 **NEW LIFE DEVELOPMENT Application**

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

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| GENERAL INFORMATION  |

**First Name:** **M.I.** \_\_\_\_\_ **Last Name:**

**OBSIS #:** \_\_\_\_\_\_ \_\_\_\_\_\_ □ Don’t know/Don’t have

**DOB:** \_\_\_\_/ / **Age:** \_\_\_\_ **Place of birth:** \_\_\_\_\_\_\_ **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

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| FOR ADULTS (Age 18+) |
| **Military Background:**Have you served in the U.S. military? □Yes □No □Don’t know |

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| EDUCATION |
| **High School Diploma:** □Yes □No **GED:** □Yes □No **College:** □Yes □No **Vocational Training:** □Yes □No **Type of Certificate received:**Please list what type of education or training, degrees, or certifications earned.   |

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| DISABILITIES |
| **Known Disabilities:**□ Alzheimer’s / Dementia □ Alcoholism □ Drug Abuse □Developmental □ Mental □ TBI □ Physical □ PTSD□ OCD □ ADHD □ HIV / AIDS □ Other:  |

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| INCARCERATION (if applicable) |
| **Date of incarceration:** / /  **Location:**  **Institutional Probation Officer’s Name:**Name: Phone: **Most recent charges or conviction (within 3 years):** Please list with most recent first.**Charge**  **Felony / Misdemeanor** **Date** □Felony □Misdemeanor  □Felony □Misdemeanor  □Felony □ Misdemeanor **Do you have any open criminal cases:** □Yes □No **Have you ever been convicted of Arson:** □Yes □No **Sex offense**: □Yes □No **Are you on probation:** □Yes □No **Parole:** □Yes □No End date: / / **EM:** □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. Do not request placement at NLD solely for EM purposes. 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 3rd party for people with open cases. **Field Probation Officer:** Name: Phone: **Expected Release date:** / /  |

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| CHEMICAL DEPENDENCY HISTORY |
| **Which of the following have you used and developed an addiction to (Mark all that apply):**□ Alcohol □ Cocaine □ Crack □ Opium □ Barbiturates □ Marijuana □ LSD □ Ecstasy □ Nicotine □ K-2 (Spice)□ Mushrooms □ Tranquilizers □ Pain pills □ Methamphetamines  |

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| 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:** □ **Treatment Provider:** □ AKEELA □ Serenity House □ RSAT □ CITC Recovery Services □ Jett Morgan □ Genesis □ LSAT □ Tutan Recovery Center□ CITC Recovery Services □ Clitheroe □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Duration of treatment:**  **Days clean and sober:** □30 days or less □1-6 months □6-12 months □1 year or greater  |

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| 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: **If unemployed at arrival, how will you pay your monthly program fee’s ($390 for shared room)? 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  |

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| FAMILY |
| **Children:** □Yes □No **Pregnant:** □Yes □No **Ages:** **New Life Development no longer houses families.**  **Custody status (Choose one):** □ Sole □ Shared □ No court order**Past Child Support:**  □Yes □No Amount owed: \_\_ \_\_\_**Presently Paying Child Support:** □Yes □No Amount owed: **Restitution owed:** □Yes □No Amount owed:  |

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| SIGNIFICANT PEOPLE |
| **List all agencies that you are currently an active client of:**    |

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| 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 ever lived at one of the following locations (choose all that apply):**□ Homeless □ Bush / Camp □ Shelter / Mission □ Car □ Hotel □ Friend / Family   |
| **Indicate your last permanent address (where you last lived for 90 days or more):**Last permanent address: \_\_\_\_\_\_Last permanent City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ |
| CURRENT HOUSING STATUS |
| **What is your current housing situation?** □Homeless □At risk of losing housing □Unstable housing □Stable □Incarceration**Are you losing your housing within 14 days (Eviction)?** □Yes □No □Do not know □Refused**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  |
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| MEDICATIONS |
| **Currently Prescribed or Expected to be Prescribed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| OFFICE USE ONLY: |
| **Eligibility Status:**□ Approved □ Ineligible: **Staff Name:**  **Staff Signature:**  **Date:**   |

**New Life Development**

**Phone: (907) 646-2200 Fax: (907) 646-7880**

New Life Development provides men and women the help needed to transition back into the community. We provide housing in a structured setting and will assist you in accomplishing your transitioning goals through case management. We will support you in establishing the confidence and life skills needed to be successful in this process. You will be expected to make a commitment to change and a renewed life.

**CRITERIA FOR ACCEPTANCE - Please Check if Yes**

I am ready to take the necessary steps to get my life organized and on a productive path?

I will be able to provide a clean UA upon arrival? (*Note*: All applicants will be required to do so upon entry to the facility, as well as participate in random UA testing throughout duration at NLD.)

I will participate in case management, counseling and other group gatherings to help ensure my success?

I am willing to be involved in a mentoring relationship to build support.

I will commit to a minimum of six months residency and abide by all program rules.

I understand that upon arrival, I will be expected to make a payment towards my program fee’s. This expectation may be waived where another agency, organization, or corporation has pledged to cover the initial fees.

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. (This requirement may only be waived where an individual is receiving disability benefits).

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE LISTED TERMS

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Note: If checking in to New Life Development upon release from jail, it is preferred that applicants arrive to the facility no later than* ***4pm.*** *If not possible, please contact New Life Development in advance.*

**All applications that do not meet these criteria will be denied.**

**Incomplete applications will be returned. Complete the following application and send to:**

**New Life Development, Inc. 3916 E 9th Ave, Anchorage, AK 99508
Or** **Admin@newlifeak.org**

Authorization for Release of Confidential Information

I (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorize New Life Development to release information provided on my New Life Development Application, and/or my participation in the New Life Development Program, with the following agencies.

* Philadelphia House (Housing)
* New Hope House/New Horizons
* The Brown Group (Housing)
* The Daniel House (Housing)
* Ernie Turner (Treatment)
* Akeela (Treatment)
* Four Directions (Treatment)
* Dena Coy (Treatment)
* Salvation Army (Treatment)
* Nugent Ranch (Treatment)
* Serenity House (Treatment)
* US Federal Court System
* Department Of Corrections
* Alaska Regional Hospital
* Anchorage Neighborhood Health
* My Health Clinic
* Alaska State Court System
* Partners for Progress/Partners Reentry Center
* CITC/ANJC
* Oak Residential
* Norris House

I understand that my authorization be effective from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I also understand that in order to remain at New Like Development’s Residential Housing Program, I am expected to permit the sharing of information with partnering agencies as it pertains to my health, income, and other pertinent information that may affect my ability to be housed.

I have read and understand the nature of this release

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Signature of Applicant Date

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Print Name