Starlight at Tamassee Application for Admission

About Starlight at Tamassee

Starlight at Tamassee is a faith-infused, family-centered, therapeutic community for children and their mothers who struggle with substance abuse. Starlight offers holistic, evidence-based, and trauma-informed services. The goals for Starlight Children are to heal emotionally, bond with their moms, and excel in school. The goals for Starlight Moms are to experience lasting freedom, to parent successfully, to support their children, and to live independently and productively. It takes approximately two years for families to complete the program, based on the unique needs of each family. Please see the Tamassee website and the Starlight Family Handbook for more information.

Admission Criteria

Starlight accepts pregnant women, women with children, and women who are seeking to re-establish relationships with non-custodial children. Children must be entering fourth grade or younger at admission. Starlight is a drug, alcohol, and nicotine free community. Moms must pass drug screenings to enter and remain in the program. Starlight reserves the right to deny admission in order to maintain a safe, trauma-informed environment with successful, appropriate services for each mom and child in the community.

Application Instructions

Applicants must complete the entire application. All questions must be answered legibly, accurately, and completely for Starlight Staff to process the application and to determine eligibility for admission. If you need additional space, please use the back of the page. Falsifying information on the application or during the admissions process may result in denial of acceptance or dismissal from the program. The information you provide on this application is confidential and will be used solely for the purpose for which it is intended.
Please note: Signed Releases of Information (consents) may be necessary to determine eligibility.
If you have questions about the application, please call 864-944-1390.

Personal & Contact Information

Name: _____ Date of Birth: _____ Age: _____

Maiden Name/Aliases: _____ Preferred Name: _____

SSN: _____-_____-_____ Please check if you are a veteran? ☐ Yes ☐ No

Please check below if you can provide a copy of the following forms of personal identification.

☐ Birth Certificate ☐ Social Security Card ☐ Driver's License/State ID

Ethnicity: _____ Primary Language: _____

Please check if you require interpreter services of any kind? ☐ Yes ☐ No

If yes, please describe your needs: _____

How did you hear about Starlight at Tamassee? _____

_____

Please check if you have you previously applied to Starlight at Tamassee? ☐ Yes ☐ No

If yes, when? _____ What was the outcome? _____

Phone number: _____ Email: _____

If we're unable to reach you, do you give us permission to leave a detailed message with our name and contact information? ☐ Yes ☐ No

Please list the name and contact information for 2 individuals we may contact if we are unable to reach you.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you give us permission to leave a detailed message with our name and contact information when attempting to reach your contacts? ☐ Yes ☐ No

Housing History

Current Address: _____

Length of stay at current address: _____

Please check the box below that most accurately describes your current living situation.

☐ Non-Housing (Street, car, etc.)

☐ Mother and children separately living with relatives/friends

☐ Mother and children together living with relatives/friends

☐ Hospital ☐ Domestic Violence Situation ☐ Jail/Prison

☐ Rental Housing ☐ Emergency Shelter ☐ Own Home

☐ Transitional Housing for Homeless Persons ☐ Psychiatric Facility

☐ Substance Abuse Treatment Facility ☐ Other: _____

Please describe your housing history for the past five (5) years: _____

_____

Please describe your housing goals and preferences: _____

_____

If you are currently residing in a facility, including jail or prison, please provide the following information:

Name of Facility: _____

Representative's Name and Contact Information (address and phone): _____

_____

Date of Admission: _____ Anticipated Release Date: _____

Medical History

Please identify and describe any medical needs or conditions, including dental, vision and hearing needs, which you are currently experiencing and/or currently being treated: _____

_____

_____

Please provide the information below for **all** medications you are **currently prescribed.**

Medication	Prescribed For	Prescribed By	Prescribed Dose	Frequency	Date Prescribed

Please provide the information below for **all** medications prescribed for you **during the past 6 months.**

Medication	Prescribed For	Prescribed By	Prescribed Dose	Frequency	Date Prescribed

Please check below to indicate if you have ever been diagnosed with or experienced the following medical conditions:

☐ Hepatitis A ☐ Tuberculosis (TB) ☐ HIV/AIDS

☐ Hepatitis B ☐ Staph Infection ☐ Other: _____

☐ Hepatitis C ☐ COVID-19 ☐ Other: _____

Do you have any physical disabilities? ☐ Yes ☐ No If yes, please describe:_____

_____

Please list any allergies (food, seasonal, medication, other): _____

Do you require an EpiPen due to severe allergy? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No If yes, how many weeks? _____ Due Date: _____

Are you currently receiving any prenatal care/services? ☐ Yes ☐ No If yes, please identify your OBGYN/pre-natal care provider and contact information:_____

_____

Do you have any developmental disabilities? ☐ Yes ☐ No If yes, please describe: _____

_____

Are you receiving services from the Department of Disabilities and Special Needs? ☐ Yes ☐ No

Mental Health History

Please check if you are currently, or have ever been, diagnosed with the following mental health conditions.

☐ Anxiety Disorder	☐ Bipolar Disorder	☐ Schizophrenia
☐ Post-Traumatic Stress Disorder	☐ Borderline Personality Disorder	☐ Intermittent Explosive Disorder
☐ Obsessive-Compulsive Disorder	☐ Dissociative Identity Disorder	☐ Conduct Disorder
☐ Depressive Disorder	☐ Anti-social Personality Disorder	☐ Eating Disorder

Please describe any diagnoses not listed above: _____

Please describe any other emotional concerns you may be experiencing: _____

_____

Please check if you are currently, or have ever, received any of the following mental health services.

☐ Case Management	☐ Mental Health Court
☐ Counseling/Therapy (outpatient setting)	☐ Mobile Crisis Unit
☐ Hospitalization (Emergency Room)	☐ Inpatient Mental Health Treatment
☐ Medication Management/Psychiatrist	

How many times have you been hospitalized in the past five years? _____ Please describe the nature of any hospitalization:_____

_____

For any services received, please list the facility name, contact information for primary clinician or worker, and dates of participation: _____

_____

_____

Have you ever experienced suicidal thoughts? ☐ Yes ☐ No If yes, how often do you experience these thoughts?_____

Have you ever attempted suicide? ☐ Yes ☐ No If yes, please describe (including method used):

_____

_____

Have you ever experienced homicidal thoughts? ☐ Yes ☐ No If yes, how often do you experience these thoughts? _____

Have you ever acted upon homicidal thoughts? ☐ Yes ☐ No If yes, please describe: _____

_____

_____

Does you have a family history of mental illness? ☐ Yes ☐ No If yes, please indicate the mental health illness and the family member diagnosed: _____

_____

Substance Use History

Please note: Starlight at Tamassee is drug, alcohol, and nicotine free program. All non-prescribed substance use is prohibited. Random drug screening is an eligibility and residency requirement.

Please describe your substance use below.

Substance Categories	How do you use it?	Age when started?	How often do you use?	Amount used?	Your last use?	Longest period without use?	Examples include but are not limited to:
Nicotine							Vape pens, e-cigs, smokeless tobacco
Caffeine							Coffee, tea, soda, caffeine pills
Alcohol							Beer, wine, liquor, other alcohol products
Marijuana							Pot, cannabis edibles, CBD oil
Opiates							Pain pills (prescribed or non-prescribed), heroin, suboxone, methadone
Hallucinogens							LSD, ecstasy, ketamine, PCP, salvia
Other Stimulants							Cocaine, amphetamines, meth, crack, bath salts
Inhalants (Huffing)							Aerosols, gas, nitrites, cleaning liquids, glue
Sedatives/Hypnotics/ Anxiolytics							Sleep medication, anxiety medication
Other – please identify							K2, Spice, Kratom, Steroids

Have you ever been enrolled in a substance use treatment program? ☐ Yes ☐ No If yes, please list the names of all program(s) in which you have participated and the dates attended:_____

_____

Are you currently receiving MAT (*medication assisted treatment)* services? ☐ Yes ☐ No

What was the outcome of the last substance use program attended? ☐ Successful ☐ Unsuccessful

If unsuccessful completion, please explain: _____

_____

Does anyone in your family have a history of substance use? ☐ Yes ☐ No If yes, please describe: _____

_____

What substance(s) will be the most difficult for you to stop using? _____

Do you have a desire to stop using all non-prescribed substances? ☐ Yes ☐ No

Do you have any other type of addictions? ☐ Yes ☐ No If yes, please describe: _____

_____

Have you ever overdosed? ☐ Yes ☐ No If yes, please describe: _____

_____

Violence / Abuse History

Please check either Yes or No if you have experienced any of the situations below.

Are you a **survivor** of domestic violence / physical abuse? As a child? ☐ Yes ☐ No As an adult? ☐ Yes ☐ No

Have you **perpetrated** domestic violence / physical abuse? As a child? ☐ Yes ☐ No As an adult? ☐ Yes ☐ No

Are you a **survivor** of sexual assault? As a child? ☐ Yes ☐ No As an adult? ☐ Yes ☐ No

Have you **perpetrated** sexual assault? As a child? ☐ Yes ☐ No As an adult? ☐ Yes ☐ No

Do you currently have any restraining orders against anyone? ☐ Yes ☐ No If yes, please describe: _____

_____

Do you now, or have you ever, had a restraining order taken out against you? ☐ Yes ☐ No If yes, please describe: _____

Does anyone in your family have a history of domestic violence? ☐ Yes ☐ No If yes, please describe: _____

_____

Legal History

Please note: Background screening is part of the eligibility determination for Starlight at Tamassee.

Do you have any pending charges (for which you still have to go to court)? ☐ Yes ☐ No If yes, please describe: _____

_____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please describe: _____

_____

Please list the 5 most recent convictions/charges:

Date	County	Charge	Misdemeanor or Felony	Outcome/Sentencing

Are you currently involved with Probation and Parole services? ☐ Yes ☐ No If yes, please list for what charges, conditions, length of time yet to serve, and name and contact information (including county) of your agent: _____

_____

Are you currently involved with the Child Welfare System (DSS)? ☐ Yes ☐ No If yes, please describe the circumstances and provide the name and contact information for your caseworker: _____

_____

_____

Are you a registered sex offender? ☐ Yes ☐ No If yes, please describe: _____

_____

Are you involved with any other kind of legal matters? ☐ Yes ☐ No If yes, please describe: _____

_____

Educational History

What is the highest grade you have completed? _____

Do you have a GED? ☐ Yes ☐ No If no, are you interested in obtaining a GED? ☐ Yes ☐ No

Do you have any learning challenges or concerns? _____

_____

What are your educational /career goals and interests? _____

_____

Employment History

Complete the information below for your last 3 employers. Please list the most current first.

Job Type/Title	Employer Name	Wage per Hour	Dates Worked Ex: 5/19-11/20	Reason for Leaving
			-	

			-	
			-	

Please check if you are able to perform the following tasks / jobs / actions.

☐ *Cooking*: cooking, baking, dishwashing
☐ *Laundry*: using washer/dryer, sorting, folding
☐ *Cleaning*: mopping, vacuuming, dusting, trash removal
☐ *Yard Work*: mowing, weeding, raking
☐ *Clerical*: computer use, phones, filing
☐ *Cashier*: balancing register, changing money
☐ *Shopping*: budgeting, grocery list, shopping
☐ *Other*: _____

Financial Information

Please note: Starlight Moms are expected to contribute toward the cost of the program. Contributions are based on a sliding scale. No applicant will be denied access to the program due to a lack of funds. Starlight Moms are expected to apply for all benefits for which they may qualify.

Insurance

Medical Insurance: _____ Policy Number: _____
Dental Insurance: _____ Policy Number: _____
Other Insurance: _____ Policy Number: _____

Benefits

Please check if you are currently receiving any of the following sources of income/benefits.

☐ WIC ☐ TANF ☐ SSI (Supplemental Security Income)
☐ SNAP ☐ SC Voucher Program ☐ SSDI (Social Security Disability Income)

Income

Do you currently have any income? ☐ Yes ☐ No
Please list your total monthly income (from all sources) $_____
Do you currently have a checking or saving account? ☐ Yes ☐ No
If yes, what is the balance? Checking Account: $_____ Savings Account: $_____
Please check if you receive any of the following forms of financial support.

☐ Trust Fund ☐ Disability ☐ Assistance from Family/Friends
☐ Child Support ☐ Unemployment ☐ Other: _____

Please identify anyone who will be providing you with financial support if you are admitted to Starlight:

_____
_____

Expenses

Please check if you have any of the following monthly expenses and list the amount for those that apply.

☐ Child Support – Amount: $_____ ☐ Rent – Amount: $_____

☐ Car Payment – Amount: $_____ ☐ Phone – Amount: $_____

☐ Restitution – Amount: $_____ ☐ Probation/Parole Fees – Amount: $_____

☐ Loan: _____ – Amount: $_____ ☐ Other _____ – Amount: $_____

What are your total monthly expenses (from all sources) $_____

Spiritual History

Please note: Starlight at Tamassee is a loving, grace-filled, faith-infused Christian community. Moms are not required to be Christians to be admitted into the program, nor are moms and children required to express a commitment to Christian faith while participating in the program. Starlight Families are expected to participate in various spiritual activities (including, but not limited to, times of prayer and meditation, Christ-centered curriculum and Bible studies, and chapel and worship service attendance).

Please describe your experiences with faith and spirituality in the home(s) you grew up in: _____

_____

_____

Please describe your experiences with spiritual leaders or authority figures: _____

_____

_____

Please list all religious and/or spiritual organizations you are now involved in or have been in the past:

_____

Please describe spiritual practices you have engaged in, past and present, and which are important to you:

_____

_____

Is spiritual growth important to you? ☐ Yes ☐ No

Relationship Status and Children

Please note: Starlight Moms are not allowed to engage in romantic relationships or sexual activity on or off campus while in Starlight at Tamassee. Starlight admits children entering fourth grade and younger.

Partner Status

What is your marital status? ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Are you currently involved in a romantic relationship? ☐ Yes ☐ No

How do you feel about the policy that Starlight Moms are to have no romantic relationships or sexual activity for the duration of the program? _____

Children's Information

How many children do you have? _____ How many children will come with you? _____
Please answer the following questions about each of your children.

Child's Name: _____ Date of Birth: _____ Sex: ☐ F ☐ M
Name of Father: _____ Name of Person with Custody: _____
Do you communicate with your child's father? ☐ Yes ☐ No Is your child's father involved? ☐ Yes ☐ No
Describe any concerns about your child's father: _____
_____
Grade: _____ IEP/504 Plan: ☐ Yes ☐ No School Attended: _____
List all developmental or physical disabilities and medical conditions: _____
_____
List all mental health diagnoses: _____
_____
List all mental health providers: _____
_____
Has this child ever verbalized thoughts of hurting self or others? ☐ Yes ☐ No If yes, please describe:
_____

Child's Name: _____ Date of Birth: _____ Sex: ☐ F ☐ M
Name of Father: _____ Name of Person with Custody: _____
Do you communicate with your child's father? ☐ Yes ☐ No Is your child's father involved? ☐ Yes ☐ No
Describe any concerns about your child's father: _____
_____
Grade: _____ IEP/504 Plan: ☐ Yes ☐ No School Attended: _____
List all developmental or physical disabilities and medical conditions: _____
_____
List all mental health diagnoses: _____
_____
List all mental health providers: _____
_____
Has this child ever verbalized thoughts of hurting self or others? ☐ Yes ☐ No If yes, please describe:
_____

Child's Name: _____ Date of Birth: _____ Sex: ☐ F ☐ M
Name of Father: _____ Name of Person with Custody: _____
Do you communicate with your child's father? ☐ Yes ☐ No Is your child's father involved? ☐ Yes ☐ No

Describe any concerns about your child's father: _____

_____

Grade: _____ IEP/504 Plan: ☐ Yes ☐ No School Attended: _____

List all developmental or physical disabilities and medical conditions: _____

_____

List all mental health diagnoses: _____

_____

List all mental health providers: _____

_____

Has this child ever verbalized thoughts of hurting self or others? ☐ Yes ☐ No If yes, please describe:

_____

Child's Name: _____ Date of Birth: _____ Sex: ☐ F ☐ M

Name of Father: _____ Name of Person with Custody: _____

Do you communicate with your child's father? ☐ Yes ☐ No Is your child's father involved? ☐ Yes ☐ No

Describe any concerns about your child's father: _____

_____

Grade: _____ IEP/504 Plan: ☐ Yes ☐ No School Attended: _____

List all developmental or physical disabilities and medical conditions: _____

_____

List all mental health diagnoses: _____

_____

List all mental health providers: _____

_____

Has this child ever verbalized thoughts of hurting self or others? ☐ Yes ☐ No If yes, please describe:

_____

Personal Goals

My personal goal and dream for myself: _____

_____

_____

My personal goal and dream for my child(ren): _____

_____

_____

Describe how you feel about a two year commitment to Starlight at Tamassee: _____

_____

_____

What concerns do you have about living in a community setting or at Starlight at Tamassee overall: _____

_____

_____

Describe why you're interested in coming to Starlight and how you feel you would benefit: _____
_____
_____

Acknowledgements and Waivers

Please initial each statement you acknowledge and to which you assent.

_____ I acknowledge that I completed this application in its entirety truthfully.
_____ I acknowledge and understand that Starlight at Tamassee is a sober-living program.
_____ I acknowledge and understand that Starlight at Tamassee is not a detox facility or licensed substance treatment facility, and I waive my right to any legal action against Starlight at Tamassee and any program volunteers based on any counsel I receive.
_____ I acknowledge and understand that Starlight at Tamassee is not a medical program.
_____ I acknowledge and understand that Starlight at Tamassee does not provide or pay for medications.
_____ I acknowledge and understand that Starlight Moms will perform job duties while enrolled in the program, and I waive my right to legal action against Starlight at Tamassee should I be hurt while engaging in work activities.
_____ I acknowledge and understand that Starlight Moms will be provided limited transportation while enrolled in the program, and I waive my right to legal action against Starlight at Tamassee should I be hurt while being transported in any of the company vehicles.

If anyone assisted you in completing your application please provide their name and their relationship to you: _____

Applicant Signature: _____ Date: _____

Instructions for Returning the Applicaiton

Return completed applications in one of the following ways.

- Scan and Email to starlight@tdarschool.org
- Mail to Tamassee DAR School / Attn: Starlight Admissions / PO Box 8 / Tamassee, SC 29686
- Drop Off in Person at Tamassee Administration Bldg. / 1925 Bumgardner Dr. / Tamassee, SC 29686