



# NEW LIFE DEVELOPMENT

## Safe Families Project Eligibility Form

3916 East 9<sup>th</sup> Avenue Anchorage, Alaska 99508

Email: [sfp@newlifeak.org](mailto:sfp@newlifeak.org)

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



Name: \_\_\_\_\_ Date: \_\_\_\_\_

New Life Development's "Safe Families Project" (SFP) is a housing opportunity designed for mothers with children who are seeking a clean, safe, and sober living environment while developing the necessary skills needed to maintain independent permanent housing. The program invites families with OCS custody issues as well as parents coming out of incarceration or substance abuse treatment. We also encourage mothers who are seeking to escape situations of domestic violence.

New Life Development will provide housing and supportive services to ensure that each family participating in the Safe Families Project will be able to provide a safe and secure home for their children. The SFP will provide fully furnished shared apartments, food security, clothing vouchers, bus passes, life skills courses, and additional services and ultimately finishing with temporary funded permanent housing for program graduates.

This is a competitive program and spots are limited. Full participation in program activities is required. If interested parties can first meet the list of criteria listed below, then we encourage those eligible to fill out the attached SFP application and submit it to New Life Development via email, Fax, hand delivery, or mail in.

### **CRITERIA FOR ACCEPTANCE** - If you cannot check yes to all boxes below, then you would not be qualified for acceptance into New Life Development.

Please initial each box below before proceeding.

- I am vaccinated against Covid-19 or am willing to get vaccinated within one- week of arriving at NLD
- I am a mother with children in need of safe sober housing.
- I will remain in compliance with all program requirements to the best of my ability.
- I understand that I am making a commitment to a minimum of a program that is three-months residential and two-months in engagement after placement in permanent housing.
- I understand that coming into the program, I will be sharing living space with other program participants in similar circumstances.
- I understand that one aspect of the program is employment and that I will be expected to find stable employment as part of the program, unless I am disabled and unable to work.

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

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

# Safe Families Project Application

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## General Information

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

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

Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Home Alternate Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Home

## Current Housing Status

### What is your current housing situation?

- Homeless  At risk of losing housing  Shelter  Incarceration  Residential Treatment

Length of current situation: \_\_\_\_\_ Current Location: \_\_\_\_\_

### Reasons or contributing factors to housing crisis (choose ANY that apply to your situation):

- Releasing from incarceration  Victim of domestic violence  
 Discharge from another program  Displaced due to natural disaster  Eviction  
 Medical Disability  Mental Health  Substance Abuse/Alcoholism

## Prior Housing Circumstances

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

If yes, when: \_\_\_\_\_

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: \_\_\_\_\_

## Family

Number of Children \_\_\_\_\_ Pregnant:  Yes  No

Ages of Children: \_\_\_\_\_

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: \_\_\_\_\_

**Miscellaneous**

If you have a restraining order against someone or one against you or have a no contact order, please list the names of people/businesses included in the orders. \_\_\_\_\_

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

**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.

\_\_\_\_\_

**Disabilities(If Applicable)**

Known Disabilities:

- |   |                                     |                                     |  |
|---|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Alzheimer's / Dementia | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Mental                 | <input type="checkbox"/> TBI        | <input type="checkbox"/> Physical   | <input type="checkbox"/> PTSD          |
| <input type="checkbox"/> OCD                    | <input type="checkbox"/> ADHD       | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Other: _____  |

**Incarceration (If Applicable)**

Date of incarceration \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Most recent charges or conviction (within 3 years): Please list with most recent first.

<u>Charge</u>	<u>Felony / Misdemeanor</u>	<u>Date</u>
_____	<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?

Have you ever been convicted of Arson: Yes No Sex offense: Yes No?

Are you on probation: Yes No End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you on Parole: Yes No End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you on, or are you applying for DOC Electronic Monitoring (EM) 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. Do not request placement at NLD solely for EM purposes.

Current or past Field Probation Officer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Chemical Dependency History (If Applicable)**

Which of the following substances below do you have a history of using? (Mark all that apply):

- Alcohol     Cocaine     Crack     Opiates     Barbiturates
- Marijuana     LSD     Ecstasy     Nicotine     K-2 (Spice)
- Mushrooms     Tranquilizers     Pain pills     Fentanyl
- Methamphetamines     Other: \_\_\_\_\_

**Drug/Alcohol Treatment (If Applicable)**

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

If Yes, did you complete treatment: Yes No

In Patient        Outpatient:     Date of Treatment (month/year) \_\_\_\_\_

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

**Medication (If Applicable)**

Currently Prescribed or Expected to be Prescribed:

\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** For safety purposes New Life Development does not permit the use of Suboxone strips at our facilities. We encourage those in need of medically assisted treatment to seek alternative forms that have a less probability. If you are currently using Suboxone but intend to come off it, please make sure it is out of your system before arriving at NLD.

**Financial Stability**

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: \_\_\_\_\_

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

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.

- Safe Harbor/ Rural Cap
- New Hope House
- Ernie Turner (Treatment)
- Akeela (Treatment)
- Four Directions (Treatment)
- Dena Coy (Treatment)
- Salvation Army (Treatment)
- Nugent Ranch (Treatment)
- Serenity House (Treatment)
- North Star Behavioral Health System (Treatment)
- Providence Breakthrough (Treatment)
- True North Recovery (Treatment)
- US Federal Court System
- Department Of Corrections, Alaska
- Alaska State Court System
- Office of Children’s Services (OCS)
- Anchorage Neighborhood Health
- Alaska Behavioral Health
- Mountain View Urgent Care
- Partners for Progress/Partners Reentry Center
- Cook Inlet Tribal Council
- Oak Residential
- Alaska Native Medical Center
- Alaska Regional Hospital
- Providence Hospital
- Catholic Social Services
- Claire House (Shelter)
- AWAIC (Shelter)
- Hope Center (Shelter)
- Rescue Mission (Shelter)
- Covenant House (Shelter)
- Brother Francis (Shelter)

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 to remain at any New Like Development program, I am expected to permit the sharing of information between NLD and 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.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_