NEW LIFE DEVELOPMENT

Safe Families Project

Eligibility Form

Email: admin@newlifeak.org
Phone: (907) 531-0774

Name:_____ **Date:**_____

New Life Development's "Safe Families Project" (SFP) is an opportunity for single parents 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.

Participants who successfully complete the Safe Families Project will receive permanant 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 a is requirement. 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, hand delivery, or mail in.

CRITERI A 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 a single parent with a child/children in need of safe sober housing.**
- ☐ **I will remain in compliance with all program requirements including refraining from illicit drug and alcohol use.**
- ☐ **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 eligible for Social Security Disability benefits.**
- ☐ **I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE LISTED TERMS**

Signature _____ **Date:** _____

Safe Families Project
Application

Email:admin@newlifeak.org
Phone: (907) 531-0774
www.newlifeak.org

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:** _____

Past/current charges or convictions: 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 ex Soffense: □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:** _____

Release of Information

I (print name) _____

Authorize New Life Development to release and receive information with the following agencies.

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

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 Life 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: _____

3916 East 9th Avenue Anchorage, Alaska 99508