



321 Wellington Avenue  
P.O. Box 159  
Walla Walla, WA 99362  
Phone: (509) 525-3612  
Fax: (509) 524-8152

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Dear Prospective Participant:

Thank you for your interest in The STAR Project. We are pleased to offer services that can assist in your transition from incarceration back to the community. Your participation in STAR services will depend on a number of qualifying factors.

The first step is to complete this packet and return it to the STAR office at the address above or the email provided below. Please note the checklist below and ensure that each step has been completed before submitting application materials. Incomplete applications may compromise our ability to serve you.

The STAR Project Application Checklist:

- Completed Pre-Release Application
- Completed Authorization for Release of Information form
- Oxford Housing Application

We look forward to receiving your application.

Sincerely,

The STAR Project

[casemgmt@thestarproject.us](mailto:casemgmt@thestarproject.us)

**The STAR Project**  
Non-Discrimination Policy Statement

The STAR Project does not discriminate against any person on the basis of race, color, national origin, ethnicity, genetic information, religion, gender, sexual orientation, age, or disability in admission or participation in its programs, services and activities, or in employment.

No person shall be excluded from participation in, or be denied the benefits of any service, or be subjected to discrimination because of race, color, national origin, ethnicity, genetic information, religion, gender, sexual orientation, age, or disability.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

*Executive Director*  
The STAR Project  
321 Wellington Avenue  
Walla Walla, WA 99362  
Phone: (509) 525-3612  
Fax: (509) 524-8152

Important Note: Completion of this application packet does **not** guarantee acceptance into any programs offered by The STAR Project. Completion of this application packet is **not** a guarantee of services from The STAR Project.

## Participant Rights and Responsibilities

### **The STAR Project** Participant Rights and Responsibilities

The Successful Transition and Re-entry Project (STAR) is a nonprofit agency that strives to offer comprehensive quality services to justice-involved persons and their families and aid them toward personal growth and self-sufficiency.

#### **Participant Rights:**

- All Participants will be treated with dignity and respect regardless of age, sex, religion, race, cultural background, sexual orientation, or disability.
- All Participants have the right to be heard, which includes the opportunity to submit a formal grievance.
- All Participants have the right to have services provided to them by qualified staff in a professional manner.
- All Participants' rights to privacy and confidentiality will be guaranteed in accordance with applicable law.
- No Participant will be abused either physically or verbally by staff members. If you feel that you have been abused, please follow the STAR grievance process.

#### **Participant Responsibilities:**

- All Participants will be honest with the staff at STAR.
- All Participants will cooperate with their case manager.
- All Participants will keep set appointments with STAR.
- All Participants will contact STAR before their appointment if they need to reschedule. If a Participant misses 3 appointments within a year STAR will suspend service for a minimum of 30 days.
- All Participants will follow through with agreed referrals, and keep set appointments with support agencies.
- All Participants recognize that support through STAR is based on participation. Participant services may be discontinued at any time if Participant fails to demonstrate willingness to participate in agreed activities or comply with STAR policies.

#### **STAR Participant Policies:**

The STAR Project is a sober agency and supports people in recovery. Absolutely no alcohol or drugs, including marijuana, are allowed in the office, at STAR Participant gatherings, or in STAR housing. All Participants are subject to drug and alcohol testing at STAR's discretion and expense.

No weapons of any kind are allowed in the office.

Disruptive behavior of any kind is not allowed in the office.

Violence, threats of violence, intimidation, or harassment against any STAR staff member, Board Member, representative or other Participants is not allowed.

The Participant understands that failure to comply with any of these policies may result in termination of STAR services.

(see reverse for groups and classes)

## Participant Rights and Responsibilities

### **Other Participant Expectations and opportunities:**

**Participation Opportunities:** It is expected that STAR Participants engage in at least **two** service opportunities each month that they are active STAR Participants. Participation opportunities could include: one-on-one meetings with STAR staff, Volunteer Service, Group Dinner, MRT, Ready to Rent, Employment Readiness, STAR Recovery Support meetings.

**Volunteer Service:** Volunteer Service could include, caring for STAR grounds, assisting the Housing Coordinator in cleaning apartments or moving individuals, cleaning and organizing donations in the office basement, assistance with monthly Participant group dinners - to include cooking, set up, and clean up, helping at other community organizations.

**Group Dinners & Activities:** The STAR Project hosts Participant group dinners and gatherings at various times throughout the year. This time is to provide an opportunity for supportive interaction in a casual but structured setting. Participants, family, and friends are welcome to attend. It is free of cost. The staff and Board Members, along with volunteers and mentors in the community, come out to show their support for our Participants. STAR dinners and group activities also provide Participants with a service opportunity, as help is always needed for clean-up and occasionally needed for set-up.

**MRT:** The STAR Project has staff members certified in Moral Reconciliation Therapy (MRT). This is a group cognitive behavioral therapy that guides Participants through the process of changing the way they think about themselves, others, and the world around them. MRT seeks to help Participants escape the prisons they have created for themselves in their minds, and is offered free of charge to STAR Participants. Check with the Case Manager for availability.

**Breaking the Chains of Trauma:** An 8-session, journal based trauma-recovery group designed to help people as a part of their healing journey. Facilitated by trained and certified staff. Separate classes for women and men.

**Ready to Rent:** Ready to Rent (R2R) is a 6-session course that guides Participants through the ins and outs of rental housing. Participants will engage in interactive lessons on dealing with landlords, learn about the responsibilities of maintaining a property, budgeting money, paying rent and utilities on time, and other skills needed to be a successful renter. After finishing the course, Participants will have earned a certificate of completion that can be presented to landlords as evidence of having successfully completed R2R. This course is free of charge to Participants and is mandatory for all Participants receiving STAR housing. Check with the Housing Coordinator for availability.

**Employment Readiness:** The STAR Project has a trained Employment Specialist on staff. This Employment Specialist has built positive relationships with employers and businesses throughout the Walla Walla Valley. Participants are encouraged to meet with the Employment Specialist individually on a weekly basis while they are seeking employment. Employment Readiness courses allow the Employment Specialist to work with Participants in a group setting. During Employment Readiness, Participants will have the opportunity to draft resumes, test out interview skills, conduct mock interviews, and learn essential skills for the workplace. Check with the Employment Specialist for availability.

**STAR Recovery:** The STAR Project recognizes the need for support and accountability in addiction recovery. Participants meet with the STAR Director of Recovery Services to identify recovery needs and match with resources both at STAR and within the community at large. This support is meant to supplement court ordered intensive treatment or otherwise required treatment.

## Grievance and Appeals Process

### **The STAR Project** Grievance and Appeals Process

Here are the steps in the grievance process:

1. To start a grievance, contact The STAR Project. Grievances must be written. Please include in your letter your name, how to best contact you, the nature of your grievance, what you are requesting as a resolution for your grievance, and your signature.
2. You may request assistance with your grievance from The STAR Project.
3. When The STAR Project receives your grievance, they will acknowledge receipt of the grievance in writing within five (5) working days.
4. Your grievance will first be considered by The STAR Project Executive Director (or their designee).
5. The STAR Project will make a decision about your grievance within thirty (30) calendar days from the day you started your grievance.
6. You will receive a written statement of The STAR Project's decision about your grievance.
7. If you do not receive a decision about your grievance within the timeframes outlined above, or you disagree with the decision you receive, you may file a request for a Fair Hearing.

#### **When Can I Appeal?**

Whenever you get a written decision from The STAR Project, you may file a written appeal requesting that The STAR Project review the decision. An appeal is a request that The STAR Project review the decision.

#### **What Are Decisions That I Might Appeal?**

A decision is a denial, suspension, reduction, or termination of your services as defined below:

**Denial:** the decision not to offer an intake appointment and authorize services is a denial.

**Suspension, Reduction or Termination:** this occurs when The STAR Project makes a decision to change your authorized services to less than originally authorized.

## Grievance and Appeals Process

### **How Do I File an Appeal?**

1. To start an appeal, contact The STAR Project. The appeal must be requested within twenty (20) days of receiving the decision, or the intended effective date of the decision – whichever is later.
2. If you need assistance with your appeal, The STAR Project can help you. Interpreter and TTY/TTD services are available to help you. You may also receive help from your direct service provider or anyone you choose.
3. You must start an appeal in writing. Please include your name, how to best reach you, the reason for the appeal, any information you wish to submit to support your request, and sign your request.
4. Your appeal will be reviewed by someone who has the proper training and has not been previously involved with making decisions about your services.
5. The STAR Project will make a decision about your appeal within forty-five (45) days from the day you started your appeal.
6. The STAR Project will send you a written appeal decision.

### **What Is a Fair Hearing?**

If you are not satisfied with the outcome of your appeal to The STAR Project, you may ask for additional consideration from the Board of Directors within ninety (90) days of the original date you requested an appeal from The STAR Project. You may receive assistance from others of your choice or hire a lawyer or anyone else to represent you.

Pre-Release Application Form

**The STAR Project**

**Our Mission**

The STAR Project welcomes and partners with justice-impacted people to build skills and relationships that contribute to flourishing communities.

**Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**DOC Number:** \_\_\_\_\_

**County of Origin:** \_\_\_\_\_

**Expected Release Date:** \_\_\_\_\_

**DOSA?** Yes  No  **DOC Housing Voucher Approved?** Yes  No

**Which Facility are you Currently Residing In:** \_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_

**Counselor's Email Address:** \_\_\_\_\_

**Counselor's Phone Number :** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Victim Notification of Release:** Yes  No  **Number of Days:** \_\_\_\_\_

**Eligibility:**

STAR serves people with felony convictions who are releasing to Walla Walla who meet one or more of the following criteria.

- Family and/or established support base in service area prior to arrest
- Legally required to remain in County
- Continuing education in Walla Walla

**DOC Status:**

Most recent conviction(s): \_\_\_\_\_

When convicted: \_\_\_\_\_

Time served: \_\_\_\_\_

- Penitentiary
- County Jail

Post release supervision: \_\_\_\_\_

Until: \_\_\_\_\_

Past conviction(s): \_\_\_\_\_

Sex Offender: Yes  No

Number of adult felonies: \_\_\_\_\_

Violent crimes committed: \_\_\_\_\_

**Have you served in the U.S. Armed Forces:**  Yes  No

**Identification:** Please check the box if you have or can get (upon release) any of the following items.

- Valid driver's license
- State ID card
- Social Security card

Pre-Release Application Form

**Residence:** Upon release, what is your expected housing status?

- Literally Homeless
- Housed but at imminent risk of losing housing
- Housed but at-risk of losing housing
- Stably Housed

**Where have you been staying?**

- Substance use treatment facility or detox center
- Jail, prison, juvenile detention facility
- Other: \_\_\_\_\_

**Education: (mark all that apply)**

- Less than High School equivalency       GED       HS Diploma       Some College
- College Degree       College Certificate

**Employment: (mark all that apply)**

- Will be looking for work
- Will be returning to school
- Currently Disabled

**Do you have a substance use disorder?**       Yes       No

Drug(s) of choice: \_\_\_\_\_

Treatment type/date: \_\_\_\_\_

Will treatment be required by DOC upon release?       Yes       No

**Do you have a developmental disability?**       Yes       No

Are you currently receiving services or treatment for this condition?       Yes       No

**Do you have mental health diagnosis?**       Yes       No

Are you currently receiving services or treatment for this condition?       Yes       No

Are you currently taking any medications? \_\_\_\_\_

Treatment type/date: \_\_\_\_\_

**Do you have a physical disability?**       Yes       No

Are you currently receiving services or treatment for this condition?       Yes       No

**Do you have a chronic health condition?**       Yes       No

Are you currently receiving services or treatment for this condition?       Yes       No

**Are you a survivor of domestic/partner violence?**       Yes       No



Pre-Release Application Form

**Your Gender/Sex:** \_\_\_\_\_

**Your Ethnicity:**     Non-Hispanic/Latino                       Hispanic/Latino

**Racial Identity:**     American Indian or Alaska Native                       Asian  
                                  Native Hawaiian or Pacific Islander                       Black or African American  
                                  White     Other: \_\_\_\_\_

**Have you ever been homeless?**     Yes                       No

**When were you homeless?** \_\_\_\_\_

**For how long were you homeless?** \_\_\_\_\_

**Will you have any monthly income upon release?**     Yes                       No

Unemployment                      \$ \_\_\_\_\_

SSI    \$ \_\_\_\_\_

SSDI    \$ \_\_\_\_\_

Veteran's Disability                      \$ \_\_\_\_\_

TANF    \$ \_\_\_\_\_

SS Retirement                              \$ \_\_\_\_\_

Pension    \$ \_\_\_\_\_

Alimony/Spouse Support                      \$ \_\_\_\_\_

Other    \$ \_\_\_\_\_

Pre-Release Application Form

**Will you receive/qualify for any of the following non-cash benefits?**

- Food Stamps: \$ \_\_\_\_\_
- Medicare
- TANF Child Care
- TANF Transportation
- Other TANF Funding: \$ \_\_\_\_\_
- Temporary Rental Assistance: \$ \_\_\_\_\_
- VA Medical Services
- Private Health Insurance
- Section 8 or Rental Assistance
- COBRA Health Insurance
- State Adult Health Insurance

**PARTICIPANT NEEDS:** What would you most like help with from STAR Project? (mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Help finding work |
| <input type="checkbox"/> Support Group      | <input type="checkbox"/> Mentor            |
| <input type="checkbox"/> Community Referral | <input type="checkbox"/> Other: _____      |

I certify that all the above information is correct to the best of my knowledge. I understand that STAR Project is a private non-profit organization supported by the community. I agree to be honest and respectful in my dealings with STAR Project.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Authorization for the Release of Information

**The STAR Project**  
P.O. Box 159  
Walla Walla, WA 99382  
Phone: (509) 525-3612  
Fax: (509) 524-8152

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the STAR Project to release information to:

- The Washington State Department of Corrections  Landlords in the Walla Walla Community
- Potential employers  DHS  Social Security
- BMAC  Helpline  WWCC
- DSHS  DCFS  Serenity Point
- Vocational Rehab  Housing Authority  Walla Walla VA
- YWCA  BMH2H  Washington State Background Check
- Trilogy Recovery  Comprehensive Mental Health...and to the following providers or persons:

Name / Provider	Name / Provider
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone # / Fax # (include area code)	Phone # / Fax # (include area code)

**Periodic Use/Disclosure:** I authorize the periodic disclosure of information about my participation in STAR Project services and/or my personal circumstances to the person(s) or organization(s) identified above as often as necessary to assist STAR Project staff and volunteers in coordinating services on my behalf.

**My authorization will expire:**

- One year from this date  Other: \_\_\_\_\_

***I understand that:***

- I do not have to sign this authorization.
- I may cancel this authorization at any time by submitting a written request to The STAR Project.
- If I do not authorize the release of necessary information by STAR, I may be ineligible for STAR services.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## **The STAR Project**

Important Note: Oxford House Incorporated is an independent agency. While we work closely with Oxford House Incorporated, we have no say in the decision to accept or not to accept any individual into their houses.

The STAR Project will happily forward your application to Oxford House Incorporated. It is your responsibility to contact Oxford House Incorporated to set up an interview.

Men's Oxford House, Military Street: 509-240-8001

Women's Oxford House, Portland Street: 509-876-4389

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# Application For Membership In Oxford House

To be accepted in an Oxford House an applicant must complete both sides of this application and be interviewed by the residents of the particular Oxford House to which the applicant is applying. The residents of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in an Oxford House is special and if you understand its value it can help you achieve comfortable sobriety without relapse.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility			4. Phone Where You Can Be Reached		
			Home (       )		
City	State	Zip	Work (       )		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what job plans do you have?		
16. What is your monthly income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One]  <input type="checkbox"/> Married, <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete the other side of this application.					

22. Date of move in?  Immediately  Other If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: \_\_\_\_\_ Reason: \_\_\_\_\_

23. Have you ever lived in an Oxford House before?  
 Yes  No If "yes," provide the name and location of the Oxford House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one]  
 relapse,  voluntarily, other reason(s) \_\_\_\_\_ I owe money to the Oxford House I left.  Yes  No  
 If I do owe money to the Oxford House I left, I will agree to repay the money I owe to my former Oxford House.  Yes  No

25. Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends]

Name and Address 1-2-3-	Relationship	Telephone

26. I realize that the Oxford House to which I am applying for residency has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that federal money loaned to start the house requires the house residents to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that §2036 conditions are different than the normal due process afforded by some local landlord-tenant laws.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR USE BY OXFORD HOUSE**

ACCEPTED  NOT ACCEPTED • MOVE IN DATE \_\_\_\_\_ • MOVE OUT DATE: \_\_\_\_\_  
 HOUSE KEYS RETURNED  YES  NO • OUTSTANDING DEBT TO HOUSE \$ \_\_\_\_\_ DATE REPAID \_\_\_\_\_