



NEW LIFE DEVELOPMENT

Application

Revised September 2021

Date: _____

GENERAL INFORMATION

First Name: _____ M.I. _____ Last Name: _____

OBSIS #: _____ Don't know/Don't have

DOB: ____/____/____ Age: ____ Gender: Male Female Non-binary

Ethnicity:

African American / Black

Alaska Native / American Indian

Hispanic / Latino

Asian / Pacific Islander

Caucasian / White

Other

Current Address or Institution: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell Home Alternate Phone: (____) _____ Cell Home

All applicants with **open** criminal cases who are released on bail and/or house arrest will need to ensure that their release conditions allow them to looking for work and the ability to accept employment. Employment is a requirement at New Life Development with only a verifiable physical or mental disability as an exception.

EDUCATION

High School Diploma: Yes No GED: Yes No College: Yes No

Vocational Training: Yes No

Type of Certificate/Degree Completed after High School:

DISABILITIES

Known Disabilities:

Alzheimer's / Dementia

Alcoholism

Drug Abuse

Developmental

Mental

TBI

Physical

PTSD

OCD

ADHD

HIV / AIDS

Other: _____

INCARCERATION (if applicable)

Date of incarceration: _____ / _____ / _____ **Location:** _____

Institutional Probation Officer's Name:

Name: _____ Phone: _____

Most recent charges or conviction: Please list with most recent first.

Charge	Felony / Misdemeanor	Date
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____

Do you have any open criminal cases? Yes No

Are you currently incarcerated? Yes No If "yes" which institution: _____

Have you ever been convicted of Arson? Yes No

Have you ever been convicted of a Sex Offense? Yes No

Are you currently on probation: Yes No End date: ____/____/____

Are you currently on Parole: Yes No End date: ____/____/____

Are you on, or are you applying for DOC Electronic Monitoring Program? Yes No

If yes, please indicate amount of time that you will be on EM: _____

**Please note:* If applying to EM, NLD may communicate with EM prior to making a final decision on approving your application. If applying to both EM and NLD, it is necessary that you notify both agencies. Also, NLD is not a furlough program nor do we act as a 3rd party for people with open cases requesting bail.

Current or past field Probation Officer:

Name: _____ Phone: _____

When will you need NLD housing (approximately)? _____

CHEMICAL DEPENDENCY HISTORY

Which of the following do you have a history of using?

- Alcohol Cocaine Crack Opium Barbiturates
- Marijuana LSD Ecstasy Nicotine K-2 (Spice)
- Mushrooms Tranquilizers Pain pills
- Methamphetamines

DRUG / ALCOHOL TREATMENT

Have you ever had formal drug and/or alcohol treatment:? Yes No

If Yes, Did you complete treatment: Yes No

In Patient **Out Patient:** **Date of treatment (month/year):** _____

Treatment Provider/Location: _____

Duration of treatment: _____ Current amount of days clean and sober: _____

FINANCIAL SUSTAINABILITY

Currently Employed: Yes No **If yes:**

Employer Name: _____ Position: _____

Employer Phone: _____ Wages per hour: _____

If not employed,

Usual occupation: _____ Years of occupation: _____

Date of last job: _____ Type of work: _____

Upon arrival, you will be expected to pay one month of program fees (\$600). If you have a sponsoring agency please identify them below (example: Therapeutic Courts, Federal Courts, Partners Re-Entry Center, etc.)? If you are not sure about this, please ask your PO, case manager, or whoever is referring you to our agency.

Other Income Sources:

Savings: Yes No Approximate Amount: _____ **ATAP:** Yes No Amount: _____

Adult Public Assistance: Yes No Amount: _____ **TANF:** Yes No Amount: _____

Food Stamps: Yes No Amount: _____ **Unemployment:** Yes No Amount: _____

SSI/SSDI: Yes No Amount: _____ **Native Corporation:** Yes No Name/Amount: _____

Have you previously received Social Security Benefits: Yes No **Year benefits ended:** _____

FAMILY

Children: Yes No **Pregnant:** Yes No

Ages: _____

New Life Development no longer houses children. If you are looking for housing for your children please do not submit this application.

Custody status (Choose one): Sole Shared No court order

Miscellaneous

If you have a restraining order against someone or one against you or a no contact order please list the names of the people included in the orders: _____

List all agencies that you are currently an active client of or receiving services from:

PRIOR LIVING CIRCUMSTANCES

Have you ever been a resident at New Life Development? Yes No

If yes, when: _____

In order to be considered for acceptance back into the program, all debt owed to New Life

Development must be paid prior to entry.

Do you have any relatives currently in the New Life Development program? Yes No

Have you lived at any other transitional housing facilities or programs in the past 5 years? Yes No

If so please list all and reason for leaving: _____

Indicate your last address:

Last permanent address: _____

Last permanent City: _____ State/Province: _____ Zip Code: _____

Reason for leaving: _____

CURRENT HOUSING STATUS

What is your current housing situation?

Homeless At risk of losing housing Unstable housing Stable Incarceration

Reasons or contributing factors to housing crisis (choose ONE that applies the closest to your situation):

Releasing from incarceration Victim of domestic violence
Discharge from another housing program Displaced due to natural disaster
Medical

MEDICATIONS

Currently Prescribed or Expected to be Prescribed:

Please note: We do not accept participants who are on **Suboxone**, even if it is prescribed by a doctor. If you are currently using Suboxone but intend come off it, please make sure it is out of your system before arriving at NLD.

CRITERIA FOR ACCEPTANCE – If you cannot check yes to all, then you are not qualified for acceptance into New Live Development.

- I am either Vaccinated against Covid-19 or am willing to get vaccinated within 2 weeks of arriving at NLD.
- 4 | Page Page | 4** I will remain in compliance with all program requirements to the best of my ability.
- I understand that I am making a commit to a minimum of six months residency.
- I certify that upon arrival I will be able to cover my first month's program fee or can verify that my fee's are being covered by another agency.
- I understand that coming into the program, I will be required to share a room with another individual in similar circumstances? (Single rooms are not available to new program participants, unless there are extenuating circumstances).
- I am willing and able to secure employment and maintain a steady job while residing at New Life Development. I will not be on 24hr House Arrest. (This requirement may only be waived where an individual is disabled and unable to work.)

If agreed please sign _____ and date: _____

