



NEW LIFE DEVELOPMENT

Safe Families Project

Eligibility Form, 2025



Email: sfp@newlifeak.org

Phone: (907) 531-0774 Fax: (907)-

Name: _____ Date: _____

New Life Development’s “Safe Families Project” (SFP) is an opportunity 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 project provides fully furnished shared apartments, food security, clothing vouchers, bus passes, life skills courses.

Through a partnership with Partners for Progress/Partners Reentry Center, participants who successfully complete the Safe Families Project will receive permanent placement support with continued temporary funding in their independent homes.

This is a competitive program and spots are limited. Full participation in program activities is required 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 prior to 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 completing the entire program
- 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

for group beginning June, 2024

Email: sfp@newlifeak.org

Phone: (907) 531-0774 Fax: (907)-646-7880

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 if yes how many months along _____

Ages of Children: _____ M/F? _____ M/F? _____ M/F? _____ M/F? _____ M/F? _____ M/F?

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:

- Alzheimer's / Dementia Alcoholism Drug Abuse Developmental
 Mental TBI Physical PTSD
 OCD ADHD HIV / AIDS Other: _____

Incarceration (If Applicable)

Date of incarceration ____/____/____ Location: _____

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

Table with 3 columns: Charge, Felony / Misdemeanor, Date. Includes checkboxes for Felony and 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 accept participants who are on Suboxone, even if it is prescribed by a doctor. 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: _____