern or North African ☐ Hispanic/Latino or other Spanish Origin

☐ Other _____

3. Safety Assessment

☐ Yes ☐ No Has she been verified as a victim of sexual exploitation/trafficking?
(either sexually exploited as minor, or prostituted as an adult through the means of
force, fraud, or coercion)

How recently was she in a trafficking situation? _____

☐ Yes ☐ No Is her trafficker(s) still a threat to her?

☐ Yes ☐ No Is she still in contact with her trafficker(s)?

☐ Yes ☐ No Is there an open investigation or pending case against her trafficker?

☐ Yes ☐ No Was she trafficked in any of these states: (select all that apply) DC, MD,
VA, PA, DE, NJ, NY

☐ Yes ☐ No Is she affiliated with a gang? Gang: _____

☐ Yes ☐ No Is her family unsafe or unhealthy?

☐ Yes ☐ No Does she have a history of violence? (date and nature of last incident)

☐ Yes ☐ No Does she have a history of self-injury of any sort?

☐ Yes ☐ No Does she have a history of suicide attempts?

Date of most recent attempt? _____

☐ Yes ☐ No Is she a high flight risk?

4. Health

☐ Yes ☐ No Does she have valid medical insurance?

☐ Yes ☐ No Does she have a substance use history?

If yes, drug of choice: _____

How much clean time does she have? _____yrs _____mos

Note: marijuana and alcohol use are included in substance use history

☐ Yes ☐ No Is she pregnant? (How far along: _____mos.)

☐ Yes ☐ No Is she ambulatory?

If no, describe limitation: _____

☐ Yes ☐ No Does she have any of the following medical concerns?

☐ Infectious disease ☐ Visual impairment ☐ Insulin dependent

☐ Hearing impairment

☐ Yes ☐ No Does she have a mental health diagnosis?

Describe: _____

At what age was this diagnosis given? _____

☐ Yes ☐ No Has she ever been hospitalized for a psychiatric issue?

When: _____

☐ Yes ☐ No Is she prescribed any mental health pharmacology? List all here:

_____	_____
_____	_____
_____	_____

5. Legal

☐ Yes ☐ No Is she under warrant?

Offense: _____

☐ Yes ☐ No Is she on probation or parole?

Parole/Probation Officer: _____

Phone Number: _____

☐ Yes ☐ No Is she court-ordered for placement?

☐ Yes ☐ No Does she have an open case against her trafficker?

☐ Yes ☐ No Would she be considered under house arrest?

☐ Yes ☐ No Is she on the Sex Offender Registry?

6. Spiritual

☐ Yes ☐ No Would you consider yourself a spiritual or religious person?

☐ Yes ☐ No If so, what faith or religion do you most align with?

Describe: _____

☐ Yes ☐ No If so, do you regularly attend religious services?

Describe: _____

☐ Yes ☐ No Are there any places of worship you would not be comfortable with attending?

Describe: _____

☐ Yes ☐ No Greenlight Operation is a Christian Christ-Centered organization. While you are not REQUIRED to engage in the religion of Christianity, you will be exposed to Christian beliefs and values; how open are you to that exposure.
(On a scale of 1-10) _____

Is there anything additional that you would like for us to know surrounding your spiritual/religious beliefs?

7. Relational

What is her marital status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed

☐ Yes ___ ☐ No ___ Does she have any child(ren)? How many? _____

☐ Yes ___ ☐ No ___ N/A ___ Does she have physical custody of her child(ren)

☐ Yes ___ ☐ No ___ N/A ___ Are any of her children offspring from her trafficker?

☐ Yes ___ ☐ No ___ N/A ___ Does she have a safe provision for childcare while she's in a program?

☐ Yes ___ ☐ No ___ Is she a survivor of childhood sexual assault?

Age: _____

8. History

Highest level of education completed *[grade level or degree]*: _____

Please provide a brief summary of her trafficking situation/case status:

List the other programs she's been in:

When?

How long?

9. Additional Comments

Is there anything additional we should know about her circumstances prior to considering her for our program? *Please be as detailed as you are able.*

The projected timeframe this program is going to take is between 12 and 18 months in three separate phases (Breathe, Believe, Belong). Are you willing to work on this program's design?

☐ Yes ☐ No

Do you have any concerns or questions about completing this program in its entirety?

☐ Yes ☐ No

If yes: _____
